



# City of Savannah SOC Evaluation Report CY2010

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Governor's Office for Children and Families  
Caring Communities Grant – Year 1

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## Table of Contents

<b>EXECUTIVE SUMMARY</b> .....	3
<b>THE CITY OF SAVANNAH SOC YEAR 1 EVALUATION REPORT</b> .....	4
Policy Council History .....	4
Services and Partners.....	4
Purpose of the Evaluation.....	5
Evaluation Methods.....	6
<b>RESULTS</b> .....	7
Characteristics of Youth Served .....	7
Presenting Problems .....	8
Services Received Prior to Enrollment .....	9
Services Received following CSSOC Enrollment .....	9
Youth and Family Satisfaction.....	10
Outcomes .....	
Caregiver Reported Youth Functioning.....	11
Involvement with Juvenile Justice .....	12
School .....	13
School Attendance and Suspensions .....	15
School Record Analyses.....	16
Substance Abuse .....	17
Family Stability.....	17
Discharge .....	17
System-Level Functioning.....	17
Successes Achieved by the City of Savannah SOC .....	22
Challenges Facing the City of Savannah SOC .....	22
<b>CONCLUSIONS</b> .....	23
APPENDIX A: Verbatim Responses to SOCCQ Open-Ended Questions .....	25
APPENDIX B: Local Evaluation Data Sources .....	30

## EXECUTIVE SUMMARY

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The City of Savannah SOC evaluation report is an analysis and review of findings from data collected during Year 1 of the GOFC Caring Communities grant to the City of Savannah. Evaluation findings fall into four categories: characteristics of youth served, services provided by the SOC, outcomes for children and families, and system-level functioning of the SOC.

### *Characteristics of Youth Served*

- There were 52 youth referred to the SOC in 2010 – All referrals were made by school personnel
- Of 52 referred youth, 36 were enrolled in the SOC (69%)
- Enrolled youth tended to be approximately 10 years of age, male, and African American
- Enrolled youth commonly experienced numerous problems prior to enrollment, including noncompliance (86%), physical aggression (78%), and hyperactivity (69%)

### *Services Provided by the SOC*

- Ash Tree served 100% of enrolled youth
- Youth were also referred to extracurricular activities including mentoring, tutoring, and athletic activities
- Enrolled youth and families reported high levels of satisfaction with the SOC

### *Outcomes for Children and Families*

- Caregiver reports of youth functional impairment improved markedly following CSSOC enrollment
- Juvenile offending declined over SOC enrollment
- School absenteeism increased over SOC enrollment indicating need for a revised approach to school attendance
- Incidence of in-school and out-of-school suspensions declined over enrollment for all but a small number of youth warranting increased attention from the SOC
- No youth were expelled
- Grades in math, reading, and language classes increased following SOC enrollment
- 13 youth were discharged from the SOC (Average Length of Service = 100 days)

### *System-Level Functioning of the SOC*

- Responses of Policy Council members indicated high ratings of SOC leadership and collaboration between partners
- Ratings for family involvement in SOC planning and policy making, and accessibility of services in the City of Savannah reflected room for improvement
- Ratings on Family Voice, Financing, Accessibility, and Collaboration all improved considerably over the course of the year
- Open-ended responses provided insight into successes and challenges facing SOC development

# THE CITY OF SAVANNAH SOC YEAR 1 EVALUATION REPORT

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## Introduction

In October 2009, the City of Savannah System of Care was funded by the Governor's Office for Children and Families. The purpose of the City of Savannah System of Care (CSSOC) is to address the steady increase in the number of very young children who are suspended or expelled from the Savannah-Chatham County Public School System and serve as a bridge between the children, their families/caregivers, the schools, and community resources. Children served by the CSSOC are in grades K-5 and attend East Broad Elementary or Scott Learning Center (an alternative school). During the first year of implementation the CSSOC expected to serve 40 families.

## Policy Council History

The KidsNet Savannah Policy Council, in partnership with the City of Savannah, provides oversight for the CSSOC. The Policy Council is currently led by co-chairs Linda King and Lou Caputo. It includes representatives from child-serving agencies such as the Department of Juvenile Justice, Department of Behavioral Health and Developmental Disabilities, Chatham Savannah Youth Futures Authority, Georgia Division of Public Health Office of Prevention Services and Programs, the Office of the Mayor of Savannah, and Savannah Chatham County Board of Education. Partners meet monthly to work on developing and implementing the System of Care.

## Services and Partners

### The City of Savannah SOC

The CSSOC serves a care coordination role for youth and families. Direct services are provided by two Family Advocates whose workload is divided by school. SOC management is provided by the SOC Administrator.

Children can be referred to the CSSOC by any source, but all referrals in 2010 came from the school counselors and social workers at East Broad Elementary and Scott Alternative School. If the child meets SOC eligibility criteria, a Family Advocate visits the family and conducts a full intake. After completion of the intake, Ash Tree is notified of the new enrollment and contacts the family to facilitate starting their program. CSSOC staff also link families to a broad array of community services through the St. Pius X Family Resource Center.

### Ash Tree Organization, Inc

Ash Tree provides community-based alternative programs for inner-city school youth, suspended and expelled youth, homeless youth, and juvenile youth and their families. They offer the Strengthening Families Curriculum to all enrolled youth and their families. The Strengthening Families Curriculum targets both youth and caregivers with the goal of improving parenting

skills and family relationships, along with youths' academic achievement and social and life skills.

### The St. Pius X Family Resource Center

The Resource Center is a "One-Stop Shop" facility where community members can access a comprehensive array of human and social supports and services designed to assist youth and their families, including tutoring, food bank, cultural arts programs, wraparound program, and computer classes, among others.

## **Purpose of the Evaluation**

The purpose of the evaluation is to provide monitoring of the CSSOC's implementation and functioning, and to describe the nature of change in the well-being of enrolled youth over the course of their enrollment in the SOC. Results in this report and other findings from the evaluation over the year are presented to the Policy Council to aid in their efforts to continuously monitor SOC implementation and to determine the well-being of youth and families participating in the SOC. The evaluation examined a series of process and outcome questions, shown below, which include those established by the Governor's Office for Children and Families for the outcome area "Educated".

### Process Evaluation Questions

- How many youth are referred?
- Who is referring children to the SOC?
- How many youth are enrolled?
- What are the demographic characteristics, presenting problems, and service utilization histories of enrolled youth?
- What is the average length of enrollment?
- In what services are youth enrolled?
- How many youth are discharged?
- Why are youth discharged?

### Outcome Evaluation Questions

- Do unexcused absences, disciplinary referrals, in- and out-of-school suspensions, alternative school referrals, and expulsions decrease?
- Does caregiver's perception of youth's functioning improve?
- Does system-level functioning of the CSSOC improve over time?

### GOFC Required Outcomes

- Progression to the next grade level
- Number of discipline referrals
- In-school suspensions
- Out of school suspensions
- Alternative school referrals
- Attendance

## Evaluation Methods

EMSTAR Research developed a system to track enrollment, case assignment, ongoing process and outcome data points throughout enrollment, and discharge data. This system includes the measures described below.

The Demographic Information Questionnaire (DIQ) was designed to be completed for all youth upon enrollment in the CSSOC. The DIQ provides data on youth and family demographic characteristics, referral sources, presenting problems, and service histories, and is completed by Family Advocates. To complement the DIQ, the Demographic Information Update Form (DIUF) is completed semi-annually over the course of enrollment for participant characteristics that may change with time, such as health insurance coverage, parent employment, etc. Finally, the Monthly Performance Indicators Tracking Sheet (MPITS) is the primary source of outcome data for the evaluation. It is administered monthly over the course of SOC enrollment and provides data on outcomes such as school performance, juvenile justice contact, and service utilization. A measure of functional status, the Columbia Impairment Scale (CIS), accompanies the MPITS to provide caregivers' assessment of youth functioning. With the exception of the CIS, all of the above forms are completed by CSSOC staff over the course of their contact with families. All data sources are shown in Appendix B.

In addition to the above measurement at the individual level, the evaluation also addresses system level outcomes. The quality of collaboration between partners in the SOC would typically be considered a characteristic of the process of SOC implementation. However, given that systems change is often a primary focus of system of care initiatives, the development of collaborative relationships between partners as an indicator of systems change can be considered an outcome of SOC implementation. The quality of collaboration among SOC partners was assessed with an original measure known as the System of Care Collaboration Questionnaire (SOCCQ). The SOCCQ was written by Dr. Darnell using original items along with items adapted from the System of Care Implementation Survey (Kutash, Greenbaum, Wang, Boothroyd, and Friedman, 2009). The SOCCQ is intended to address five dimensions of system-level functioning: family voice, SOC leadership, accessibility, financing, and collaboration. The SOCCQ was administered online to all members the Policy Council in April, July, and October 2010, and January 2011.

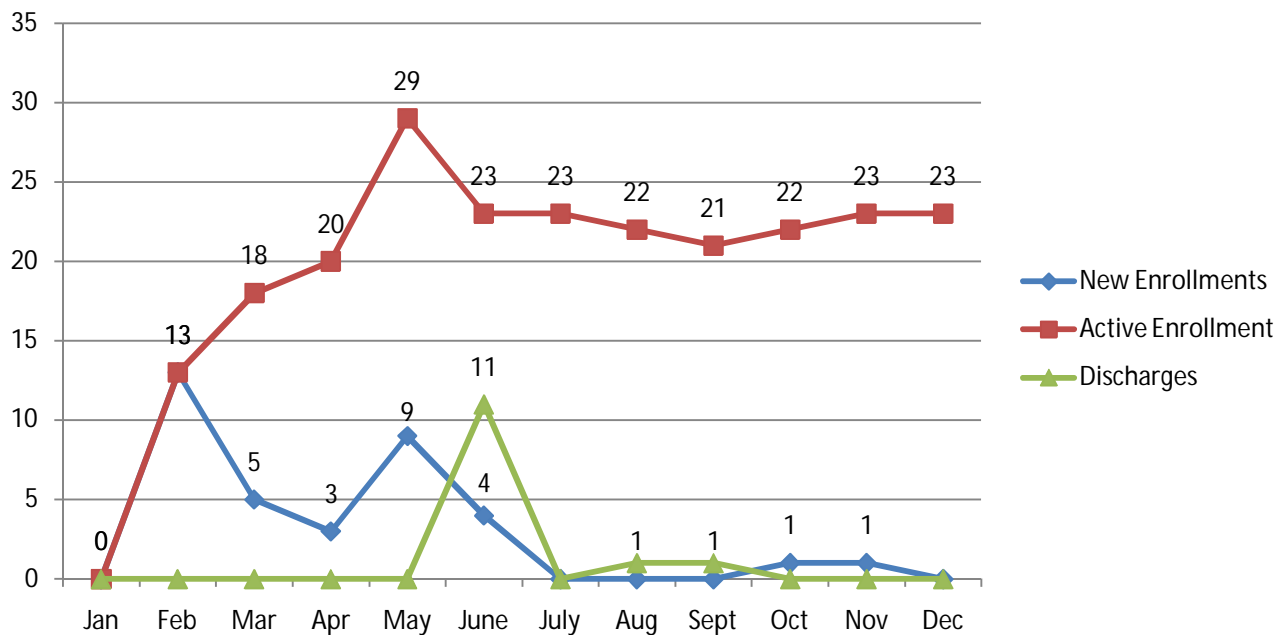
Below we report full evaluation results for the period January 1 through December 31 of 2010.

## RESULTS

### Characteristics of Youth Served

In 2010, a total of 52 youth were referred to the CSSOC and 36 of those youth (69%) were enrolled. Of the 52 referrals received, 100% of referrals were from the schools, 53% from Scott Alternative School and 47% from East Broad Elementary. Changes in enrollment over the year are shown in the figure below.

*Monthly New and Active Enrollment: January 1-December 31, 2010*



The figure above indicates some exceptional months for both enrollments and discharges -- there were a large number of new enrollments at the end of last school year, and a large number of discharges shortly thereafter. Demographic characteristics of youth served are shown below. Youth enrolled in the CSSOC tended to be approximately 10 years of age, male, and African American.

*Demographic Characteristics of Enrolled Youth (n=36)*

Gender		Race/Ethnicity		Age (years)	
Male	86%	African American	92%	6-8	24%
Female	14%	Caucasian	5%	9-11	55%
Transgender	0%	Other	3%	12-13	21%
				Mean	10

## Presenting Problems

The Demographic Information Questionnaire (DIQ) includes a section that describes problems the child has been experiencing in the 6 months prior to enrollment. According to the DIQ, the most common problems were with noncompliance (86%) and physical aggression (78%). In addition, 69% had problems with hyperactivity or attention disorders, 53% had problems with tantrums, and 50% had academic problems.

### *Behavior Problems during 6 Months Prior to CSSOC Enrollment (n=36)\**

	Count	Percent
Noncompliance	31	86%
Physical Aggression	28	78%
Hyperactive/Attention	25	69%
Tantrums/Excessive crying	19	53%
Academic Problems	18	50%
Verbal Abuse	16	44%
Adjustment Problems	15	42%
Threat to Life of Others	12	33%
Learning Disability	11	31%
Depression Related Problems	10	28%
Property Damage	9	25%
Speech Problems	9	25%
Theft	8	22%
Separation Issues	7	19%
Maltreatment	5	14%
Running Away	5	14%
Pervasive Dev. Disability	5	14%
Anxiety Related Problems	4	11%
Psychotic	4	11%
Fire setting	4	11%
Suicide Ideation	3	8%
Sexual Acting Out	3	8%
Cruelty to Animals	2	6%

## Services Received Prior to Enrollment

CSSOC youth were typically not involved with behavioral health services or juvenile justice prior to enrollment. As shown below, the most common services utilized in the year prior to enrollment were school-based services such as individualized education plans (IEPs) or student support teams (SSTs).

### *Services Received Prior to Enrollment (n= 36)*

	Outpatient Mental Health	School Based Services (e.g., IEP, SST)	Residential Treatment	Court Services/ Probation
Youth receiving	17%	42%	3%	3%

## Services Received following CSSOC Enrollment

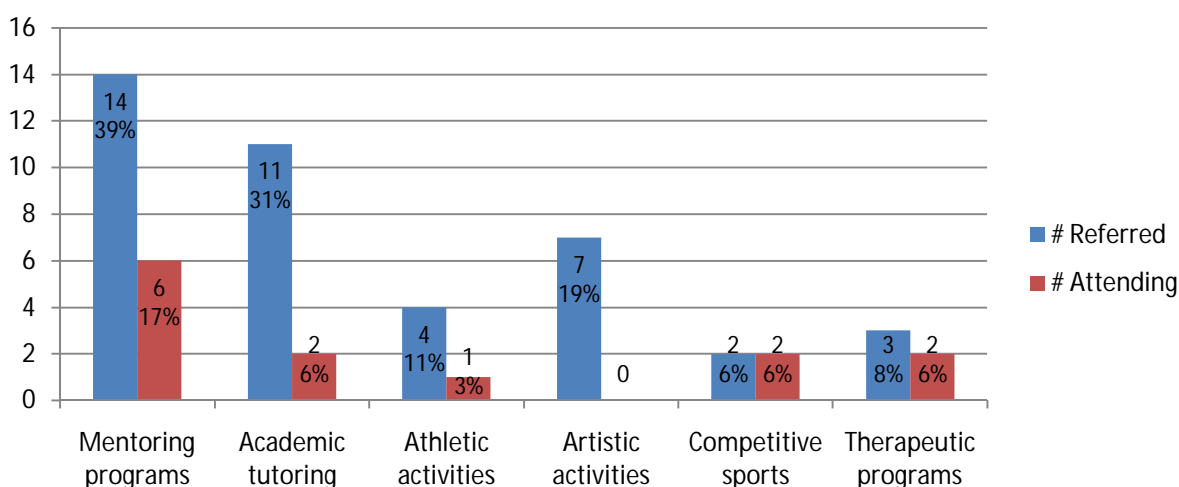
In the following section, we describe youth involvement in services provided by the CSSOC and referrals to other activities. The table below includes the number and percentage of youth enrolled in each service during at least one month of SOC enrollment. CSSOC staff have been successful in enrolling youth in the sub-grantee service (94%). Of youth attending Ash Tree, 83% of youth attended regularly. As shown below, the most common service received in addition to Ash Tree was medication administration.

	Count	Percent
Ash Tree	36	100%
Medication administration	13	36%
Individual therapy	4	11%
Family therapy	4	11%

## Referrals to Other Extracurricular Activities

The evaluation also tracked the number of referrals CSSOC staff made to youth and families for participation in other activities such as mentoring and tutoring. These results are summarized below.

### *Referrals to and Participation in Extracurricular Activities (n=36)*



## Youth and Family Satisfaction

The Satisfaction Survey is required by the Governor's Office for Children and Families to monitor youth and caregiver satisfaction with Caring Communities grantee services. The survey is administered one year after enrollment and/or at discharge. It contains 10 items, nine of which utilize 5-point response scales ranging from Strongly Disagree to Strongly Agree, along with a Not Applicable option. The tenth question is open-ended, and invites suggestions for program improvement. The survey was distributed to families by the Family Advocate. Families were free to elect the respondent or respondent(s) most familiar with CSSOC services. Blank surveys and an envelope were provided to families and sealed when completed. Sealed surveys were delivered to EMSTAR. A total of 7 completed Satisfaction Surveys were received between January 1 and December 30, 2010. Complete results for the Satisfaction Survey are shown below.

### *Satisfaction Survey Results (n=7)*

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	M
1. My beliefs and values were respected.	0%	0%	0%	0%	100%	5
2. Staff/service provider has been available to me when I needed.	0%	0%	0%	0%	100%	5
3. Any concerns I had were addressed in a timely manner and handled well.	0%	0%	0%	0%	100%	5
4. I felt I was involved in making decisions for myself and my family.	0%	0%	0%	0%	100%	5
5. All materials/handouts I received as part of the program were useful and easily understood.	0%	0%	0%	0%	100%	5
6. The services I received were helpful.	0%	0%	0%	0%	100%	5
7. Staff helped me find other services I needed, if applicable.	0%	0%	0%	0%	100%	5
8. I would recommend services to others.	0%	0%	0%	0%	100%	5
9. OVERALL, I am satisfied with the services that I received.	0%	0%	0%	0%	100%	5

Although the sample size is small for the satisfaction survey, all respondents who completed the surveys indicated that they were very satisfied with SOC services and would recommend the services to others.

## Caregiver Reported Youth Functioning

*n* = Sample Size  
*M* = Mean or average  
*SD* = Standard Deviation, or average difference from the mean

The CIS (Appendix B) is comprised of 13 items assessing caregivers’ perspectives on their child’s functional impairment on a 5-point response scale ranging from 0 (No problem) to 4 (A very big problem). CIS scores were available for all youth participating in the CSSOC in 2010. The table below contains average responses for each item at the beginning of SOC enrollment.

### *Columbia Impairment Scale (n=36)*

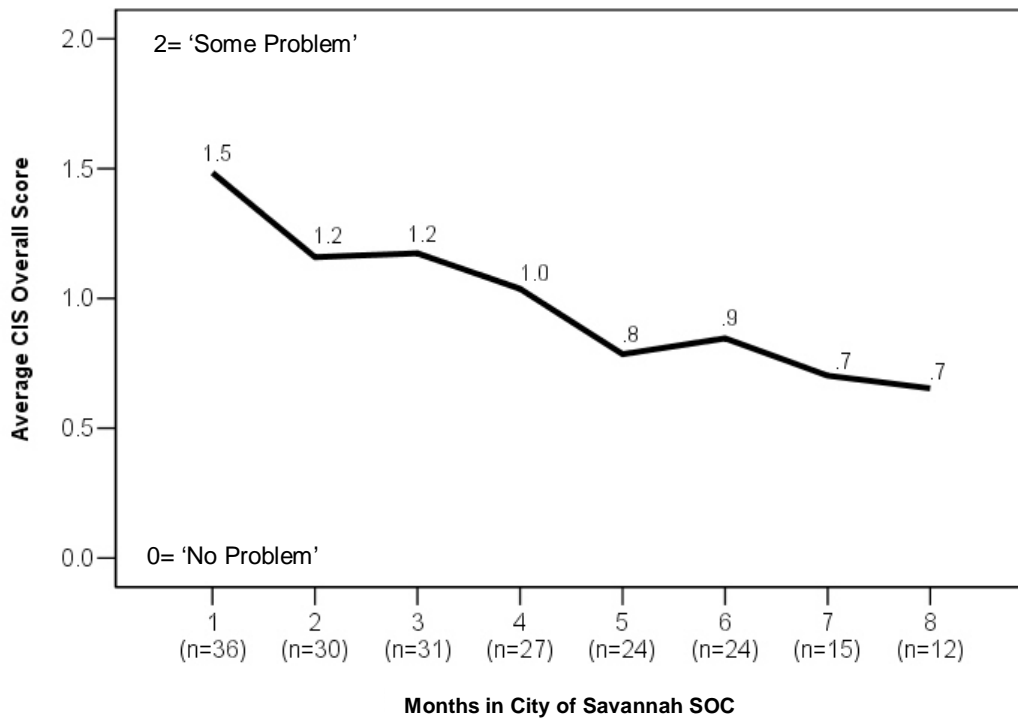
In general, how much of a problem do you think your child has with:	<i>M</i>	<i>SD</i>
Getting into trouble?	3.0	1.1
Getting along with his/her mother or his/her female caregiver?	.7	1.1
Getting along with his/her other or his/her male caregiver?	.5	1.1
Feeling unhappy or sad?	1.3	1.2
With his/her behavior at school?	3.0	1.1
With having fun?	.4	.9
Getting along with adults other than you or his/her father/mother?	1.6	1.3
With feeling nervous or worried?	.9	1.3
Getting along with his/her brother(s)/sister(s)?	1.6	1.4
Getting along with other kids his/her age?	1.8	1.3
Getting involved in activities like sports or hobbies?	.3	.7
With his/her schoolwork?	1.9	1.5
With his/her behavior at home?	2.1	1.3
<b>Overall (average of all items)</b>	<b>1.5</b>	<b>1.2</b>

*Response Scale: 0=No problem ; 2=Some Problem, 4 = A very big problem*

The thirteen items from the CIS were combined into a single measure of functional impairment, representing the average response for each caregiver across all items. Intake scores on the combined scale from the CIS suggest that CSSOC youth have levels of functional impairment near the midpoint of the scale. The highest levels of impairment were found for items addressing getting into trouble and behavior at school. The lowest levels of impairment were found for the items “getting involved in activities like sports or hobbies” and “having fun.”

In order to examine the relationship between enrollment and CIS scores, monthly measurements from each caregiver were organized with respect to the date of enrollment. For example, a CIS collected after the first month of enrollment is the first time point (Month 1), and a CIS collected for the same family 3 months later is the fourth time point (Month 4). The pattern of change in caregiver reports of youth impairment over the course of enrollment is shown below.

### Caregiver Reported Youth Functioning Over the Course of SOC Enrollment<sup>1</sup>



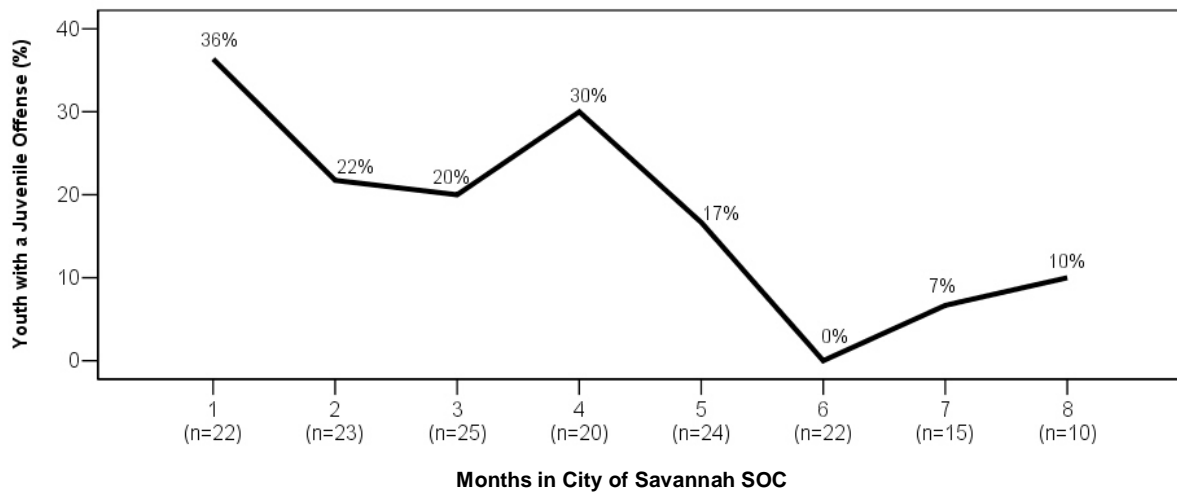
The figure above indicates a marked improvement in caregiver reported youth functioning over the course of enrollment in the City of Savannah SOC. In other words, caregivers are reporting improvements in their child's functioning in numerous life domains after CSSOC enrollment.

### Involvement with Juvenile Justice

Juvenile justice involvement is assessed monthly throughout SOC enrollment in the Monthly Performance Indicators Tracking Sheet (MPITS). All 36 youth served had available data on juvenile justice involvement for at least one month. When monthly MPITS data are organized with respect to the date of enrollment, the likelihood of offending declines markedly following enrollment in the SOC, as shown in the following figure.

<sup>1</sup> Only data from first eight months of enrollment shown due to smaller sample size beyond Month 8.

### Youth with a Juvenile Offense over the Course of Enrollment<sup>2</sup>



The figure above indicates that the likelihood of legal offenses decreases over the course of SOC enrollment.

### School

Of 34 youth with data for school performance, all were enrolled in school full time. All enrolled youth attend either East Broad Elementary or Scott Alternative School. The majority of CSSOC youth (61%) had a regular enrollment type. Most youth attended school regularly, averaging 2.1 days absent for any reason per month. In-school suspensions occurred for 32% of youth, and out-of-school suspensions occurred for 47% of youth. No youth were expelled. In addition, no youth from East Broad were sent to alternative school.

<sup>2</sup> Although offenses occurring beyond Month 10 are not displayed here due to small sample size, the figure above represents 30 of 33 offenses recorded.

*School Performance (n= 34)*

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Enrollment type	
Regular	61%
Regular w/ SST	3%
Special education	36%
Emotional/behavioral disorder	62%
Mild intellectual disability	31%
Other health impaired	7%

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Attendance	
Youth attends regularly	65%
Some attendance problems, but generally attends	20%
Problems with attendance (missing 2+ days/week)	15%
Generally truant or refusing to go to school	0%

Days absent per month	
Average	2.1
Lowest	0
Highest	15

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Discipline	
Youth expelled	0%
Youth with in-school suspension	32%
Youth with out-of-school suspension	47%
Youth with an alternative school placement	0%

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*Progression to the Next Grade Level (n=30)<sup>3</sup>*

	Count	Percent
Promoted	26	87%
Not promoted	4	13%

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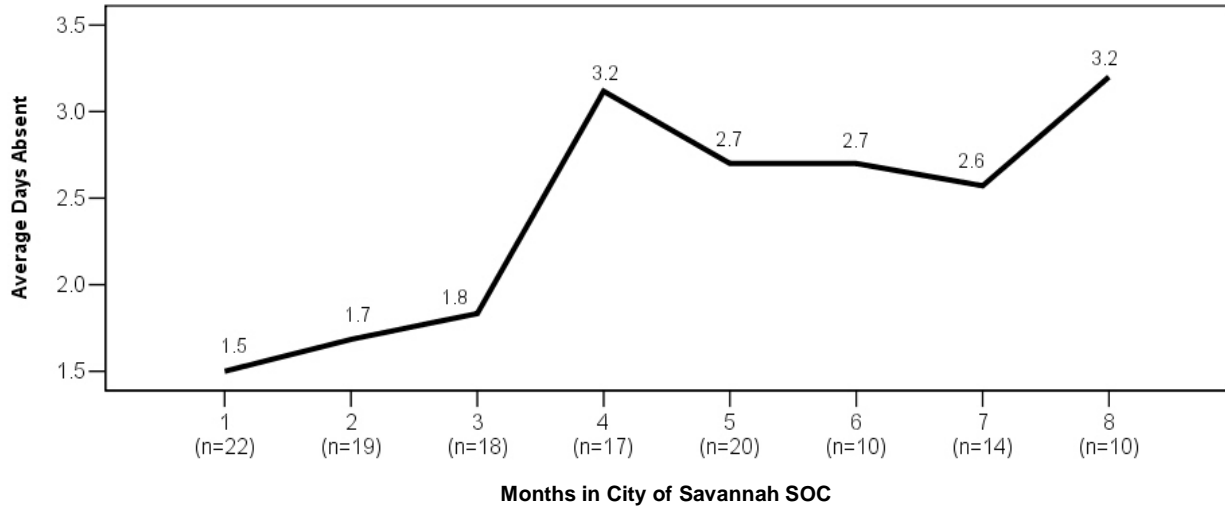
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<sup>3</sup> 30 Youth were enrolled in CSSOC at the close of the 2009-2010 school year

## School Attendance and Suspensions

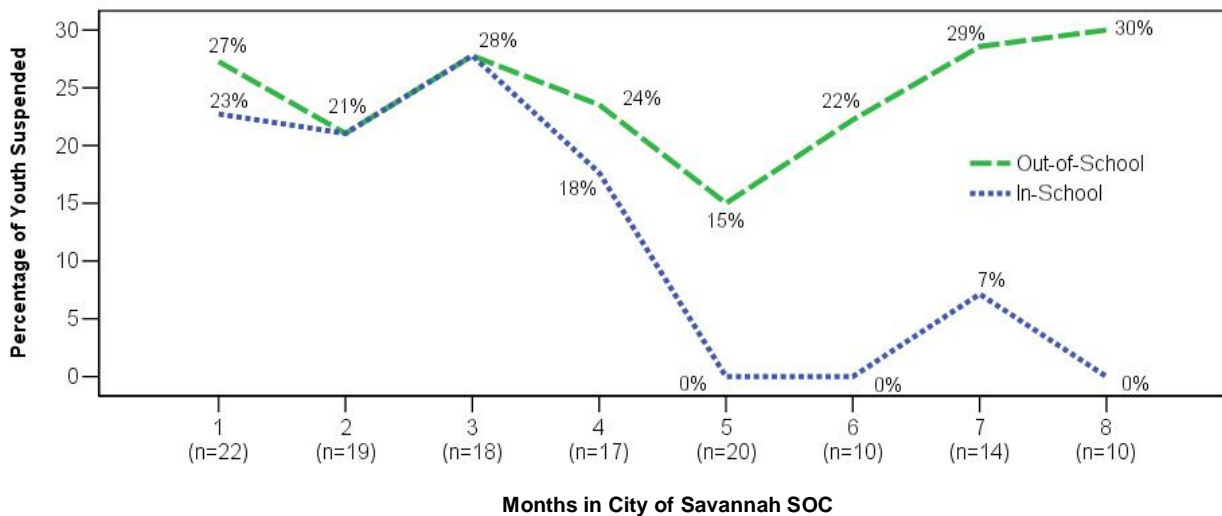
Analysis of school absenteeism over the course of enrollment indicated that the average days absent from school increased over the course of enrollment in the SOC, as shown in the figure below.

*Average Days Absent from School over the Course of SOC Enrollment<sup>4</sup>*



CSSOC youth averaged 1.5 days absent in Month 1 and 3.2 days in Month 8. This finding suggests that school attendance is a persistent challenge of CSSOC enrolled youth and that the program needs to address more attention to this outcome. Subsequent analysis indicated that the rise in absenteeism was due in large part to a rising incidence of out-of-school suspension (below).

*Percentage of Youth Suspended over the Course of SOC Enrollment*



<sup>4</sup> Records beyond Month 8 are not shown due to small sample size.

As shown above, the decline in the rate of in-school suspensions reflects an improvement in behavior resulting from SOC enrollment, as does the decline in out-of-school suspensions (OSS) to Month 5. The rise in OSS after Month 6, on the other hand, contrasts with the trend in earlier months, and reflects the continuing challenges of a smaller number of youth who have remained enrolled in the SOC long enough to provide data in those higher numbered months. It is also important to note that the illustrated rise is exaggerated by the smaller sample size in Months 6 through 8. Nevertheless, the figure above does represent persistent disordered behavior among a small number of youth – specifically, the number of youth with out-of-school suspensions in Months 6, 7, and 8 is 2, 4, and 3, respectively. It is recommended that specific attention be devoted to the cases of youth who are not approaching successful discharge by the 6<sup>th</sup> month, such as these youth who are experiencing out-of-school suspensions at the 6<sup>th</sup> month or beyond.

### School Record Analyses

To complement analyses of school data on attendance and suspensions, course grades for CSSOC youth from school records received from East Broad and Scott elementary schools were also analyzed. Data were generally available by quarter and extended as far back as the fall quarter of the 2009-10 school year, and extended through the second quarter of the current 2010-11 school year. The earliest enrollments in the SOC occurred in February 2010, and most occurred during the final quarter and summer of the 2009-10 school year. Data from school records were organized with respect to each youth’s SOC enrollment date. Specifically, records from the first term that began after SOC enrollment were considered post-enrollment, and records from terms beginning before SOC enrollment were considered pre-enrollment. This placed the majority of records prior to SOC enrollment. Results for grades are shown below.

#### *Course Grades Before and After SOC Enrollment*

		N	Mean	SD	Low	High
Math	Pre-SOC	91	76.8	11.2	33	100
	Post-SOC	51	79.4	9.5	65	100
Reading	Pre-SOC	88	73.9	10.4	44	97
	Post-SOC	51	76.4	9.9	46	97
Language	Pre-SOC	91	74.6	10.5	55	100
	Post-SOC	51	76.5	10.1	52	95
Social Studies	Pre-SOC	90	77.4	10.8	55	100
	Post-SOC	50	75.5	15.5	0	100
Science	Pre-SOC	91	79.1	10.3	60	100
	Post-SOC	51	79.7	10.1	45	100

As shown above, the average grades in math, reading, and language classes begun after SOC enrollment were slightly higher, than grades for those courses recorded prior to SOC enrollment. On the other hand, grades in social studies were slightly lower after SOC enrollment, and science grades were virtually the same, on average. Conclusions to be drawn from school records at this time are limited by the small amount of school records for quarters begun after SOC enrollment<sup>5</sup>. Future reports will benefit from larger numbers of records for quarters falling after SOC enrollment.

<sup>5</sup> No differences were statistically significant.

## Substance Abuse

There was no drug use reported for youth during enrollment.

## Family Stability

Indicators of the condition of the child's home life are collected monthly, including number of moves and involvement with Child Protective Services (CPS). Although one family was involved with CPS at enrollment, continued involvement was not indicated at any month past intake. Three families reported moving in 2010. No children were in state custody.

## Discharge

Of the 36 youth participating from January 1 to December 31, 2010, 13 youth (36%) were discharged during that period. As of December 31, there were 23 youth enrolled in the SOC. Reasons for discharge and length of stay are shown in the following table.

Reason for Discharge	Count	Percent
Family moved out of community	10	77%
Successful graduation	2	15%
Family withdrew youth	1	8%
Family non-compliant	0	--
Youth aged out of service	0	--
Youth discharged due to long term commitment	0	--
Total	13	100%

Length of enrollment (n=13):

- Mean (M) = 100 days (3.3 months)
- Standard Deviation (SD) = 58 days
- Low = 29 days; High = 218 days

## System-Level Functioning

System-level functioning was assessed using the System of Care Collaboration Questionnaire (SOCCQ). The measure addresses five dimensions of system of care development: family voice, SOC leadership, accessibility, financing, and collaboration. The SOCCQ was administered online to all members of the KidsNet Savannah Policy Council April, July, and October 2010, and January 2011. Respondents are asked to answer the questions below based on their previous three months' experience with the SOC.

<i>Results from First Administration of SOCCQ (April 2010)</i>	<i>N</i>	<i>Mean</i>
<i>Family Voice (1=Never / 5=Always)</i>		
• Do families have a choice of which services will be provided to their child?	12	4.3
• How often have you seen families serving as members of planning or coordinating groups for the service system (e.g., members of interagency councils, advisory boards)?	13	1.9
• How often have you seen families or a family organization express independent views or recommendations about the service system?	13	2.8
• How often is family voice incorporated throughout the planning and policy making process?	12	3.1

Among the four items assessing family choice and involvement, respondents gave high ratings for family choice in services, but relatively lower ratings for family involvement in planning at the system level. It is most notable that on average respondents reported seldom seeing families serving as members of the SOC policy council or other groups.

<i>SOC Leadership (1=Not at all / 5=Very great extent)</i>	<i>N</i>	<i>Mean</i>
To what extent does your SOC leadership:		
• Value the opinions of others?	14	4.4
• Recognize individual and team achievements within your organization?	14	4.0
• Encourage individuals to think about problems in new ways?	14	3.9
• Convey an inspirational vision of the future?	14	3.9
• Encourage people to take the initiative in building the system?	14	4.0

Ratings of SOC leadership were high on average, particularly regarding the extent to which leaders value the opinions of others. Respondents also gave high ratings for recognition of achievements and encouraging people to take initiative. Ratings were slightly lower for encouraging people to think in new ways and conveying an inspirational vision of the future.

Respondents were also asked to identify who they perceived to be the leader(s) of the SOC<sup>6</sup>. Responses to this question varied widely at each administration. The most commonly identified leaders in 2010 were Lorr Elias, Linda King, and Lou Caputo.

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<sup>6</sup> Verbatim responses in Appendix A

<i>Accessibility</i>	<i>N</i>	<i>Mean</i>
• In your opinion, how easy or difficult is it for families to access mental health care in your community?(1=Difficult / 5=Easy)	13	2.9
• To what extent do you think parents in your community know how to obtain mental health care?(1=Not at all / 5=Very great extent)	14	2.5
• Do you think child-serving professionals (e.g., teachers, pediatricians) in your community know how to refer families to obtain mental health care?(1=Not at all / 5=Very great extent)	13	3.2
• To what extent do you believe Chatham County’s children’s mental health services are a System of Care?(1=Not at all / 5=Very great extent)	14	3.1

Items in the SOCCQ addressing accessibility of SOC services indicated ratings near the middle of the scale. Regarding parent knowledge of how to obtain mental health services, respondents gave an average rating of 2.5 on a 5-point scale, indicating considerable room for improvement in parent knowledge of available mental health services. Respondents also considered it somewhat difficult to access mental health services in the community. The extent to which Chatham County’s children’s mental health services were viewed as an integrated System of Care was also just above the mid-point on the response scale, suggesting that the Savannah SOC is in an early stage of development. This finding is further supported by the relatively low ratings of financing policies and strategies that facilitate individualized care, a broad array of services, and system sustainability (below).

<i>Financing (1=Not at all / 5=Very great extent)</i>	<i>N</i>	<i>Mean</i>
• To what extent are collaborative funding strategies used (e.g., pooled, blended, or braided funding) between the major child-serving sectors?	11	2.4
• To what extent do community (state/local) financing policies allow for a broad array of services for children with SED and their families?	11	2.5
• To what extent do community financing policies allow for the provision of flexible, individualized care for children with serious emotional disturbance and their families?	11	2.4

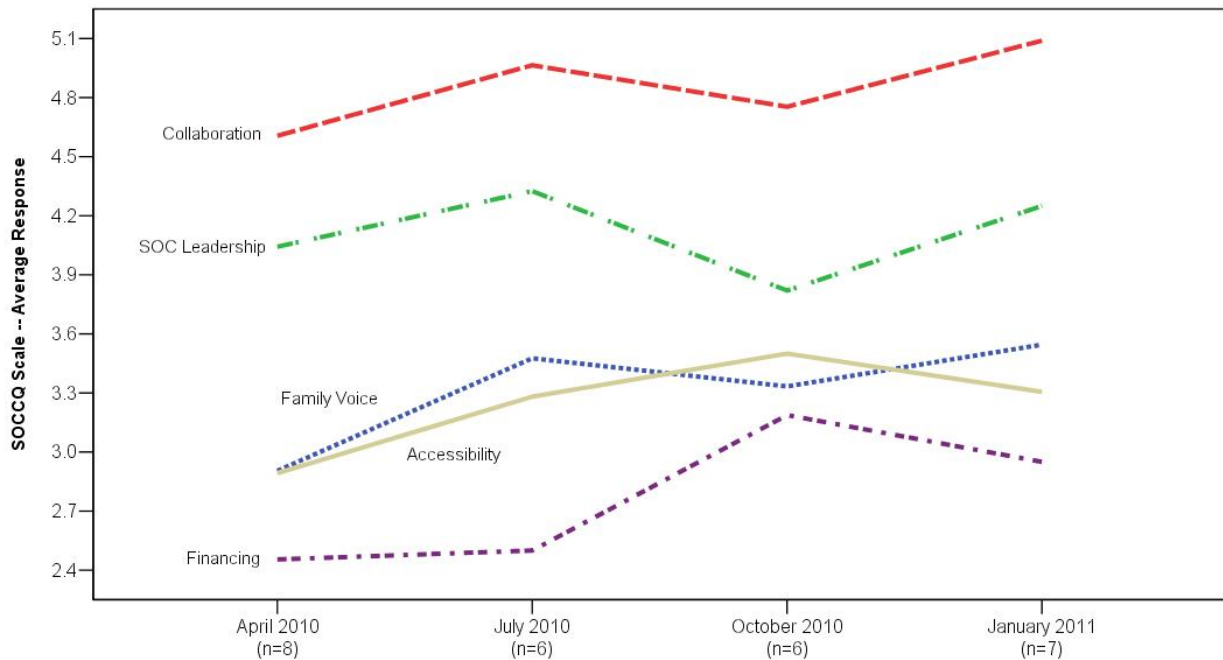
The SOCCQ also accesses dimensions of interagency collaboration in SOC oversight, shown below. Note the responses to these items were made on a 7-point scale so averages tend to be higher.

<i>Collaboration (1=Never / 7 = Always)</i>	<i>N</i>	<i>Mean</i>
• I feel a strong sense of pride in our SOC’s accomplishments.	14	5.1
• There is a lack of communication between Policy Council members.	14	3.5
• Everyone in the Policy Council knows they can rely on one another.	13	4.4
• Policy Council activities are focused on a clear goal.	14	4.5
• There are members of the Policy Council whose opinions do not get the respect they deserve.	12	2.7
• I never know what we will be addressing from one Policy Council meeting to the next.	14	2.6
• Conflict is freely expressed when it is felt in our Policy Council meetings.	14	3.8
• Policy Council meetings accomplish what is necessary for the SOC to function well.	14	4.4
• Our SOC has the active participation of all the right members.	14	3.8
• SOC members are aware of evidence-based practices for the target population.	13	4.7
• I feel strongly committed to the SOC.	14	5.5
• SOC members fully understand their role in the collaborative.	14	4.3
• Our strategies are modified based on evaluation findings.	10	3.7
• Member organizations achieve their own goals better by working with the SOC than by working alone.	12	4.7

Respondents indicated fairly strong commitment to the SOC and pride in its accomplishments, and tended to agree that member organizations achieve their goals better by collaborating in the SOC. These items reflect a medium to high level of engagement with the SOC. Respondents gave ratings above the mid-point of the scale for interpersonal trust (“...rely on one another”), and tended to disagree that some members opinions did not get enough respect. There was somewhat less disagreement that communication was lacking, indicating some room for improvement in communication between members. Relatedly, responses were near the midpoint of the scale for expressing conflict. These findings reflect a fairly high level of cohesiveness among Policy Council members but perhaps short of the closeness that permits expression of conflict. Regarding the conduct of Policy Council meetings, ratings of meeting effectiveness were generally positive. Responses indicated that members usually know what the Policy Council will be addressing from one meeting to the next, and respondents felt that activities were often focused on a clear goal, and that meetings accomplish what is necessary for the SOC to function well. Respondents also tended to think members of the Policy Council understood their role on the Council. These findings suggest that Policy Council meetings are generally well organized. Finally, responses were above the midpoint on awareness of evidence-based practices, but right at the midpoint for use of evaluation findings to modify SOC strategies, reflecting room for improvement in the use of evaluation data for decision making.

Items from each of the five areas assessed in the SOCCQ were combined into scales representing Family Voice, SOC Leadership, Accessibility, Financing, and Collaboration. The average response for each scale is shown in the figure below, representing system-level functioning from the beginning of Year 1 and at three subsequent measurements through the end of the year.

*Change in Aspects of SOC Functioning During Year 1<sup>7</sup>*



The figure above illustrates relative differences between the aspects of system-level functioning assessed in the SOCCQ as well as changes in those ratings over the course of the first year. Ratings of SOC Leadership were highest (among the four scales with 5-point response scales) and ended the year just slightly higher than where it began the year. Financing on the other hand received the lowest ratings, but showed greater improvement by the end of the year. Ratings on all three other scales—Collaboration, Family Voice, and Accessibility—rose throughout the year, reflecting favorable developments in these aspects of system-level functioning.

The SOCCQ also included open-ended items that provide more insight into SOC development.<sup>8</sup> For these analyses, examining change in individual responses between waves is not the focus, so we analyze all responses at all waves. Respondents were asked to identify challenges and successes.

<sup>7</sup> The figure displays all responses collected at each wave of SOCCQ administration for respondents participating in at least 2 waves, and the sample at each wave does not necessarily comprise the same respondents. Ratings for Collaboration are made on a 7-point scale, as opposed to 5-point scales for the others.

<sup>8</sup> See Appendix C for Verbatim responses to all open-ended questions.

## **Successes Achieved by the City of Savannah SOC<sup>9</sup>**

*Think for a moment about the areas in which your SOC has made the greatest progress on interagency collaboration in the past couple of months. Please describe one or two areas of greatest improvement.*

Common themes in descriptions of successes were strong partner involvement, collaboration, communication with the community and increased parental involvement. At the beginning of the year, many considered the award from GOFCF to be an SOC success.

## **Challenges Facing the City of Savannah SOC**

*Now think about areas in which your SOC needs to make improvements. What areas are most in need of improvement?*

Respondent perceptions of challenges to the SOC varied widely. The most commonly mentioned area for improvement concerned aspects of formal organization such as defining SOC goals and clarifying agency roles and responsibilities. Several respondents also felt that agency leadership as opposed to agency staff needed to participate in the Policy Council. Respondents also mentioned the need for planning and collaboration to ensure the SOC's sustainability and the need for more parental input into planning and policy.

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<sup>9</sup> Verbatim responses to open-ended questions are shown in Appendix A

## CONCLUSIONS

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The evaluation of Year 1 of the City of Savannah System of Care provides evidence that the services provided are making a positive impact on the youth it serves. A total of 36 youth were enrolled in 2010, putting the CSSOC just short of reaching their stated goal of 40 youth served in 2010. The average youth was 10 years old, African American, and male. Youth entered the CSSOC with a combination of risk factors, including academic problems, chronic disciplinary referrals, and behavioral health difficulties. Youth enrolled in the City of Savannah SOC were referred to numerous services and had several layers of support. Almost all youth participated in Ash Tree services, featuring the *Strengthening Families* curriculum that is not only designed for the youth but also has an educational component for parents. Many youth were also receiving other services such as individual therapy or group therapy, and participating in extracurricular activities such as mentoring, tutoring, and athletic activities.

Outcomes were examined across various life domains, including overall functional impairment, juvenile justice involvement, substance use, DFCS involvement, and school performance. There is evidence that the CSSOC is producing positive outcomes for youth. In terms of caregiver reports of youth functional impairment on the Columbia Impairment Scale, scores improved over marked enrollment for all youth. Juvenile offending also declined substantially over enrollment. The incidence of substance use was very minimal. Regarding school performance, all youth were enrolled in school; 36% were in special education and 61% were regular education. In-school and out-of-school suspensions declined for most youth over time but overall levels of incidence reflected persistent disciplinary problems for a small number of youth. Eighty seven percent of students progressed to the next grade level at the end of the 2009-2010 school year. In addition, when comparing course grades prior to CSSOC enrollment to grades in courses begun after enrollment, there were modest improvements in grades for math, reading, and language courses, but not social studies or science. One troubling finding is the observed increase in youth absences over the course of CSSOC enrollment. This finding suggests the need for a revised approach to addressing school attendance.

Beyond outcomes for youth, the Year 1 results of the Satisfaction Survey indicate that respondents were very satisfied with services provided by CSSOC. Of the seven individuals surveyed, 100% agreed or strongly agreed that they were satisfied with CSSOC. They also strongly agreed 100% of the time that their beliefs and values were respected and that a staff member was available to me when they needed them.

Concerning system-level functioning, responses from Policy Council members indicated general high ratings for the quality of SOC leadership and collaboration between SOC partners. Individual items suggested room for improvement in family involvement in SOC planning and policy-making, which was also described as a challenge in the open-ended responses. Ratings for accessibility of mental health services in the City of Savannah also reflected room for improvement, as did the development of progressive financing strategies to provide flexible individualized care and sustain the CSSOC. Analyses of responses throughout the year indicated that overall ratings on these two scales and family voice were heading in the right direction by year end. Ratings of the collaboration between SOC partners were also improving

considerably. Results from the SOCCQ also provide insight into areas of continuing challenge for the CSSOC.

Efforts should be continued to increase the degree of formal organization of the Policy Council so that goals of the SOC and roles of individual members are clearly defined. Increased recruitment efforts can help to ensure that all the right organizations and community leaders are at the table. Funding is also an ongoing challenge that must be continuously attended to by CSSOC leadership.

Overall, the Year 1 evaluation findings provide encouraging evidence that youth participating in the City of Savannah System of Care are making improvements in their lives through the support of SOC staff and sub-grantee services.

## APPENDIX A: Verbatim Responses to SOCCQ Open-Ended Questions

### SOC Leadership

In your view, who is the leader or leaders of your SOC?

	Frequency and Percent
Lorr Elias	n=19 25%
Linda King	n=17 22%
Lou Caputo	n=10 13%
Chairpersons	n=7 9%
The Policy Council/ Collaborative	n=6 8%
Carol Kaczorowski	n=5 6%
SOC Administrator/ T. Grubbs Perry	n=4 5%
Youth Futures Authority (YFA) / YFA Director	n=3 4%
Other	n=6 8%

Verbatim Responses:

Chairpersons
Co-Chairs
Kidsnet Policy Council, YFA Director, SOC Administrator
Linda Carter-King, Lou Caputo, Lorr Elias
Lorr Elias
Lorr Elias
Lorr Elias
Lorr Elias is the perceived leader of SOC; co-leader is perceived as Lou Caputo
Lorr Elias, Linda King
Lorr Elias, Linda King
Lorr Elias, Linda King, Vickie Hathaway
Lou Caputo, Linda King, Lorr Elias
Tameka Grubbs
The Policy Council
Linda King, Lorr Elias
Linda King, KidsNet Chair, Lorr Elias, DBHDD
Linda King, Lou Caputo
Lorr Elias
Policy Council and its members
YFA and Kidsnet Advisory Council
Youth Futures Authority
Carol Kaczorowski
Case Managers
Chair persons
Linda King, Lorr Elias, Lou Caputo, Bergen, Kaczorowski

Linda King, Lou Caputo, Lorr Elias, Carole Karowski
Linda King, Lou Cuputo, Mrs. Carol, Timeka Grubbs-Perry
Lorr Elias, Lou Cauto, Linda King
Ms. Timeka Grubbs Perry
Shawna-Harlan Clifton
The Policy Council
Chair, Asst. Chair, Director of Regional MH
Linda King
Linda King
Linda King, Carol Kaczorowski, Lorr Elias, Lou Caputo
Lorr Elias
Lorr Elias, Linda King
Lou Caputo, Linda King, Lorr Elias
None
The Chairpersons
the collaborative
The Policy Council

**SOC Strengths**

Think for a moment about the areas in which your SOC has made the greatest progress on interagency collaboration in the past couple of months. Please describe one or two areas of greatest improvement.

	Frequency and Percent
1= Collaboration	n=12, 32%
2= Communication with Community/Families	n=5, 14%
3= SOC Partner Involvement with Policy Council	n=8, 22%
4= Receiving Grant Awards	n=3, 8%
5=SOC impact	n=3, 8%
6=Family Involvement	n=2, 5%
7=Other	n=4, 11%

Verbatim Responses:

<ul style="list-style-type: none"> <li>There are several agency that have a stake in the success of the program all of which have been and encouraged to be involved in the decisions concerning the program.</li> </ul>	1
<ul style="list-style-type: none"> <li>Resource sharing</li> </ul>	1
<ul style="list-style-type: none"> <li>Working to implement the GOCF grant for children in alternative school. Sustaining the collaborative over the long haul.</li> </ul>	1
<ul style="list-style-type: none"> <li>Commitment to the concept of the System of Care; great efforts to operationalize it has an entity in the community. Improvement needs to continue.</li> </ul>	1

<ul style="list-style-type: none"> <li>Thinking through who needs to be at the table and why. Outlining our need for sustainability</li> </ul>	1
<ul style="list-style-type: none"> <li>The flow of communication between the agencies and the trust which has resulted.</li> </ul>	1
<ul style="list-style-type: none"> <li>collaboration with the school system</li> </ul>	1
<ul style="list-style-type: none"> <li>working on the grant application together</li> </ul>	1
<ul style="list-style-type: none"> <li>1. Partnership within schools</li> </ul>	1
<ul style="list-style-type: none"> <li>TCollabrative among Kidsnet, LIPT and YTA;</li> </ul>	1
<ul style="list-style-type: none"> <li>Training for members;</li> </ul>	1
<ul style="list-style-type: none"> <li>Our SOC held an annual Retreat where several organizations attended and provided input to connecting with parents.</li> </ul>	1
<ul style="list-style-type: none"> <li>Bringing small organizations to the policy council</li> </ul>	1
<ul style="list-style-type: none"> <li>THE RETREAT HELD ON 10/29/10 @ BAMBOO FARMS PROVIDED FOR GREAT COLLABORATION AND NETWORKING AS WELL AS LEARNING.</li> </ul>	1
<ul style="list-style-type: none"> <li>Communication of SOC Philosophy to the community</li> </ul>	2
<ul style="list-style-type: none"> <li>Education of Parents</li> </ul>	2
<ul style="list-style-type: none"> <li>communication</li> </ul>	2
<ul style="list-style-type: none"> <li>Promotion of the Progam to the Community.</li> </ul>	2
<ul style="list-style-type: none"> <li>community outreach</li> </ul>	2
<ul style="list-style-type: none"> <li>Commitment of partners.</li> </ul>	3
<ul style="list-style-type: none"> <li>Attendance has been more consistent. Members are begining to see the importance of the meetings.</li> </ul>	3
<ul style="list-style-type: none"> <li>Slightly more successful in recruiting a wider array of service providers and interested parties.</li> </ul>	3
<ul style="list-style-type: none"> <li>The LIPT is functioning, self-sustaining and a backbone of our SOC.</li> </ul>	3
<ul style="list-style-type: none"> <li>Filling of leadership roles</li> </ul>	3
<ul style="list-style-type: none"> <li>Reporting of results</li> </ul>	3
<ul style="list-style-type: none"> <li>Continued involvement of community agencies and their staff and resources.</li> </ul>	3
<ul style="list-style-type: none"> <li>Parent's parcitipation and community referrals</li> </ul>	3
<ul style="list-style-type: none"> <li>Agency reps attend meetings;</li> </ul>	3
<ul style="list-style-type: none"> <li>GOCF grant for K-5 and Youth to Adult Initiative</li> </ul>	4
<ul style="list-style-type: none"> <li>Brought YFA back into mainstream; and success in receiving grant awards.</li> </ul>	4
<ul style="list-style-type: none"> <li>Local Interagency Planning Team Meetings &amp; Recent Grants Awarded to Chatham County</li> </ul>	4
<ul style="list-style-type: none"> <li>The way parents communicates with their children.</li> </ul>	5
<ul style="list-style-type: none"> <li>better service delivery to the community</li> </ul>	5
<ul style="list-style-type: none"> <li>establishment of Juvenile MH Court</li> </ul>	5
<ul style="list-style-type: none"> <li>Family Involvement</li> </ul>	6

• I think we have made strides in ensuring that families are represented.	6
• Don' know	7
• I don't know	7
• There have been none to date.	7
• The emphasis on sustainability in 2011.	7

### SOC Challenges

Now think about areas in which your SOC needs to make improvements. What areas are most in need of improvement?

Frequency and Percent

1 =Communication/Internal issues within the Policy Council	n=1433%
2= SOC Development and Sustainability	n= 819%
3= Policy Council Composition	n= 819%
4= Collaboration Concerns	n= 819%
5=Service Delivery	n= 12%
6=other	n= 37%

Verbatim Responses:

1. Communication, some members have too much authority and don't always respect or appreciate other agencies in collaboration.	1
2. Setting goals the program goin forward in subsequent years.	1
3. Understanding roles and responsibilities.	1
4. Confusion regarding agency roles and responsibilities	1
5. A Clearer vision of how to work more closely with YFA and the City of Savannah	1
6. Communication between agencies	1
7. Consistecy with attendance to SOC policy meetings	1
8. Increasing committee meetings	1
9. Defining the roles of the partners	1
10. Volunteerism from the SOC Membership	1
11. Trying to get all entities within the SOC to see the big picture when it comes to fund raising.	1
12. Discussions about financial policies and sustainability	1,2
13. Greater support needed from agency heads & local community/govt. leaders; clearer goals required.	1, 4
14. The SOC needs to be more open to other agencies work, and priorities. Communication is most in need of improvement.	1, 4
15. sustainability	2
16. collaboration on sustainability	2
17. Fund Raising.	2

18. Discussion about sustainability	2
19. Strategic Planning for the upcoming year	2
20. Sustainability	2
21. initiate pooled or blended funding stream(s)	2
22. Pulling new members into the collaborative. Involving families on a regular basis.	3
23. Marketing community awareness of the SOC, its purpose and perceived benefits to the community. There is no general community membership or involvement in SOC--efforts to recruit general community membership are nonexistent, members seems to be primarily other agencies. Agencies/Communities have little understanding or knowledge of SOC; their comments---see SOC as another agency, members rotate committee chairmanships by "appointment", travel to trainings is not shared and is restricted to selected same members,	3
24. Legitimate involvement by Families and communities, i.e. on the policy council, planning committees, etc. There is token community outreach by the leaders of the SOC. Communities of color are not encouraged to have roles on the Policy Council. Family member participation seems to be sought from among consumer families only.	3
25. Having the right people at the table with structured agendas and goals	3
26. Ensuring that all the right players are at the table. I feel we are still missing some important team members.	3
27. Agency heads are not engaged and so agency collaboration is at low level.	3,4
28. Chil/Adol. Mental Health Services;;  Getting persons, reps, families from the communities t participate and welcome their input (it is not highly valued at this time);  Effective relationship with the school system is needed	3, 4
29. 1. More involvement from key player agencies. 2. Commitment to subcommittees should be greater	3, 4
30. Elimination of, or at least decrease in, 'turf-guarding'. Please see #15 - 1. Funds are so limited NO ONE wants to share territory!!!	4
31. school involvement and buy-in	4
32. continued collaboration	4
33. Transportation	5
34. Not sure at this time	6
35. ?	6
36. NONE AT THIS TIME	6



**Is youth Hispanic or Latino?**    Yes            No

**IF 'Yes' – Which group describes youth's background?**

- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American
- Other (specify):  
\_\_\_\_\_

**Race** (*select all that apply*):

- American Indian
- Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian, Pacific Islander
- Other (specify):  
\_\_\_\_\_

**Youth lives with** (*select all that apply*):

- Biological mother
- Stepmother
- Foster mother
- Biological father
- Stepfather
- Foster father
- Grandmother
- Grandfather
- Sister (How many? \_\_\_\_\_ ) (What ages? \_\_\_\_\_ )
- Brother (How many? \_\_\_\_\_ ) (What ages? \_\_\_\_\_ )
- Child Caring Institute (e.g., Long-term respite, Group home)
- Other (specify): \_\_\_\_\_

**Legal Custodian: Place a 'C' to the right of the individual(s) above that is the youth's legal custodian.** (*Indicate more than one custodian if necessary.*) If youth is in state custody check here

**During the past 6 months has the youth received** (*select all that apply*):

- Medicaid (select one type below)
- Private insurance (specify):  
\_\_\_\_\_
- APS Healthcare
- Peachstate (Cenpatico)
- Wellcare (Magellan)
- Amerigroup
- Family will self pay for services
- SSDI
- SSI
- Childcare Assistance Program (CAPS)
- PeachCare
- TANF
- Peachstate (Cenpatico)
- Food stamps
- Wellcare (Magellan)
- Section 8 Housing
- Amerigroup
- Other (specify): \_\_\_\_\_

**What services has the youth received in the past 12 months** (*select all that apply*):

- Outpatient mental health services
- School-based services (e.g., IEP, SST)
- Inpatient hospitalization
- Residential treatment
- Substance abuse treatment
- Probation
- Juvenile detention
- Court services (e.g., YAV, REACH)
- Other services (specify):  
\_\_\_\_\_
- Youth has not received any services in the past 12 months

**Are the youth's immunizations up to date?** Yes No

**Has the youth been to the doctor in the past 12 months?** Yes No

**Has the youth had a physical in the past 12 months?** Yes No

**Has the youth been to the dentist in the past 12 months?** Yes No

**Has youth become pregnant in the past 6 months?** Yes No n/a

**Has youth given birth in the past 6 months?** Yes No n/a

*If 'Yes' – Was it their first birth?* Yes No n/a

**What are the problems has the youth been experiencing in the past 6 months?** (*select all that apply*):

- Depression-related problems (including major depression, dysthymia, sleep disorders, somatic complaints)
- Anxiety-related problems (including phobias, generalized anxiety, social avoidance, obsessive-compulsive, post-traumatic stress disorder)
- Psychotic behaviors (including hallucinations, delusions, strange or odd behaviors)
- Eating disorder (including anorexia, bulimia)
- Substance use, abuse, and dependence
- Extreme verbal abuse
- Persistent noncompliance (when directed by adults)
- Physical aggression
- Hyperactive and attention-related problems (including hyperactive, impulsive, attention deficit disorder)
- Adjustment-related problems (including changes in behaviors or emotions in reaction to a significant life stress)
- Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, attachment disorder, stereotyped or perseverative behavior)
- Expressive or receptive speech problems or language delay
- Excessive crying/tantrums
- Separation problems
- Non-engagement with people
- At risk or has failed family home placement

- Sexual acting out
- Sexual assault
- Theft
- Property damage
- Fire setting
- Cruelty to animals
- Threat to life of others (including homicidal ideation, threats, attempts)
- Police contact
- Suicide attempt
- Suicidal ideation
- Self-injury
- Running away
- High risk environment: Maternal depression
- High risk environment: Maternal mental health (not depression)
- High risk environment: Paternal mental health
- High risk environment: Caregiver mental health (not mother or father)
- High risk environment: Maternal substance abuse
- High risk environment: Paternal substance abuse
- High risk environment: Caregiver substance abuse (not mother or father)
- Maltreatment (victim of abuse or neglect)
- Medical problem (illness or disease)
- Truancy
- Academic problems (not learning disability)
- Learning disability
- Enuresis
- Encopresis
- Sleeping problems
- Feeding problems in young children age 0-5 (including failure to thrive)
- Disruptive behaviors in young children age 0-5 (including aggression, severe defiance, acting out, impulsivity, recklessness, and excessive level of overactivity)
- Excluded from preschool or childcare due to behavior problems, noncompliance (Age 0-5)
- High risk environment: Family health problems (maternal, paternal, caregiver, or other family member)
- High risk environment: Other parent/caregiver/family problems
- High risk environment: Housing problems (including homelessness)
- High risk environment: Financial strain (not enough money)
- High risk environment: History of domestic violence in the household
- High risk environment: History of child maltreatment in the household
- Other problems (specify): \_\_\_\_\_

<b>Substance Use</b>	Never Used	Age of first use
<input type="radio"/> Alcohol	<input type="radio"/>	_____
<input type="radio"/> Tobacco	<input type="radio"/>	_____
<input type="radio"/> Other Drugs	<input type="radio"/>	_____

**Does youth have a DSM diagnosis?**

Yes                      No

**Date of most recent DSM diagnosis**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mm                      dd                      yy*

**Who made the diagnosis?**

- |  |   |
|--|---|
| <input type="radio"/> Child psychiatrist   | <input type="radio"/> Primary care physician  |
| <input type="radio"/> General psychiatrist   | <input type="radio"/> Nurse practitioner/psychiatric nurse practitioner/physician's assistant |
| <input type="radio"/> Child psychologist   | <input type="radio"/> Other licensed physical health staff                                    |
| <input type="radio"/> General psychologist   | <input type="radio"/> Unlicensed staff (MH assessment specialist)                             |
| <input type="radio"/> Licensed mental health staff (clinical social worker/professional counselor/therapist) | <input type="radio"/> Other (specify): _____  |

**DSM Axis I**

Diagnostic code

Diagnosis name

**Axis Ia**

\_\_\_\_\_ . \_\_\_\_\_  
 -

\_\_\_\_\_

**Axis Ib**

\_\_\_\_\_ . \_\_\_\_\_  
 -

\_\_\_\_\_

**Axis Ic**

\_\_\_\_\_ . \_\_\_\_\_  
 -

\_\_\_\_\_

**DSM Axis II**

Diagnostic code

Diagnosis name

**Axis IIa**

\_\_\_\_\_ . \_\_\_\_\_  
 -

\_\_\_\_\_

**Axis IIb**

\_\_\_\_\_ . \_\_\_\_\_  
 -

\_\_\_\_\_

**Is the youth currently taking any medication for mental health issues?**

Yes                      No

**Names of medication(s):**

\_\_\_\_\_

**DSM Axis III – General Medical Condition**

**Does the youth have a diagnosed medical condition (e.g., asthma, epilepsy,**

Yes                      No

cancer)?

IF 'Yes' What is the medical condition? \_\_\_\_\_  
—

What medication does the youth take for their medical condition?  
\_\_\_\_\_  
\_\_\_\_\_

**DSM Axis IV – Psychosocial and Environmental Problems** (*select all that apply*):

- Problems with primary support group
- Problems related to the social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems with access to health care services
- Problems related to interaction with the legal system/crime
- Other psychosocial and environmental problems

**Axis V: Global Assessment of Functioning Scale (GAF) – Current score =** \_\_\_\_\_

Family Information

**Does any parent/caregiver have a criminal conviction?** Yes No

**Is any parent/caregiver deceased?** Yes No

**What is the highest level of education completed by any of the youth’s caregivers?**

- Some High School
- High School Graduate
- Some College
- Associate’s Degree
- Bachelor’s Degree
- Master’s Degree
- Doctoral Degree (MD, PhD, JD)

**Is the youth’s female caregiver employed (includes bio-, step-, and foster mothers)?** Yes No n/a

If 'Yes' -- **How many hours of work in the average week?** \_\_\_\_\_

**Is the youth’s male caregiver employed (includes bio-, step-, and foster fathers)?** Yes No n/a

If 'Yes' -- **How many hours of work in the average week?** \_\_\_\_\_

**What is the annual household income of the youth’s family?**

*(Pre-tax income for family with whom youth has lived for the majority of the past 6 months)*

- Less than \$5,000
- \$5,000-\$9,999
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000 or more



# Monthly Performance Indicators Tracking Sheet

Name of FA completing form \_\_\_\_\_  
First name Last name

Date completed \_\_\_\_\_ / \_\_\_\_\_  
mm yy

--	--	--	--	--	--	--	--	--	--

**Youth ID**

SOC Enrollment date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yy

*Use 888 for unknown values*

## Section I – Juvenile Justice and Risky Behavior

Have there been any offenses this month?      Yes      No

During the past 30 days on how many days has this youth used...

	None	Once	2 or 3 days	About once a week	2-3 times a week	Almost every day
Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injection Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx/OTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section II – School**    *If youth would be enrolled but it's summer time SKIP TO SECTION III*

### School attendance

- Youth attends regularly
- Some attendance problems, but generally attends
- Problems with school attendance (missing about 2 days each week)
- Generally truant or refusing to go to school

On how many days was this youth absent from school this month (for any reason)?

Days this month

In-school suspension   
 Out-of-school suspension

*The following section is completed **ONLY AT THE END OF THE ACADEMIC TERM.***



The academic term for this youth's school is:  
(circle one)

Semester ↓

Quarter (9 weeks) ↓

Enter enrollment status  
and achievement if it is  
January or June

Enter enrollment status  
and achievement if it is  
October, February, or  
June

What was the youth's enrollment status for the past academic term?

- Regular enrollment
- Regular enrollment with Student Support Team (SST)
- Special Education (i.e., IEP); *specify type*:
  - Emotional/behavioral disorder (EBD)
  - Mild intellectual disability (MID)
  - Other health impaired (OHI)
- Other (specify): \_\_\_\_\_

Achievement – (for the past academic term)

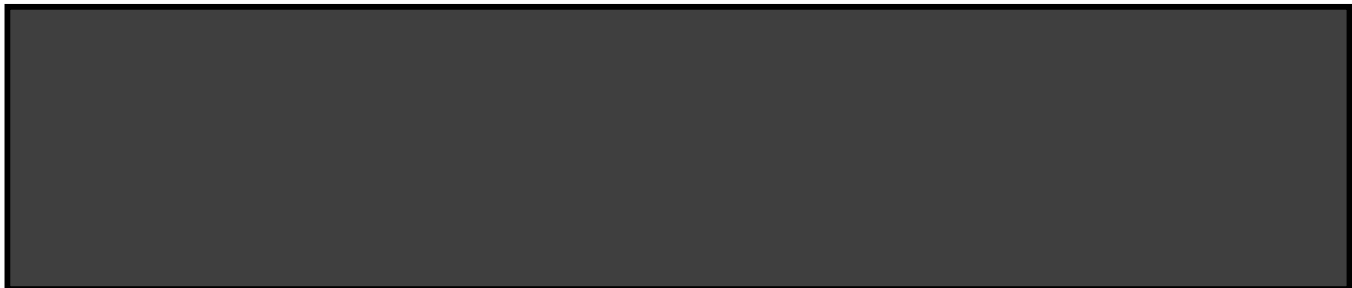
Enter the letter grade for each subject:

Math	
Science	
English	
Social Studies	

For the majority of the most recent term, what school was the youth enrolled in?

- East Broad
- Scott
- Other

*The following school variables are completed **ONLY AT THE END OF THE SCHOOL YEAR**. If this form is being completed in June complete the following items regarding the recently completed term.*



**Section III – Services**

<b>Behavioral health services <u>received</u> this month:</b> __ No Services Received	Currently Involved		Attendance/Participation		Completion			
	Yes	No	Attends Regularly	Some Attendance problems	Completed program this month	Premature Exit	Ongoing	
Medication administration								
Group therapy								
Individual therapy (trauma-focused)								
Individual therapy (not trauma-focused)								
Family therapy								
Intensive Family Intervention (IFI)								
Community Support Individual (CSI)								
Psychosexual								
Other : _____								
<b>Partner services <u>received</u> this month:</b> <i>(Indicate one enrollment status for each program)</i>	Currently Involved		Attendance/Participation		Completion			
	Yes	No	Attends Regularly	Some Attendance problems	Completed program this month	Premature Exit	Ongoing	
Ash Tree								
<b>Which types of activities has the youth been <u>referred to or participated in</u> this month?</b> <i>(select all that apply)</i>	<i>Referred this month</i>	Currently Involved		Attendance/Participation		Completion		
		Yes	No	Attends Regularly	Some Attendance problems	Completed program this month	Premature Exit	Ongoing
Adventure-oriented program								
Competitive sports								
Other physical or athletic activity								
Mentoring programs								
Service activity								
Artistic or creative activity								
Culture-specific activity								
Academic clubs or student government								
Academic tutoring								
Faith-based programs								
Therapeutic programs for high-risk youth/families								
Drop-in centers: unstructured activities								
Gender-specific activities								
Other : _____								

**Section IV – Family Stability**

Was the child moved to a new out of home placement this month?      Yes      No

If yes, indicate the type of placement \_\_\_\_\_

Youth involved with CPS?      Yes      No

*If CPS involved*– Was this involvement the result of a new DFCS report?      Yes      No

*If CPS involved*– What is the DFCS status of the case?

- Investigations       Ongoing (i.e., Family Preservation)

Did the youth’s family move this month?      Yes      No

**Section VI – Discharge Information***(if applicable)*

**Section V – Positive Permanency**

*The following variables are completed only for youth in state custody.*

Is youth in state custody?      Yes      No

Number of  
placement  
changes

How many times has the youth’s DFCS placement changed this month?     

Which type of case plan applies to custody?       Reunification       Non-reunification

Has the youth received a permanent placement?      Yes      No



## SOCQC Screen Shots

### 1. Introduction

You are receiving this survey because you are an active member of the KidsNet Savannah System of Care (SOC). The following questions will explore various aspects of your experience working with the SOC. The survey is completely anonymous and should take approximately 15 minutes to complete. You will be asked to complete the survey periodically in order to monitor the development of the SOC.

The first two questions are necessary to link responses you give today to the responses you will give to the same survey at a later date. This information will not identify you as an individual, it will only be used to match responses you give at different times.

1. First Initial of Mother's First Name

2. Day of the month you were born (should be a number between 1 and 31):

\* 3. Do you regularly attend KidsNet Savannah Policy Council meetings?

Yes

No

The KidsNet Savannah System of Care will be referred to as the SOC SOC throughout this survey. Please read the definitions at the beginning of each section carefully. Then indicate your response to each item with the appropriate number. If you are not sure or the question is not applicable to you, be sure to use the 'Don't know' option. It is important that we obtain accurate information, so please don't guess.

Most important of all, please feel free to be honest. Your responses are anonymous. The information you provide will be used to improve the functioning of the KidsNet Savannah System of Care. Results of the survey will only be reported in group format.

## 12 Family Choice and Voice

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

### 1. Choose one answer for each of the following questions:

	Never				Always	
	Almost Never	Rarely	Occasionally	Frequently	Almost Always	Don't know
Do families have a choice of what services will be provided to their child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you seen families serving as members of planning or coordinating groups for the service system (e.g. members of interagency councils, advisory boards)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you seen families or a family organization express independent views or recommendations about the service system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is family voice incorporated throughout the planning and policy making process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 13. Outreach and Access to Care

Definition: Outreach and service access are procedures (e.g., home visits, mental health workers in the schools) that facilitate obtaining care for all individuals in the identified population.

1. Please choose an answer for the following question:

	Difficult	Somewhat Difficult	Neither Easy Nor Difficult	Somewhat Easy	Easy	Don't Know
In your opinion, how easy or difficult is it for families to access mental health care in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please choose an answer for each of the following questions:

	Not at all	Slight extent	Moderate extent	Great extent	Very great extent	Don't know
To what extent do you think parents in your community know how to obtain mental health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think child-serving professionals (e.g., teachers, pediatricians) in your community know how to refer families to obtain mental health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 14. Transformational Leadership

**Definition:** Transformational leaders are individuals who articulate a long-term vision that inspires others, challenge assumptions and take risks, and listen to the concerns and needs of others. Because these questions will require you think about the quality of SOC leadership, we first need to know which individuals you are thinking of as leaders of the SOC.

### 1. In your view, who is the leader or leaders of your SOC?

### 2. To what extent does your SOC leadership:

	Not at all	Slight extent	Moderate extent	Great extent	Very great extent	Don't know
Value the opinions of others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize individual and team achievements within your organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage individuals to think about problems in new ways?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convey an inspirational vision of the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage people to take the initiative in building the system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 16. A System of Care

A system of care functioning with strong interagency collaboration is one in which all community organizations, partners, and individuals with a role to play in supporting youth with SED are actively involved in the SOC and share close working relationships between each other.

1. Please choose an answer to the following question:

	Not at all	Slightly	Moderately	Substantially	Very substantially	Don't know
To what extent do you believe Cratham County's children's mental health services are a System of Care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 17. Collaboration in the SOC

The following questions address the nature of collaboration between SOC partners.

1. Choose the best answer:

	Never 1	2	Occasionally 3	4	Often 5	6	Always 7	Don't know
1. I feel a strong sense of pride in our SOC's accomplishments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is a lack of communication between Policy Council members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Everyone in the Policy Council knows they can rely on one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Policy Council activities are focused on a clear goal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There are members of the Policy Council whose opinions do not get the respect they deserve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I never know what we will be addressing from one Policy Council meeting to the next.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 18. Collaboration in the SOC (cnf'd)

The following questions address the nature of collaboration between SOC partners.

1. Choose the best answer:

	Never 1	2	Occasionally 3	4	Often 5	6	Always 7	Don't know
7. Conflict is freely expressed when it is felt in our Policy Council meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Policy Council meetings accomplish what is necessary for the SOC to function well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Our SOC has the active participation of all the right members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. SOC members are aware of evidence-based practices for the target population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 19. Collaboration in the SOC (cnf'd)

The following questions address the nature of collaboration between SOC partners.

1. Choose the best answer:

	Never 1	2	Occasionally 3	4	Often 5	6	Always 7	Don't know
11. I feel strongly committed to the SOC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. SOC members fully understand their role in the collaborative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Our strategies are modified based on evaluation findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Member organizations achieve their own goals better by working with the SOC than by working alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 20. Final Comments

A system of care functioning with strong interagency collaboration is one in which all community organizations, partners, and individuals with a role to play in supporting youth with SED are actively involved in the SOC and share close working relationships between each other.

1. I think for a moment about the areas in which your SOC has made the greatest progress on interagency collaboration in the past couple of months. Please describe one or two areas of greatest improvement:

2. Now think about areas in which your SOC needs to make improvements in terms of interagency collaboration. What areas are most in need of improvement?

