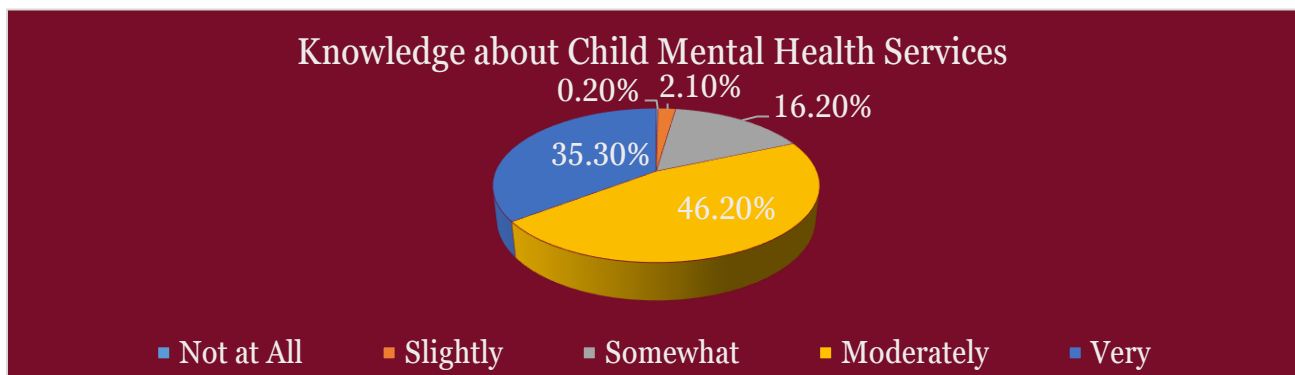


Indiana System of Care Implementation Survey SOCIS 2016

Brief Summary Report February 7, 2017

Between October 1 and November 30, 2016, SOCIS surveys were completed for the state-level SOC and local SOCs in 67 Indiana counties.

Participants. Ranging in age from 18-74, the average age was 44.5 years old, with experience in child mental health services averaging 15 years. Fifty-one (51) respondents rated the state SOC; 377 respondents rated local SOCs. (Surveys with few or no responses were not included in the analysis.) Respondents were primarily female (87%) and Caucasian (62%); only 3.5% were individuals of color. (Thirty-four percent did not share their race or ethnicity.) Diverse perspectives were included from youth (0.6%), families (2%), advocates (3.8), child welfare (4%), behavioral health (22.2%), education (12.5%), faith-based community (1.2%), health (2.8%), juvenile justice (3.4%), other human services (11.6%), and other community partner (35.9%). Although most knew about child mental health services, levels of knowledge varied, as indicated below.



Results. For both the state and local SOCs, positive significant change between 2014 and 2016 appeared in several SOCIS factors: *Theory of Change, Implementation Plan, Population of Concern, Interagency and Cross-Sector Collaboration, SOC Values, Performance Measurement System, Provider Accountability, and General System Performance.* For both SOC levels, there was agreement that three factors remain problematic, requiring attention: *Outreach and Access to Care, Comprehensive Finance Plan, and Skilled Provider Network.* (See Table 1 for details.) Overall, there was a statistically significant difference in SOCIS mean changes over time. State: SOCIS 2014 (Mean=3.23, SD=.615) and SOCIS 2016 (Mean=3.70, SD=.481), $t(114) = 4.371$, $p = .000$. Local: SOCIS 2014 (Mean=3.08, SD=.749) and SOCIS 2016 (Mean=3.64, SD=.506), $t(902) = 12.476$, $p = .000$.

However, as in 2014, differences in perspectives emerged among different types of respondents. For example, advocates, families, juvenile justice, child welfare, and the faith-based community rated *Family Choice and Voice* as needing improvement. Participants from education, health, and behavioral health rated Family Voice as adequate. Differences were also found for *Outreach and Access to Care, Transformational Leadership, and Interagency and Cross-Sector Collaboration.* An Initial Analysis and Summary Report provides detailed information for consideration in planning, including relevant ratings for each survey question.

Table 1. SOCIS Factors: Change in SOC Development over Time

Factors	State-Local SOCs	2016 N	2016 Mean	2014 Mean	Amount of Change
Family Voice	State	46	3.38	3.16	0.22
	Local	353	3.22	3.20	0.02
Culturally Competent	State	42	3.81	3.70	0.11
	Local	327	3.92	3.85	0.07
Outreach Access	State	43	2.86	2.97	-0.11
	Local	339	2.92	3.05	-0.13
Leadership	State	41	3.69	3.70	-0.01
	Local	325	3.55	3.58	-0.03
Theory of Change	State	35	3.96	3.61	0.35
	Local	296	3.88	3.65	0.23
Implementation Plan	State	37	4.64	2.60	2.04
	Local	312	4.59	2.43	2.16
Population of Concern	State	33	5.00	2.39	2.61
	Local	296	4.97	2.20	2.77
Collaboration	State	33	3.60	3.06	0.54
	Local	303	3.33	3.12	0.21
Values	State	26	5.00	4.41	0.59
	Local	219	4.96	3.81	1.15
Financial Plan	State	21	2.95	2.93	0.02
	Local	206	2.66	2.70	-0.04
Skilled Providers	State	28	2.18	2.29	-0.11
	Local	297	2.21	2.21	0.00
Performance Measures	State	25	3.82	3.15	0.67
	Local	213	3.76	2.97	0.79
Accountability	State	23	5.00	3.63	1.37
	Local	195	4.99	3.36	1.63
Governance	State	24	3.39	3.39	0.00
	Local	211	3.28	3.32	-0.04
System Performance	State	26	3.79	3.01	0.78
	Local	282	3.63	2.90	0.73

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