

Alaska Department of Health & Social Services Division of Behavioral Health Complex Behavior Collaborative (CBC) Services CBC Outcome Satisfaction Survey

To help the State of Alaska plan for future services, you are asked to provide feedback on the satisfaction and quality of Complex Behavior Collaborative (CBC) Consultant Services.

Your participation in this evaluation is voluntary, choosing not to participate will not impact availability of services provided to your organization. All individual responses will be kept confidential, though aggregate responses will be used by the State of Alaska to evaluate consultation services. We will not ask for any of your identifying information.

If you have any questions about this survey or the information generated from it, please contact Eric Talbert at (907) 269-3626 or at eric.talbert@alaska.gov.

| Date | CBC Client Number | | | | | | | |
|---|-------------------------|-----------------|--|--|--|--|--|--|
| | | | | | | | | |
| Name of Provider Agency | How long have you serve | ed this client? | | | | | | |
| | months | years | | | | | | |
| Name of CBC Consultant | Name of CBC Consultant | Agency | | | | | | |
| | | | | | | | | |
| Which best describes your role? (Check all that apply.) | | | | | | | | |
| ☐ Mental Health Clinician | ☐ Psychologist | ☐ Client | | | | | | |
| ☐ Behavioral Health Associate | ☐ Special Educator | ☐ Administrator | | | | | | |
| ☐ Teacher Aide/ Paraprofessional | ☐ School Support Staff | ☐ Teacher | | | | | | |
| ☐ Family Member/Guardian | ☐ Case Manager | Other | | | | | | |
| Direct Service Provider | ☐ Care Coordinator | | | | | | | |

Outcomes from CBC services

| Rate your satisfaction with the items below | Not at all satisfied | | | | | Highly Satisfied | | |
|---|----------------------|---|---|---|---|------------------|--|--|
| Overall success of the services provided for the client. | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 2. Positive change in the quality of life by the client | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 3. The client's opportunity to participate and assert choices as part of his/her services | 0 | 1 | 2 | 3 | 4 | 5 | | |
| The extent to which outcomes with the services helped build the capacity of the agency to serve this client and others with similar needs | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 5. The extent to which outcomes with the services were consistent with the agency's mission | 0 | 1 | 2 | 3 | 4 | 5 | | |

For each topic, rate the behaviors of the client's intensity and frequency **BEFORE** implementation of CBC **on the left;** then rate the frequency/intensity of occurrence **AFTER** implementation of CBC services **on the right**. If you did not work with the individual prior to CBC services or if the statement does not apply, select "N/A".

| BEFORE CBC Implementation | | | | | on | | | AFTER CBC Implementation | | | | | |
|---------------------------|-------------|---|--------|---|------|-------|--|--------------------------|---|--------|---|---|-------|
| | Seldon | 1 | | | | Often | | Seldom | | | | | Often |
| N/A | 0 | 1 | 2 | 3 | 4 | 5 | | 0 | 1 | 2 | 3 | 4 | 5 |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Behaviors that are a threat to self and others | 0 | 1 | 2 | 3 | 4 | 5 |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Severe non-threatening behaviors that constitute a significant problem | 0 | 1 | 2 | 3 | 4 | 5 |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Behaviors that are a risk to placement or will require a more restrictive living situation | 0 | 1 | 2 | 3 | 4 | 5 |
| | Mild Severe | | Severe | | Mild | | | | | Severe | | | |
| N/A | 0 | 1 | 2 | 3 | 4 | 5 | Please note change in scales | 0 | 1 | 2 | 3 | 4 | 5 |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Behaviors that are a threat to self and others | 0 | 1 | 2 | 3 | 4 | 5 |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Severe non-threatening behaviors that constitute a significant problem | 0 | 1 | 2 | 3 | 4 | 5 |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Behaviors that are a risk to placement or will require a more restrictive living situation | 0 | 1 | 2 | 3 | 4 | 5 |

| BEFORE CBC Implementation | | | | | | | | AFTER CBC Implementation | | | | | | |
|---------------------------|-----------------------|---|---|---|---|-------------------------|--|--------------------------|---|---|---|---|-------------------------|--|
| N/A | Not at all 0 | 1 | 2 | 3 | 4 | A great deal 5 | Please note change in scales | Not at all 0 | 1 | 2 | 3 | 4 | A great deal 5 | |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Participation in normal routines and inclusive settings | 0 | 1 | 2 | 3 | 4 | 5 | |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Self-direction and management of daily routines | 0 | 1 | 2 | 3 | 4 | 5 | |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Regular participation in school, work, or other day activities or services | 0 | 1 | 2 | 3 | 4 | 5 | |
| NA | 0 | 1 | 2 | 3 | 4 | 5 | Access and use of family, friends, and the community for natural supports | 0 | 1 | 2 | 3 | 4 | 5 | |

Additional comments about the Behavior Intervention Plan, plan strategies, and its effect on the participant.

Thank you!