SUSTAINABILITY SELF-ASSESSMENT TOOL

(Updated 12/23/03)

Brief Overview of How to Use the *Sustainability Self-Assessment Tool* with a System of Care Community

(For a more detailed explanation on completing this self-assessment tool, please see the **Instructions for Completing the Sustainability Self-Assessment Tool & Strategic Planning Template***, also included in the Tool Kit.)*

The ***Sustainability Self-Assessment Tool*** is intended to help system of care communities determine the level of progress that has been made in developing and/or implementing strategic plans for sustaining the system of care. Since many communities have already undertaken some actions to plan for sustainability, this tool is will help you determine how far along your community is in planning for different aspects of sustainability based on your own criteria for success. It will also allow you to explore barriers that may need to be overcome to move forward. The results of this self-assessment can be useful as the basis for determining action steps or tactics that are needed to complete a sustainability strategic plan, assess your community's progress in implementing sustainability plan strategies, or determine changes or modifications to your existing sustainability plan to increase the likelihood for success. The Sustainability Self-Assessment Tool is divided into four sections, with question prompts for each. The Self-Assessment Tool concludes with a roster for signatures of participants who were involved in the assessment process, and a list of examples of key indicators for some of the attributes of the system of care framework. The Tool sections are:

- System of Care Elements and Sustainability Objectives
- Key Indicators of Success
- Rating of Progress
- Barriers to Achievement
- Roster of Participants

For each section of the tool, the following areas of system of care development are listed. Each area includes key indicators to be addressed. The areas are:

- Vision & Philosophy
- Service Array
- Management & Coordination
- Interagency Planning & Coordination
- Family & Youth involvement
- Cultural & Linguistic Competence
- Political & Economic Support
- Strategic Financing Strategies

Beginning with the first area of system of care development listed in the self-assessment tool (Vision and Philosophy), the facilitator should lead a discussion of each key indicator across the four sections of the protocol. Once all of the areas have been addressed, the grant community will be ready to work on completing the *Sustainability Strategic Planning Template*.

System of Care Elements & Sustainability Objectives	Key Indicators of Success	Progress Rating	Barriers to Achievement
Vision & Philosophy			
Service Array			
Management & Coordination			
Interagency Planning & Coordination			
Family & Youth involvement			
Cultural & Linguistic Competence			
Political & Economic Support			
Strategic Financing Strategies			

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Rating of Progress: **1** – No plan to address **2** – Plan developed to address **3** – Early stage of implementing plan
4 – Good progress in implementing plan **5** – Plan fully implemented for sustaining or continuing post-grant

Community: _____ **Date:** _____

System of Care Elements and Sustainability Objectives* (Where do we want to be? What do we want to sustain?)	**Key Indicators of Success**** (How will we know when we have gotten there?)	**Progress Rating** (Use scale above)	**Barriers to Achievement** (What is standing in the way of our progress?)
Vision and Philosophy			
❑ A clear vision for sustaining the system of care framework has been defined and disseminated.			
❑ Through social marketing practices, the needs of children, youth, families, community partners and stakeholders are integrated into the vision, philosophy and goals of the system of care.			
❑ The "right" key stakeholders, representing the diversity of the community served, have been involved in defining and disseminating the vision.			

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** See examples at end of the document

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❑ Clear-cut objectives for the cooperative agreement/grant have been identified through a planning process, and are developed and disseminated.			
❑ SOC values and principles are continuously redefining the larger community based service delivery system.			
❑ A definition for sustainability of the system of care framework to implement change at the policy, system and practice level has been developed and disseminated.			
❑ Ongoing education and training on system of care vision, philosophy, goals, and operation is being provided.			

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Service Array			
❑ Services that families and youth (-inclusive of the full diversity of the community) prefer and find useful and that partner agencies support and/or fund are continuously being created as needs change.			
❑ Access to appropriate and effective services and supports has been increased to meet needs.			
❑ Ongoing mechanisms for providing individualized (with full recognition and support of cultural and linguistic preferences), integrated and coordinated care are being implemented.			
❑ Mechanisms are in place to assure a service array that meets the unique needs relevant to the demography of the community – based on age, race, ethnicity, language, spiritual identity, physical ability/disability, language, legal status, etc.			

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❑ Ongoing mechanisms have been developed to decrease reliance on out-of-community and out-of-state placements are being implemented.			
❑ Ongoing training and technical assistance on culturally and linguistically competent service delivery, and on culturally and linguistically competent evidence-based and promising practices to SOC staff, family members, youth, community providers and other stakeholders is being provided.			
Management and Coordination			
❑ An ongoing focal point or centralized location for management of system of care implementation has been identified and is fully operational.			
❑ Leadership for sustainability of the system of care implementation efforts is maintained with a focus on continuity through continuous training, workforce development, skill-building and leadership development.			

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❑ Ongoing mechanisms for using data and evaluation to support planning, development and maintenance of implementation efforts have been created.			
❑ Flexibility and innovation is built into the leadership framework, policies, and structures.			
Interagency Planning and Coordination			
❑ Ongoing mechanisms for interagency planning and coordination at the State/Tribal/Territorial and local policy and system level are in place.			
❑ Ongoing mechanisms for interagency planning and coordination (inclusive of community and faith-based organizations and cultural and ethnic specific entities) at the service delivery level are in place.			

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❑ Ongoing, shared administrative processes among two or more agencies that involves family members and/or youth are in place.			
Family and Youth Involvement			
❑ Families and youth (reflective of the full demography of the community) are actively involved in policy making, system reform and fill administrative roles at the system level.			
❑ Families and youth (reflective of the full demography of the community) are active participants in evaluation efforts.			
❑ Families and youth (reflective of the full demography of the community) are involved in the service planning and delivery process.			

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❑ Families and youth (reflective of the full demography of the community) participate in training both as trainers and as participants in training activities.			
❑ Peer-to-Peer support is in place.			
Cultural Competence			
❑ Cultural and linguistic competence is evident at the system, policy and practice levels.			
❑ Social marketing practices ensure that messages, images and outreach strategies are culturally and linguistically appropriate.			

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❑ System wide leadership is committed to continuing to lead the change process.			
❑ Cultural and linguistic competence is adopted as a personal mission for each individual involved in the system of care.			
❑ Policies are established that assure cultural and linguistic competence.			
❑ Structures are established to assure the planning and implementation of culturally and linguistically competent services.			
❑ Adequate resources – financial, personnel and volunteers – to support cultural and linguistic competence are established.			

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❑ The service array is constructed to provide appropriate and acceptable services tailored for the unique demographics of the community.			
❑ MIS systems are designed to track services, clinical and functional outcomes, and service satisfaction based on the unique demographics of persons served.			
❑ Quality management/quality improvement systems are designed to measure impact of services tailored to the unique demographics of the community.			
❑ Cultural competence is infused into the core plans and operations of agencies, programs and organizations involved in the system of care.			
❑ Diverse cultural and linguistic communities are meaningfully involved in all components of the system of care – planning, administration, care coordination, service provision, and evaluation, etc.			

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❑ Cultural competence is a focus of system wide collaboration.			
❑ Mechanisms are in place to support attitudinal change of all members of the system (governance, executive, provider, practitioner, families and youth, community at large).			
❑ Mechanisms are in place to facilitate continual cultural knowledge development of all members of the system of care at institutional and individual levels.			
❑ Mechanisms are in place to provide linguistic access throughout the entire system in compliance with Title VI of the Civil Rights Act and others with limitations in communication (e.g., limited literacy or disability).			

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Political and Economic Support			
❑ Sufficient financial and other resources are mobilized and available.			
❑ Partnerships at state and local levels are developed and maintained to effect mutually beneficial outcomes.			
❑ Evaluation/accountability results are integrated in the design and implementation of the system of care framework.			
❑ Key stakeholders representing the diversity of the community (including state and local public officials) are involved in the initiative and are committed to sustaining and expanding the system of care.			

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❑ Political and policy-level support for the system of care approach has been generated at the state and local level.			
❑ Policies have been reformed or developed to support system change at the state and local level in order to sustain the initiative.			
❑ Coalition building among advocates, including those representing specific cultural, racial, ethnic, linguistic, religious and other communities, is being supported in order to impact change.			
❑ Strong interagency relationships are being cultivated or are in place.			
❑ A strong family organization that reflects and effectively supports the diversity of families in the community is evolving and/or in place and is supported by the community at large.			

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❑ The system of care framework and its values and principles are infused within the broad service delivery system.			
Strategic Financing Strategies			
❑ Refinancing strategies for utilizing existing resources have been developed and implemented.			
❑ A plan for maximization of federal, state and local revenue is being implemented and is operational.			
❑ Strategies for creating more flexibility in existing funding streams have been developed and implemented.			

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❑ Partnerships between the public-private sectors have been developed.			
❑ Financing strategies are developed that assure continued access to appropriate and acceptable services for all demographic groups within the community.			

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Roster of Participants:

As members of the community, we actively participated in completing the *Sustainability Self-assessment Tool*.

Name	Agency Affiliation or Family/Youth member	Date
Name	Agency Affiliation or Family/Youth member	Date
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**Examples of Key Indicators for Some of the Attributes of the System of Care Framework

Service Array

- ❑ Service staff is available during times convenient and acceptable to families.
- ❑ Services are provided at locations convenient to families and at locations of the families choosing (e.g., homes, schools or other community-based settings).
- ❑ The array accounts for and is respectful of families' cultures.
- ❑ Transportation is provided.
- ❑ Childcare is provided.
- ❑ Families are aware of the referral process and can self-refer into the service delivery system.
- ❑ Flexible funds are in place to meet unique needs.
- ❑ Service plans are individualized according to the child and family strengths and needs.
- ❑ Crisis and transition plans are provided as part of the treatment planning process.
- ❑ Staff, families, and youth have been trained on the process for linking strengths with needs to develop service plans and coordinate care.

Management and Coordination

- ❑ Current leaders are supported and report reduced stress.
- ❑ New leaders are identified that reflect the diversity of the community served.
- ❑ Training and support of all leaders involved in the effort is being conducted resulting in decreased staff turnover and increased job satisfaction.
- ❑ Clinical and fiscal utilization, management and quality improvement processes are in place.
- ❑ A social marketing plan is completed detailing how data will be used to arm advocates with information required to impact state and local policy.

Interagency Planning and Coordination

- ❑ Interagency structure is in place and meetings are conducted for system level policy, planning and coordination purposes.
- ❑ Training curricula and materials are developed jointly by cooperating agencies and organizations.
- ❑ Joint training is conducted with staff of cooperating agencies and organizations.
- ❑ Staff are shared and/or coordinated between cooperating agencies and organizations.
- ❑ Staff are out-stationed or co-located at cooperating agencies and organizations.
- ❑ Procedures for pooling, blending, or braiding of funds across agencies are established.
- ❑ Universal process for cross-system communication is in place.
- ❑ Interagency service and treatment planning meetings are conducted regularly.
- ❑ Interagency case/care management and case/care review meetings are conducted regularly.
- ❑ Joint staff meetings are conducted.
- ❑ Joint hiring/recruitment of staff is conducted that reflect the diversity of the population served.
- ❑ Interagency cooperation is in place for shared administrative forms, unified case records, integrated MIS systems, and joint administrative/system implementation meetings.

Family and Youth Involvement

- ❑ Families and youth are hired as part of the administrative team.
- ❑ Families and youth are provided with information enabling them to actively advocate for policy, system and practice change.
- ❑ Families and youth are involved in reforming existing policies.
- ❑ Families and youth are represented on governing and policy bodies and committees.
- ❑ Family members and youth receive stipends to attend meetings including childcare, transportation and other assistance.
- ❑ Family members and youth are involved in developing and providing training to service providers.

- ❑ Family members and youth are involved in recruiting and hiring of agency staff.
- ❑ Families and youth are involved in data gathering.
- ❑ Families and youth are part of a process for reviewing outcome and evaluative data.
- ❑ Families and youth are part of the management team designed to utilize the data for quality improvement purposes and to develop services and supports.
- ❑ Family members and youth are partners in service planning meetings.
- ❑ Family members and youth may include or exclude the participation of specific individuals in the service planning process.
- ❑ Family members and youth identify and prioritize problems, concerns or challenges and develop goals.
- ❑ Youth and families have the skill set to understand and use data effectively to advocate for programs and services.
- ❑ Youth and families have received training on various topics related to advocacy, funding sources, multi-systems, governance board participation, policy development, and evaluation process.
- ❑ Youth groups and family organizations have marketable skills to sustain their involvement and partner with community organizations.
- ❑ Youth groups and family organizations have interfaced with community organizations to gain financial and philosophical support.
- ❑ Youth are supported by other youth through youth groups and peer mentoring.
- ❑ Other family members and the family organization support families.

Cultural Competence

- ❑ Engagement with specific cultural groups or populations to plan and implement effective, appropriate and acceptable services is ensured.
- ❑ Cultural organizations and community groups are involved in providing services, developing the service array and advising providers.
- ❑ Recruitment and hiring of staff is conducted that reflects the cultural background of the children/families served.
- ❑ Staff training in cultural competence is conducted for all staff and volunteers at all levels on ongoing basis.

- ❑ Youth and family culture and background are assessed in service planning, including things that are important to them such as religion, race/ethnicity, community, sexual orientation, family traditions, beliefs about health and illness.
- ❑ Services are adapted to respond to the cultural perspective of each child, youth and family.
- ❑ A mission statement is in place that articulates principles, rationale and values for providing culturally and linguistically competent services and supports.
- ❑ Processes to systematically review policies and procedures are in place to assess their relevance for the delivery of culturally and linguistically competent services.
- ❑ Policies and procedures are in place to periodically review the current and emergent demographic trends in the geographic area.
- ❑ Requirements are established that contracting procedures and proposals and/or requests for services include performance criteria for culturally and linguistically competent practices.
- ❑ Dedicated structures (e.g., committees, tasks forces, work groups) are in place with the charge to facilitate the infusion of cultural and linguistic competence within the organization.
- ❑ Cultural learning for all staff is designed on an individualized basis to include self-assessment, independent study, formal training (e.g., workshops, courses, seminars, etc.), and use of cultural brokers/community consultants.
- ❑ Key documents are translated into languages that are predominant in the community, especially documents that must be signed or have legal or service access implications including confidentiality implications.
- ❑ Appropriately trained interpreters (e.g., in mental health and interpretation) are on staff or on-call for face-to-face and telephone services.
- ❑ Leadership toward change is evident at policy, administration, practice, community and family levels.

Political and Economic Support

- ❑ Quality improvement process is in place.
- ❑ Clinical and fiscal utilization management is in place.
- ❑ Quality assurance is managed through a process incorporating families and youth.
- ❑ Social marketing plan is in place utilizing data as a means to impact policy change.

Implementing Strategic Financing Strategies

- ❑ Redeployment of funds is assessed and implemented.
- ❑ Programs are operated more efficiently by cutting costs and reinvesting funds.
- ❑ Reinvestment is accomplished by allocating funds that can be "saved" through redeployment, refinancing, or reductions in spending, or using in-kind resources.
- ❑ Diversification of funding is accomplished.
- ❑ Federal revenue is leveraged by taking advantage of programs that provide funding contingent on state, local or private financing; refinancing.
- ❑ Administrative claiming is in place.
- ❑ Grants are written and submitted on a regular basis.
- ❑ Funds are pooled, blended, or braided to create unified funding streams.
- ❑ Categorical funding across agencies is coordinated and aligned to support community services.
- ❑ Medicaid and/or Title IV-E Waivers are being sought and/or implemented.
- ❑ Devolution or de-categorization of funding streams is completed to remove narrow eligibility requirements and rules and to expand array of supports and services currently unavailable to families.
- ❑ Partnerships are in place to expand the fiscal base and leverages funds.
- ❑ New, shared public-private leadership at state and local levels is established that fosters investments in children and families.
- ❑ Technical assistance is provided to public and private agencies to share knowledge and skills needed to create and sustain system of care services and supports.