TECHNICAL ASSISTANCE PARTNERSHIP
for Child and Family Mental Health

System of Care Implementation Self-Assessment

Introduction

Purpose

An early understanding of your community's strengths, challenges, and technical assistance needs can significantly enhance your success as a system of care. The Technical Assistance Partnership (TA Partnership) has developed the *System of Care Implementation Self-Assessment* to support newly funded communities. This approach follows a multifaceted discovery process. This community self-assessment tool aligns with the requirements outlined for the planning year of your Federal cooperative agreement. Lessons learned from prior system of care cohorts suggest that building a strong foundation in this first year is critical to successful implementation throughout the life of this agreement and beyond.

This tool is designed for you, your partner team, families, youth, and staff to think through nine system of care (SOC) components critical to SOC success. The questions ask about tasks and activities that you should complete in Year One and beyond. In some cases, some of this work may already be planned, under way, or implemented in your community. In other cases, your community may not have even begun work.

The assessment process can guide your community as it develops a tailored technical assistance plan to support a successful planning process in Year Oone.

Guidance for Using the System of Care Implementation Self-Assessment

This tool outlines year one SOC implementation strategies drawn from your cooperative agreement and from the *Crosswalk to Implementing Your Cooperative Agreement* guide. The assessment is meant to serve as a planning tool for communities and their technical assistance providers. Developing a system of care is a complex task that is neither linear nor straightforward. It is a process that is unique to each community. However, specific steps and benchmarks associated with effective system building have been identified for Year One of the community's progressive development.

As many of your key staff as possible should complete this assessment. The assessment process can help staff track your system of care implementation over time and help direct future planning. The TA Partnership will also use the assessment results to guide discussions with your SOC and develop a tailored technical assistance plan to support you in your first year. Additionally, the information gathered through this assessment will help you identify the sessions/tracks that will be most valuable for your staff to participate in at the 2010 Child Mental Health Initiative New Community Training, February 9–11, 2010, in Washington, DC.

System of Care Implementation Topic Areas:

- **Start-Up, Relationship-Building, and Introduction to Systems of Care**

- **Staff Structure and Retention:** Hiring of key personnel and the establishment of an administrative team

- **Family Driven:** Full participation of families and family-run organizations in the strategic planning, decision making, governance, implementation, and evaluation of a family-driven system of care

- **Youth Guided:** Engagement of youth as equal partners in creating systems change in policies and procedures at the individual, community, State, and national levels, through the infusion of a youth-guided approach throughout the system of care, including plans for training and supporting youth in positions of leadership and system transformation

- **Cultural and Linguistic Competence:** Delivery of culturally and linguistically competent (CLC) services with special emphasis on racial, ethnic, linguistically diverse, and other underrepresented, underserved, or emergent cultural groups

- **Effective Collaboration:** Development of systems integration, interagency collaboration, and services integration to increase the capacity of the State or community to provide a broad array of services and supports

- **Governance:** Development of a governance body comprising the required partners, including youth to be served and their families

- **Sustainability:** Development of a plan for sustainability , which is defined as the maintenance of systems of care over time, including the infrastructure, services, and philosophy, beyond the 6-year period of Federal funding

- **Logic Model:** Development of a logic model for the system of care, which will serve as the basis for strategic plan development

The topics in the assessment are not listed in order of importance but are a general guide to the tasks that need to be accomplished. Brief introductions are provided for each topic area, with the cooperative agreement requirements and suggestions outlined for reference. Within each topic area are specific questions on related system of care implementation strategies. Answer each question as a rating of the extent of implementation that your SOC has accomplished:

- "Unsure" (do not know status of this)
- "Yes" (fully implemented)
- "Somewhat" (partially implemented)
- "No" (not implemented; have not begun work)

There is also space to fill in any other comments that you feel will help the TA Partnership better understand your SOC's work so far in each area, as well as space to describe any TA requests you or your team have. Throughout the assessment, web links provide additional descriptions or explanations of terms used.

Introduction

Which county/system of care are you affiliated with?

My system of care has decided to complete this assessment:

Individually

As a group

What is your primary role in the system of care?

Principal investigator

Project Director

Cultural and Linguistic Competence Coordinator

Evaluator

Family Lead

Family Member

Social Marketer

TA Coordinator

Youth Coordinator/Youth Engagement Specialist

Youth

Clinical Director

Key Child Serving Partners (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, education)

Other key stakeholders

Start-Up, Relationship-Building, and Introduction to Systems of Care

During Year One, the focus will be on establishing relationships with partners, clarifying roles and responsibilities, creating communication networks, and training staff around the core values and principles of systems of care. The Crosswalk to Implementing Your Cooperative Agreement offers more information about this topic.

Start-Up, Relationship-Building, and Introduction to Systems of Care Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

1. Our system of care (or the lead agency) has completed the following start-up activities:	Unsure	Yes	Somewhat	No
Extended an invitation to all partners who participated or were identified in the original proposal to participate in the system of care.				
Clarified the cooperative agreement and site's application (i.e., purpose, agreement regarding who will be served, how many will be served, and where/catchment area) with all invited partners.				
Began to establish a visible leadership team with the administrative entity (e.g., Principal Investigator, Project Director, Lead Family Contact or Family Organization, Youth Leader or Youth Coordinator, Clinical Leader, CLC Coordinator, Social Marketer, Lead Evaluator).				
Made assignments and set explicit timelines for activities to complete in the first 6 months.				

2. All community stakeholders (e.g., family members, youth, partnering agency leaders, state officials, community activists) demonstrate a genuine understanding of:	Unsure	Yes	Somewhat	No
Community needs that our initiative can address.				
Our proposed activities and outcomes.				
The systems transformation intended through our cooperative agreement.				
The values that are foundational to the systems transformation.				
The sustainability of the system of care.				

3. Our system of care has clarified its roles and responsibilities in relationship to the following entities:	Unsure	Yes	Somewhat	No
Grant recipient and administrative entity.				

Each contracted partner.				
Other child-serving systems/agencies at work in the community.				

4. Our system of care has clear processes in place to support ongoing communication with:	Unsure	Yes	Somewhat	No
The Federal project officer from the Center for Mental Health Services.				
The primary system partners identified in our cooperative agreement.				
The TA Partnership.				
Other program partners (e.g., National Evaluation Team, Kauffman and Associates, Inc., Communications Campaign Team).				

5. Key staff have participated in trainings around the following core system of care values and principles:	Unsure	Yes	Somewhat	No
Cultural and Linguistic Competence.				
Youth Guided.				
Family Driven.				
Home and Community Based.				
Evidence-Based Practice/Practice-Based Evidence.				
Strengths-Based and Individualized.				
Integrated Across Systems.				
Connected to Natural Helping Networks.				
Data-Driven, Outcomes-Oriented.				

Start-Up, Relationship-Building, and Introduction to Systems of Care Items

	Yes	No
6. Does your system of care have a plan to continue work in this area?		
7. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Staff Structure and Retention

During Year One, your cooperative agreement requires the hiring of [key personnel] and the establishment of an administrative team.

- Key Personnel (Key Staff):
  - Cultural and Linguistic Competence Coordinator: At least a half-time-equivalent position should be allocated for this function.
  - Key Evaluation Staff: At least two full-time-equivalent positions should be designated for these key personnel.
  - Lead Family Contact: This position will have full inclusion on the governance body. This key position should be staffed by one individual in a full-time-equivalent position.
  - Principal Investigator.
  - Project Director: This is a full-time-equivalent position.
  - Social Marketing-Communications Manager: At least a half-time-equivalent position should be allocated for this function.
  - State/Local Liaison.
  - Technical Assistance Coordinator: At least a half-time-equivalent position should be allocated for this function.
  - Youth Engagement Specialist/Youth Coordinator.

- Staff have demonstrated experience in serving the population of focus and are familiar with the culture(s) and language(s) of this population.

- All staff receive training and other supports to enhance and ensure their capacity to serve diverse populations effectively and respectfully, and take culture and language into consideration. Content should include attention to the multiple characteristics of the population to be served (e.g., race/ethnicity, primary language, gender, age, sexual orientation, disability, socioeconomic class, literacy).

- Federal project officer reviews and approves each stage of project implementation (e.g., continuation applications, proposed programmatic and budgetary modifications, key personnel staffing changes).

Staff Structure and Retention Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

1. The following key community stakeholders have a substantive role in hiring the administrative team:	Unsure	Yes	Somewhat	No
Community-based partners (e.g., community-based and cultural organizations, civic groups, foundations).				
Youth of the communities the initiative will serve.				
Families of the communities the initiative will serve.				
Required partners (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, family, youth, education).				

2. Our system of care has in place, or has identified, the following key personnel to hire:	Unsure	Yes	Somewhat	No
Cultural and Linguistic Competence Coordinator (0.5 FTE).				
Key evaluation staff (2 FTE).				
Lead Family Contact (1 FTE).				
Principal Investigator.				
Project Director (1 FTE).				
Social Marketing-Communications Manager (0.5 FTE).				
State/Local Liaison.				
Technical Assistance Coordinator (0.5 FTE).				
Youth Coordinator/Youth Engagement Specialist (1 FTE).				

3. Our system of care staff:	Unsure	Yes	Somewhat	No
Represent the diversity of the population our system of care will serve.				
Have demonstrated experience in serving the population of focus.				
Are familiar with the culture of the youth being served.				
Are familiar with the language of they youth being served.				

4. Our system of care's staff development structures (e.g., in-service trainings, professional development opportunities) are:	Unsure	Yes	Somewhat	No
Culturally competent.				
Linguistically competent.				
Family driven.				
Youth guided.				

5. Mechanisms are in place to ensure appropriate:	Unsure	Yes	Somewhat	No
Staff supervision.				
Feedback on staff performance across multiple agencies.				
Mentoring of staff who work across multiple agencies.				
Supports so that staff feel valued and enabled to perform effectively.				
Opportunities for staff to be involved in system design and policymaking.				
Trainings to address staff development based on needs.				

6. The following recognize and value relevant youth and family life experience to the same extent as formal education attained:	Unsure	Yes	Somewhat	No
Personnel policies.				

	Unsure	Yes	Somewhat	No
Labor contracts.				
Credentialing requirements.				

7. Job descriptions describe assigned system of care functions and define:	Unsure	Yes	Somewhat	No
Roles and responsibilities.				
Relationship to greater organizational structure.				
Clear lines of supervision.				
Clear lines of communication.				
Performance outcomes.				

Staff Structure and Retention Items

	Yes	No
8. Does your system of care have a plan to continue work in this area?		
9. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Family Driven

Your cooperative agreement requires the full participation of families and family-run organizations in the strategic planning, decision making, governance, implementation, and evaluation of a family-driven system of care.

- The Lead Family Contact is responsible for either setting up or working with an existing family-run organization that represents the cultural and linguistic background of the population to be served. This position enjoys full inclusion on the governance body. This key position should be staffed by one individual in a full-time-equivalent position.

- There should be evidence of full participation of culturally and linguistically diverse youth and families in all activities, including but not limited to infrastructure development, financing, managing, coordinating, delivering, and sustaining services aimed at improving the health and well-being of children, youth, and families in need of services.

- Each child or adolescent served must have an individualized care plan developed by an interagency team, with leadership from the child's parents or legally responsible adult and the child or youth. These procedures and activities must fit the unique needs of the child and the child's family and build on child and family strengths.

Family-Driven Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

1. Everyone in our system of care understands and supports the principles of family-driven care, including:	Unsure	Yes	Somewhat	No
Staff.				
Required partners (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, family, youth, education).				
Governance body.				

	Unsure	Yes	Somewhat	No
2. Our system of care hired a Lead Family Contact as a full-time-equivalent staff position?				

Family-Driven Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

3. Our Lead Family Contact:	Unsure	Yes	Somewhat	No
Is a parent or other family member of a child or an adolescent with a serious mental health need, who has received or is currently receiving services from the mental health service system.				
Serves as a key member of the system of care administrative team.				
Has full inclusion on the governance body.				

Family-Driven Items

4. To engage diverse family members from our population of focus, our system of care developed strategies that include:	Unsure	Yes	Somewhat	No
Reaching out to and informing family members currently receiving services about the system of care initiative.				

Reaching out to and informing family members who are not receiving services about the system of care initiative.				
Coordinating with existing family groups or organizations.				
Collaborating with, or forming, an organized group of family members who want to be involved in system of care development and implementation activities.				
Advocating for increased family involvement within the system of care and the broader community.				

5. Our system of care engages diverse family members from our population of focus as equal partners by involving them in:	Unsure	Yes	Somewhat	No
Logic model development.				
Strategic planning.				
Infrastructure development (e.g., physical and organizational structures used by the system of care).				
Implementation of system of care activities.				
Evaluation.				
Social marketing.				
Funding decisions.				

6. Our budget addresses barriers to family involvement and includes funding for:	Unsure	Yes	Somewhat	No
System of care orientation and training meetings for family members.				
Joint training on building effective family-professional partnerships.				
Transportation.				
Child care.				
Family-friendly meeting locations and times.				

Language interpretation, American Sign Language services, and well-developed bilingual materials.				
Stipends, gift cards, or other methods of compensation for the time and involvement of family members.				
Support for an existing family organization or help in the development of a family organization.				

7. Our system of care has made progress in developing partnerships with families by:	Unsure	Yes	Somewhat	No
Hiring family members into key leadership positions (and/or contracting with existing family organizations) to participate in governance and perform system of care functions.				
Establishing a family-run organization (and/or a formal agreement with an existing family organization) to work collaboratively toward strategic goals.				

Family-Driven Items

	Yes	No
8. Does your system of care have a plan to continue work in this area?		
9. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Youth Guided

Your cooperative agreement requires the engagement of youth as equal partners in creating systems change in policies and procedures at the individual, community, State, and national levels, through the infusion of a youth-guided approach throughout the system of care, including plans for training and supporting youth in positions of leadership and system transformation.

Youth-Guided Items

1. Everyone in our system of care understands and supports the principles of a youth-guided approach, including:	Unsure	Yes	Somewhat	No
Staff.				
Required partners (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, family, youth, education).				
Governance body.				
Caretakers and family members.				

2. To involve youth from our population of focus, our system of care developed strategies that include:	Unsure	Yes	Somewhat	No
Forming an organized group among youth receiving services.				
Reaching out to eligible youth who are not receiving services.				
Coordinating the development of a **youth-led** group in the community, specifically for those youth with serious mental health needs.				
Advocating for increased authentic youth involvement within the system of care and the broader community.				

3. Our system of care engages diverse youth from our population of focus as equal partners by involving them in:	

	Unsure	Yes	Somewhat	No
Logic model development.				
Strategic planning.				
Infrastructure development (e.g., physical and organizational structures used by the system of care).				
Implementation of system of care activities.				
Service development.				
Evaluation.				
Social marketing.				

4. For youth younger than age 13, our system of care offers age-appropriate activities and opportunities to:	Unsure	Yes	Somewhat	No
Participate in civic activities related to our systems change initiative.				
Provide their insights in an advisory capacity.				
Inform their service and care planning.				

5. Our budget addresses barriers to youth involvement and includes funding for:	Unsure	Yes	Somewhat	No
System of care orientation and training meetings for youth.				
Transportation.				
Child care.				
Youth-friendly meeting locations and times.				
Language interpretation, American Sign Language services, and well-developed bilingual materials.				
Stipends, gift cards, or other methods of compensation for the time and involvement of youth.				

6. For youth ages 13 and older, we offer activities, trainings, and processes to build youth leadership skills and capacity to enable their full involvement in:	Unsure	Yes	Somewhat	No
Policy development.				
The governance/management of the system of care.				
Guiding their service and care planning.				
Youth/professional partnerships.				

7. We provide trainings for adult partners to educate and enhance youth-adult partnerships:	Unsure	Yes	Somewhat	No
Within the system of care.				
Between youth and care staff and youth and their caregivers.				

8. To support the decision-making authority of youth, our system of care has:	Unsure	Yes	Somewhat	No
Clearly identified how young people will be involved in our system-level decision-making processes, in partnership with youth leaders.				
Established policies that support youth involvement in decision making.				
Engaged youth as decision-makers throughout the organization, including partner agencies (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, education).				
Identified organizational barriers to youth involvement in decision making and developed a plan to address these barriers.				
Provided mentoring that supports youth involvement in decision making.				

Youth-Guided Items

	Yes	No
9. Does your system of care have a plan to continue work in this area?		
10. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Cultural and Linguistic Competence

Your cooperative agreement requires the delivery of <u>culturally and linguistically competent (CLC)</u> services with special emphasis on racial, ethnic, linguistically diverse, and other underrepresented, underserved, or emergent cultural groups.

- Engage proportionate representation from your population of focus that includes culturally and linguistically diverse youth and families from racial and ethnic groups as full participants in all system of care activities.

- Hire at least a half-time-equivalent staff position or contract consultant as a cultural and linguistic competence coordinator who has the authority and responsibility for assisting leadership, management, staff, families, youth, contractors, and all other system partners in ensuring culturally and linguistically competent practices in all aspects of the system of care. The cultural and linguistic competence coordinator serves as a team leader and facilitates the organizational development process to accomplish these goals.

- Establish a cultural and linguistic competence activities budget that the CLC Coordinator is responsible for administering under the supervision of the project director.

- Develop a cultural and linguistic competence plan (CLCP) that is part of the strategic plan to ensure that all services and strategies are designed and implemented within the cultural and linguistic context of the children, youth, and families to be served. The goals of the CLCP are to ensure that the system of care adopts a systemic, systematic, and strategic approach to address disparities; increase the cultural responsiveness of services and supports delivered to children, youth, and families; and create a sensitivity and appreciation for diversity and cultural issues throughout the system of care.

- Ensure that the strategic plan includes strategies for the integration, infusion, and incorporation of cultural and linguistic competence in

all aspects of the plan.

- Comply with all applicable Federal, national, State, and local cultural and linguistic competence laws, mandates, and guidance, including but not limited to Title VI of the Civil Rights Act and the standards identified in *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care* (U.S. Department of Health and Human Services, 2000) and *Cultural Competence Standards in Managed Mental Health Care Services* (U.S. Department of Health and Human Services, 2000).

- Develop mechanisms for ensuring the evaluation of cultural and linguistic competence at the system, organizational, and direct service levels of care through a comprehensive, continuous quality improvement process.

- Ensure that the staff of the organization have demonstrated experience in serving the population of focus and are familiar with the culture and language of this population. If the population of focus is multicultural and multilingual, staff should be qualified to serve this population. All staff should receive training and other supports to enhance and ensure their capacity to serve diverse populations effectively, respectfully and respectfully and to take culture and language into consideration. Content should include attention to the multiple characteristics of the population to be served (e.g., race/ethnicity, primary language, gender, age, sexual orientation, disability, socioeconomic class, literacy). For purposes of this item, "staff" include, at a minimum, administrators, advisors, board members, supervisors, service providers, and all family members who are employed or volunteer.

For more information on cultural and linguistic competence, see the *Cultural and Linguistic Competence Implementation Guide*.

Cultural and Linguistic Competence Items

1. Our system of care has developed, established, and/or implemented the following:	Unsure	Yes	Somewhat	No
A CLC Committee that is proportionately representative of the population of focus.				
An itemized CLC budget (which includes items such as community development planning, workforce development, service delivery enhancement, co-sponsored community events, a CLC community mentor, demographic data collection, CLC committee recruitment and retention, marketing, equipment, stipends for cultural leaders, focus groups, and other contracts).				
A CLC organizational self-assessment to improve internal cultural and linguistic competence among the system of care team and our partners.				

	Unsure	Yes	Somewhat	No
A system that collects pertinent demographic and other service system data (e.g., access, availability, quality, outcomes) to track and continually improve the cultural and linguistic disparities identified.				

	Unsure	Yes	Somewhat	No
2. Our system of care has conducted a CLC community needs assessment.				

Cultural and Linguistic Competence Items

3. Our CLC community needs assessment includes:	Unsure	Yes	Somewhat	No
A demographic analysis of existing service gaps, strengths, and needs relevant to the community's cultural and linguistic diversity.				
An assessment of the quality of services and care for the population of focus.				
Identification of disparities in mental health outcomes across child-serving systems.				

Cultural and Linguistic Competence Items

	Unsure	Yes	Somewhat	No
4. Our system of care has established an evaluation process (which could be part of the local evaluation) to regularly assess progress toward CLC system and service goals.				

	Unsure	Yes	Somewhat	No
5. Our system of care has collaboratively developed a CLC Plan with input from the key staff and partners, youth, and families to be served.				

Cultural and Linguistic Competence Items

6. Our CLC Plan ensures that our system of care intends to incorporate culturally and linguistically appropriate practices in individualized service planning by:	Unsure	Yes	Somewhat	No
Using the preferred language of the child or youth and his or her family during service and support delivery.				
Nurturing the strengths and customs that are part of the cultural, spiritual, or religious heritage of the child or youth and his or her family.				
Recognizing, valuing, and incorporating the world view, values, traditions, and beliefs of the child or youth and his or her family.				
Using practices/interventions/treatment that are culturally matched to the population of focus and that have been proven to work with them over time.				

Cultural and Linguistic Competence Items

	Yes	No
7. Does your system of care have a plan to continue work in this area?		
8. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Effective Collaboration

During Year One, your cooperative agreement requires the development of systems integration, interagency collaboration, and services integration to increase the capacity of the State or community to provide a broad array of services and supports. The Crosswalk to Implementing Your Cooperative Agreement has additional examples and resources available to help you think about this topic.

"Collaboration" defined: A mutually beneficial relationship between two or more parties who work toward common goals by sharing responsibility, authority, and accountability for achieving results. - David D. Crislip and Carl E. Larson, (1994)

Effective Collaboration Items

1. Our system of care includes the following partners/ stakeholders, as appropriate:	Unsure	Yes	Somewhat	No
Child welfare.				
Civic groups.				
Community-based or cultural organizations.				
Education agencies (e.g., Head Start, pre-schools, elementary and secondary schools).				
Faith-based organizations.				
Family members served by the system of care.				
Foundations.				
Juvenile justice.				

Local businesses.				
Mental health.				
Mental retardation/developmental disability.				
Policymakers.				
Primary health care providers.				
State/local government.				
Substance abuse.				
Youth served by the system of care.				

	Unsure	Yes	Somewhat	No
2. I consider our system of care a broad-based community collaboration dedicated to transformation (_NOT_ a mental health program or project).				

	Unsure	Yes	Somewhat	No
3. All stakeholders see the youth served (or to be served) by the system of care as "our" children. In other words, there is interdisciplinary collaboration and all system partners are invested in taking ownership for developing workable solutions to shared problems.				

4. Our system of care has established at least one linkage with:	Unsure	Yes	Somewhat	No
Cultural brokers (i.e., people who bridge, link, or mediate between groups or persons of different cultural backgrounds to effect change).				
Key leaders within cultural communities.				
Community-based or cultural organizations.				
Faith-based organizations.				

	Unsure	Yes	Somewhat	No
5. Our system of care addresses communication across the partnership, ensuring that all receive the same common information to fulfill their system roles.				

6. Our system of care has in place:	Unsure	Yes	Somewhat	No
A cross-system communication structure (e.g., Management Information System).				
Cross-system training for all system of care activities.				
Formal policies and procedures that pool or blend funding across agencies.				
Policies to address conflict resolution, mediation, facilitation, and teaming.				

	Unsure	Yes	Somewhat	No
7. All our partners have a role in ongoing system of care decision making and activities.				

	Unsure	Yes	Somewhat	No
8. Our system of care has a transparent budget process so that all partners have access to equal information.				

Effective Collaboration Items

	Yes	No
9. Does your system of care have a plan to continue work in this area?		
10. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Governance

Your cooperative agreement (RFA) requires establishing a governance body during year one of system of care infrastructure development.

- The system of care must establish a governance body (either through a newly created structure or by building on the strengths of existing interagency structures). The governance body should be comprised of required partners (e.g. Juvenile justice, substance abuse, child welfare, state officials, etc.), other stakeholders, as well as family and youth representing the population to be served.

- Families and youth must be integrally involved in the governance and oversight of grant activities;
There must be mechanisms for ensuring the full participation of families, youth and family run organizations in decision-making, governance and evaluation.

- The system of care must hire a youth coordinator who will support youth and advocate for their participation on governance boards and other decision-making bodies, as well as advocating for their increased authentic involvement within systems of care and the broader community.

- The system of care must have a lead family contact who is a family member of a youth with a serious mental health need receiving (or has received) services from the mental health service system. This position enjoys full inclusion on the governance body. This key position should be staffed by one individual in a full-time equivalent position.

Governance Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

	Unsure	Yes	Somewhat	No
1. Did your community have a governance structure in place prior to the award of the cooperative agreement?				

Governance Items

	Unsure	Yes	Somewhat	No
2. Will this governance structure be used for the system of care?				

Governance Items

3. Our governance structure was designed by a cross-functional team that included:	Unsure	Yes	Somewhat	No
Community-based partners (e.g., community-based and cultural organizations, civic groups, foundations, etc.).				
Youth of the communities to be served.				

Families of the communities to be served.				
Required partners (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, family, youth, education).				

	Unsure	Yes	Somewhat	No
4. Our system of care values a broad-based governance body that provides a variety of decision-making opportunities for partners, including youth and families, to participate in various components of the governance structure (e.g., subcommittees).				

	Unsure	Yes	Somewhat	No
5. Our system of care has a governance body established.				

6. Our system of care has a governance body that includes:	Unsure	Yes	Somewhat	No
Community-based partners (e.g., community-based and cultural organizations, civic groups, foundations).				
Youth of the population of focus to be served (e.g., youth in the juvenile justice system).				
Families of the population of focus to be served.				
Required partners (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, education).				

7. Our governance structure includes processes and supports to ensure that all governance body members have:	Unsure	Yes	Somewhat	No
Authentic and meaningful involvement and input (see the definitions of family driven and youth guided) .				
Equal decision-making power.				

8. Our governance structure has in place:	Unsure	Yes	Somewhat	No
Organizational diagrams that illustrate work/communications flow.				
Clear roles and responsibilities.				
Clear communication procedures.				
Clear decision-making procedures.				

	Unsure	Yes	Somewhat	No
9. The members of our governance body reflect the cultural diversity of the population to be served.				

	Unsure	Yes	Somewhat	No
10. Our governance body has decision-making authority vs. an advisory role to develop and implement policies and allocate resources.				

Governance Items

	Yes	No
11. Does your system of care have a plan to continue work in this area?		
12. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Sustainability

During Year One, your cooperative agreement requires the development of a [plan for sustainability](#), which is defined as the maintenance of systems of care over time, including the infrastructure, services, and philosophy, beyond the 6-year period of Federal funding.

- The sustainability plan must:
  - Specify how the elements of the system of care infrastructure and each of the services and supports will be maintained
  - Detail the general and financing strategies that will be used for long-term maintenance.
  - Address how the system of care will be infused into the larger system (as opposed to being a separate, time-limited "project").
  - Include strategies to work with State partners to ensure the policy and financing mechanisms at the State level ensure long-term maintenance of the system of care.
  - Include strategies to link with partners in other child-serving systems for sustainability
  - Implement full participation of families and youth in service planning; in the development, evaluation, and sustainability of local services and supports; and in overall system transformation activities

- Grantees must provide annual and final financial status reports that address how infrastructure development and enhancement efforts can be sustained. Your financial reports must explain plans to ensure the sustainability of efforts initiated under this grant. Initial plans for sustainability should be described in Year One of the grant. In each subsequent year, you should describe the status of the initiative, successes achieved, and obstacles encountered in that year. These should include an approach to sustaining the vision and philosophy, service array, management and coordination, and human resources and training, as well as financing approaches. It should also indicate the extent to which services provided through the system of care will be paid through Medicaid and other public or private insurance.

Sustainability Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

	Unsure	Yes	Somewhat	No
1. Our system of care has a sustainability work group (or committee).				

Sustainability Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

2. Our sustainability work group includes:	Unsure	Yes	Somewhat	No
Key system and community partners with authority to commit resources to the initiative.				
Family members who represent the population of focus.				
Youth members who represent the population of focus.				
Finance experts from key child/youth-serving systems.				
Members knowledgeable of, and committed to, the CMHI system of care approach.				
Members with a clear understanding of what we will sustain beyond the cooperative agreement.				
Members with access to system of care and related budgetary information.				
Members committed to a collaboratively developed sustainability plan in Year One (and committed to annually updating it as part of our financial reports to Substance Abuse and Mental Health Services Administration).				
State liaison.				

3. Our sustainability planning work group recognizes the importance of building broad-based support for our initiative and plans to:	Unsure	Yes	Somewhat	No
Create an effective advocacy base via a strong family voice.				
Create an effective advocacy base via a strong youth voice.				
Generate political and policy-level support for the system of care philosophy and approach.				
Generate State involvement and commitment.				
Generate local involvement and commitment.				
Cultivate ongoing leaders and champions for the system of care philosophy and approach.				

Sustainability Items

	Unsure	Yes	Somewhat	No
4. Our system of care has a sustainability plan.				

Sustainability Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

5. Our sustainability plan includes:	Unsure	Yes	Somewhat	No

	Unsure	Yes	Somewhat	No
Goals to sustain the agreed-upon collaborative vision for our system of care.				
Goals to sustain infrastructure.				
Goals to sustain services.				
Clear strategies.				
Shared accountability for results across child/youth-serving systems.				
A mechanism to measure and review progress toward system of care goals (e.g., local evaluation).				

	Unsure	Yes	Somewhat	No
6. Our sustainability plan aligns with State and local policy and regulatory change efforts that support the system of care approach.				

7. Our sustainability plan outlines financing strategies that include:	Unsure	Yes	Somewhat	No
Acquiring detailed knowledge of how our State Medicaid Plan works.				
Increasing our knowledge about our state's mental health plan, funding, and expenditures related to our population of focus.				
Acquiring knowledge of State and local system plans and expenditures related to our population of focus.				
Identifying other State, local, and private funding resources, whether existing or potential, to advance the system of care vision.				

Sustainability Items

8. Our strategy for securing non-Federal match:	Unsure	Yes	Somewhat	No

Addresses the next 6 years of increasing levels of match requirements.				
Includes an array of cash and in-kind contributions from State and local partners.				
Lays a foundation for our community's sustainability plan.				
Focuses on opportunities to leverage funds.				
Generate local involvement and commitment.				
Is an integrated component of our sustainability plan.				

Sustainability Items

	Yes	No
9. Does your system of care have a plan to continue work in this area?		
10. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area:

Logic Model

During Year One, your cooperative agreement requires the development of a logic model for the system of care, which will serve as the basis for strategic plan development.

- A logic model can take many forms, but yours will be most useful to your community if it reflects a theory of change approach to system of care development.

- The logic model should, at a minimum, describe the context in which the system of care will be developed, implemented, and sustained; the resources available; the activities that will be conducted; and the individual, service, and system outcomes expected from the initiative.

- The logic model should be developed with input from families, youth, and other community partners.

For more information on logic models, see Appendix E of the RFA: Logic Model Resources, *Theme 8 of the Crosswalk to Your Cooperative Agreement* and *Crafting Logic Models for Systems of Care: Ideas into Action* (also available en Español). The University of South Florida also has a logic model team available to provide technical assistance on this topic.

Logic Model Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

1. Our system of care has developed a **shared vision** of our system of care:	Unsure	Yes	Somewhat	No
Our vision aligns with the goals of Children's Mental Health Initiative (CMHI).				
Our vision reflects alignment among stakeholders including family and youth from the population of focus.				
Our required partners (e.g., juvenile justice, child welfare, substance abuse, mental health, public health, family, youth, education) understand the vision, values and mission of CMHI.				

2. In defining the population(s) of the children/youth and families our system of care will serve, we have identified local strengths and needs related to:	Unsure	Yes	Somewhat	No
The demographics of the defined population(s) (e.g., age, geographic location, ethnicity).				
The practice context critical to serving the defined population(s) (e.g., use of restrictive placements, involvement of families/youth in service decisions).				

The system context critical to serving the defined population(s) (e.g., access/ availability of community-based, culturally and linguistically competent services and supports, cross-agency infrastructure development).				

3. Our system of care has mapped resources, assets, and challenges related to the population(s) of the children/youth and families who will be served, including information or data received from:	Unsure	Yes	Somewhat	No
Our evaluation team.				
Key agency and community partners.				
Families and youth.				

4. All stakeholders have identified outcomes for our system development efforts, including:	Unsure	Yes	Somewhat	No
Practice outcomes (e.g., integration of SOC values and principles into practice).				
Child and family outcomes (e.g., reduction of symptoms, improved child and youth functioning, reduction of caregiver strain).				
System outcomes (e.g., comprehensive and coordinated service array, families and youth are partners in policy and system implementation, agency partnerships developed and deepened).				

5. Our system of care has articulated cohesive system development strategies for achieving our identified outcomes, including strategies for:	Unsure	Yes	Somewhat	No
Ensuring State and local service delivery (e.g., system entry, service planning, service provision, review/monitoring of the care of individual children and families).				
Establishing individualized and flexible services and supports.				
Developing local infrastructure, including governance, management, quality monitoring, and sustainability.				

	Unsure	Yes	Somewhat	No
Addressing disproportionality and disparate outcomes.				
Developing coordinated services and supports.				

	Unsure	Yes	Somewhat	No
6. Our system of care has a logic model workgroup or committee.				

Logic Model Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

7. Our system of care logic model workgroup includes:	Unsure	Yes	Somewhat	No
Our project director.				
An evaluation staff member.				
The lead family contact.				
The youth engagement specialist/youth coordinator.				

Logic Model Items

Unsure: Have limited or no knowledge of this; do not know status of this
Yes: This is fully implemented
Somewhat: This is partially implemented
No: This is not implemented; we have not begun work

	Unsure	Yes	Somewhat	No
8. Our system of care has developed a complete logic model graphic (including Mission/Vision, Population Context, Strategies, Outcomes) that summarizes our theory of change.				

9. Our system of care team:	Unsure	Yes	Somewhat	No
Can explain the logical links between the logic model sections.				
Can articulate how the logic model can be linked to the strategic plan.				

Logic Model Items

	Yes	No
10. Does your system of care have a plan to continue work in this area?		
11. Would you like to receive TA related to this area?		

Please describe any TA you would like to receive related to this area: