

System of Care Community Collaborative Assessment

Date:

County:

Instructions: Section 1

Please complete the survey together in a Collaborative meeting. Mark the answer that most closely matches the group’s perceptions.

Answer the questions at the end of Section 1 together. The answers at the end of section 1 will be submitted as an attachment to the SOC Coordinators’ Bi-Annual Report. The full assessment does not need to be submitted.

Domain	Statement	Strongly agree	Agree	Disagree	Strongly Disagree	Don't know/ not sure
Continuous Quality Improvement	Our Community Collaborative uses data for joint decision making about priorities.					
	Our Collaborative has reliable procedures to track progress on the priorities of the Collaborative.					
	Our Collaborative uses data as a tool to understand and improve current practices and policy.					
	Our Collaborative participants have the skills needed to analyze and interpret data using charts and graphs.					
	Our Collaborative analyzes data to identify and eliminate any cultural/linguistic/racial/ethnic disparities in services and supports.					
	The child-serving agencies in our Collaborative work to reduce barriers related to data sharing between systems.					
	Our Collaborative has adequate time to review and analyze shared data (data from multiple community sources).					

Strategic Planning/ Structure	Our Collaborative has a strategic plan or a work plan that includes our priorities, strategies, and action steps.					
	Our Collaborative shares a common vision.					
	Our Collaborative members have a clear understanding of the Collaborative’s priorities.					
	The Collaborative has a clear plan for recruiting and maintaining membership in order to have full community representation (family members, youth, faith-based groups, social services, school system, juvenile court, court system, providers as well as representatives from the cultural and linguistic diversity of our community).					
	Our Collaborative identifies and resolves barriers related to children’s behavioral health services and supports.					
	The Collaborative has a community training plan to better address the needs of children and youth with mental health and substance use challenges across all systems.					
	Evidence of the Collaborative’s commitment to cultural and linguistic competence is evident in the Collaborative strategic plan.					
	The Collaborative has an interagency agreement that spells out how each participating agency will support the Collaborative’s priorities.					
	Collaborative participants have access to information and research on best practices in child welfare, mental health/substance use treatment, juvenile justice, and youth development.					
Family Leader ship	Family representatives on our Collaborative are provided incentives (ex. stipends, child care, and mileage reimbursement) to regularly participate on the Collaborative.					

	<p>Youth representatives on our Collaborative are provided incentives (ex. stipends and mileage reimbursement) to regularly participate on the Collaborative.</p>					
	<p>Parent/caregivers have access to family peer support.</p>					
	<p>Youth have access to youth peer support.</p>					
	<p>In our county/region, there is an opportunity for youth voice in each child-serving system.</p>					
	<p>In our county region, family members are involved in county boards and committees across the agencies serving families.</p>					
	<p>Reimbursement methods are in place for family peer trainers to co-train (Child and Family Teams, and other System of Care topics)</p>					
Family Driven Care/Youth Guided Care	<p>Youth are active partners in their service planning and delivery.</p>					
	<p>Family and youth strengths are incorporated into their plans.</p>					
	<p>Parents/caregivers have choice of services and supports.</p>					
	<p>Youth have access to adequate information about services, behavioral health challenges, and their options in order to be a decision maker in their care and overall wellbeing.</p>					
	<p>Families have primary decision making role in service planning and delivery for their children.</p>					
	<p>Parent/caregivers have access to adequate information about services, behavioral health challenges, and their options in order to be a decision maker in their care and overall wellbeing.</p>					
Individualized Care Coordinator	<p>Our communities' training on Child and Family Teams supports the delivery of high quality, individualized service planning and delivery.</p>					

	Child serving systems work together to provide the family with one integrated family plan (even as different agencies have their own components of the plan on their own forms).					
	Individualized assessments of child and family needs and strengths are used to plan services and supports.					
	Community and natural supports are included in service plans across the systems (PCPs, IEPs, Juvenile justice and social service plans).					
Community Partnerships	There is a strong trusting, cooperative relationship among Collaborative members.					
	Collaborative members see themselves personally and collectively responsible for improving outcomes for children and families.					
	Collaborative members are flexible and open to change.					
	Our Collaborative members enjoy coming to Collaborative meetings.					
	Our Collaborative members feel listened to and respected by other Collaborative members.					
	Our Collaborative members feel our work together is respected and heard by our LME/MCO.					
Service Array	Our community has access to a broad array of community based services and supports for youth with mental health and substance abuse challenges.					
	Systemic efforts are made in our community to identify behavioral health problems at earlier stages and ages (ex. screening in primary care)					

<div style="background-color: #4F81BD; width: 100%; height: 100%;"></div>	Array includes developmentally appropriate services for very young children (0-5 years) and their families.					
<div style="background-color: #4F81BD; width: 100%; height: 100%;"></div>	The array includes developmentally appropriate services for youth and young adults in transition to adulthood.					

Section 1 Summary and Work Plan

Answer the following questions with the whole Community Collaborative after the Collaborative has completed the grid above.

1. Based on this assessment, what are the strengths of our Collaborative?
2. In what areas do we need the most improvement?
3. Where do we have the most agreement and the most disagreement in our views?
4. Have we learned anything from this assessment that should be a priority area of focus for our Collaborative?
5. We chose the following two priorities to address in the coming fiscal year (July 2016 to June 2017):
6. Develop your priority areas into SMART Goals (goals that are specific, measurable, attainable, relevant, and time-bound.)
7. What resources do we need to get started? Is additional information or data needed?
8. How will we track progress on our priority areas?

Section 2: After summary and work plan for Section 1 is completed, please complete Section 2 as a Collaborative in order to gather stakeholder information on timely availability of services. After completion, please share this information with your Provider Network and Community Relations Departments.

Service Array: Please note on the following chart, your sense of the **timely** availability of the following services.

	Extensively available	Substantially available	Moderately Available	Somewhat available	Not at all Available	Don't Know	Comments
Screening for behavioral health (day care settings, education, primary care, child welfare, juvenile court)							
Clinical assessments							

Psychological evaluations							
	Extensively available	Substantially available	Moderately Available	Somewhat available	Not at all Available	Don't Know	Comments
Evidence based outpatient therapy for 0-5 year olds and their caregivers							
Evidence based outpatient therapy for children, adolescents, and young adults							
Medication management							

Crisis response: walk-in clinic							
Crisis response: tele-medicine							
	Extensively available	Substantially available	Moderately Available	Somewhat available	Not at all Available	Don't Know	Comments
Crisis response: mobile services							
Crisis response: stabilization beds							
Intensive in-home services							
Multisystemic Therapy							
School based behavioral health							
Day treatment							

Intensive substance abuse treatment							
Tele-medicine: outpatient services							
Youth peer support							
Family peer support							
Youth and family education							
High Fidelity Wraparound (intensive care coordination + family/youth support)							
Respite							
Mental health consultation for pre-schools							

Mental health consultation for children, adolescents, and young adults							
Supported employment for young adults							
Independent skills training							
Residential Treatment							
	Extensively available	Substantially available	Moderately Available	Somewhat available	Not at all Available	Don't Know	Comments
Therapeutic foster care							
Intensive Alternative Treatment Families							
Level II Group Home							

Level III Group Home							
Substance Use Residential Treatment							
Psychiatric Residential Treatment Facilities							
Inpatient Psychiatric Hospital Beds							
Other:							
Other:							
Other:							

Adapted from:

- Stroul, B., Dodge, J., Goldman, S., Rider, F., & Friedman, R. (2015). Toolkit for Expanding the System of Care Approach. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.
- CQI for SOC: Readiness Assessment from the Family and Children's Resource Program at the UNC-Chapel Hill School of Social
- NC SOC Expansion Community Collaborative Self-Assessment 2014
- Pennsylvania System of Care Partnership County Assessment 2015