**System of Care Community Collaborative Assessment**

Date:

County:

Choose the one that bests describes you:

Youth\_\_\_ Family/Caregiver\_\_\_\_ Provider Representative\_\_\_\_\_

Agency Representative (DSS, Juvenile Court, primary care, public health, Smart Start, etc.)­­­­ \_\_\_\_

Managed Care Organization\_\_\_\_\_ School Staff\_\_\_\_\_

Community Non-Profit\_\_\_\_\_

Other\_\_\_\_\_\_\_\_ Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Please have all members of the Community Collaborative answer the following questions on their own.

Then review the individual answers together and see where there is consensus and where there is not.

Answer the questions at the end of the survey together.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | Our Collaborative has a strategic 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 meetings are productive opportunities to improve practice, policy, and collaboration. |  |  |  |  |  |
| 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 Driven Care/Youth Guided Care/ Family and Youth Access to Supports/Family and Youth Leadership | Family representatives on our Collaborative are provided incentives (ex. stipends, child care, and mileage reimbursement) to regularly participate on the Collaborative. |  |  |  |  |  |
| Youth representatives on our Collaborative are provided incentives (ex. stipends and mileage reimbursement) to regularly participate on the Collaborative. |  |  |  |  |  |
| Families have the primary decision making role in service planning and delivery for their children. |  |  |  |  |  |
| Parents/caregivers have access to family peer support. |  |  |  |  |  |
| Parents/caregivers have access to adequate information about services, behavioral health challenges, and their options in meeting their children’s needs. |  |  |  |  |  |
| 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. |  |  |  |  |  |
| Parents/caregivers have choice of services and supports. |  |  |  |  |  |
| Family and youth strengths are incorporated into their plans. |  |  |  |  |  |
| Youth are active partners in their service planning and delivery. |  |  |  |  |  |
| Youth have access to youth peer support. |  |  |  |  |  |
| In our county/region, there is an opportunity for youth voice in each child-serving system. |  |  |  |  |  |
| In our county region, family members are involved in county boards and committees across the agencies serving families. |  |  |  |  |  |
| Reimbursement methods are in place for family peer trainers to co-train (Child and Family Teams, and other System of Care topics) |  |  |  |  |  |
| Individualized Care Coordination | Our communities’ training on Child and Family Teams supports the delivery of high quality, individualized service planning and delivery. |  |  |  |  |  |
| 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. |  |  |  |  |  |
| 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) |  |  |  |  |  |
| Array includes developmentally appropriate services for very young children (0-5 years) and their families. |  |  |  |  |  |
| The array includes developmentally appropriate services for youth and young adults in transition to adulthood. |  |  |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Extensively  available | Substantially available | Moderately  available | Somewhat  available | Not at all  available | Don’t know |
| Screening for behavioral health (early care, education, primary care, child welfare, juvenile court) |  |  |  |  |  |  |
| Clinical assessments |  |  |  |  |  |  |
| Psychological evaluations |  |  |  |  |  |  |
| 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: site based services |  |  |  |  |  |  |
| Crisis response: tele-medicine |  |  |  |  |  |  |
| 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 | | | | | | |
| 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: |  |  |  |  |  |  |

Answer the following questions with the whole Community Collaborative after the Collaborative has explored the answers of individual members and looked for places of consensus and disagreement.

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?

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