AMERICAN INDIAN / ALASKA NATIVE SUSTAINABILITY SELF-ASSESSMENT TOOL

(Updated 12/23/03)

Brief Overview On How to Use the *Sustainability Self-Assessment Tool* with an American Indian/Alaska Native 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 and Strategic Planning Template**, *also included in the Tool Kit.)*

The ***American Indian / Alaska Native 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 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 the completion of 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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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.			
❑ Vision links with and supports local tribal*** culture.			
❑ Through social marketing practices, the needs of tribal children, youth, families, community partners and stakeholders are integrated into the vision, philosophy and goals of the system of care.			

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** See examples at end of the document

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❑ The "right" key stakeholders, representing the tribal diversity of the community served, have been involved in defining and disseminating the vision.			
❑ Clear-cut objectives for the cooperative agreement/grant have been identified through a planning process, and are developed and disseminated to tribal leadership and the tribal community.			
❑ SOC values and principles are used as the larger community based service delivery system is redesigned.			
❑ A definition for sustainability of the system of care framework to implement change at the policy, system and practice level has been written in language that supports cultural values and is easily understood by the tribal community and disseminated.			

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❑ Ongoing education and training on system of care vision, philosophy, goals, and operation is being provided to tribal leadership, the tribal community and key stakeholders.			
Service Array			
❑ Services that families and youth (inclusive of the full diversity of the community) prefer and find useful, including integration of traditional practices, are continuously being created as needs change.			
❑ Partner agencies, state, federal, tribal or private resources support and/or fund the full array of services (including traditional practices).			
❑ Access to appropriate and effective services and supports, including traditional practices, has been increased to meet needs.			

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❑ Ongoing mechanisms for providing individualized (with full recognition and support of cultural and linguistic preferences), integrated and coordinated care are being implemented. Mechanisms include a) appropriately trained and/or credentialed paraprofessional or professional staff; b) supervision and professional development plans for staff; c) appropriate level of community and cultural knowledge; and, d) incentive and rewards in place for consistency in promotion of system of care principles in family services.			
❑ 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 and are being implemented. Includes a strong link with tribal courts, tribal child welfare, juvenile and other jurisdictional decision makers; tracking decreases in the number of out-of-community placements; tracking increases in the number of in-community placement resources; and ensuring that in-community placement resources have adequate resources and a high level of family involvement.			
❑ 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 within the context of a well-thought out, long term training plan.			

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Management and Coordination			
❑ 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.			
❑ Ongoing mechanisms for using data and evaluation to support planning, development and maintenance of implementation efforts have been created, with particular emphasis on partnership with the tribal community and ongoing community feedback loops.			

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❑ The leadership framework, administrative and service policies, and organizational structures reflect the flexibility and innovation required of an effective system of care.			
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, faith-based, cultural and ethnic specific organizations) at the service delivery level are in place.			

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❑ Ongoing, shared administrative processes (for example, memoranda of agreement) 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 Census demography and diversity of the community) are actively involved in policy making, system reform and fill administrative and/or consultative roles at the system level.			
❑ Families and youth (reflective of the full Census demography and diversity of the community) are active participants in evaluation efforts, with good understanding of how the evaluation effort protects confidentiality and can serve to improve community services.			

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❑ Families and youth (reflective of the full Census demography and diversity of the community) are involved in the service planning and delivery process, through serving on planning teams or other ways of providing their perspective.			
❑ Families and youth (reflective of the full Census demography and diversity of the community) participate in training both as trainers and as participants in training activities.			
❑ Peer-to-Peer support is in place within the local provider network and among the other tribal system of care communities across the country.			

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Cultural & Linguistic Competence			
❑ Cultural and linguistic competence is evident at the system, policy and practice levels and demonstrated by system administrators who value the cultural strengths and cultural resources of the community, service policies that clearly state that the system values and seeks ways to increase partnership with cultural resources, and practices that routinely include the use of cultural resources as part of the treatment/care plan, as appropriate to the family.			
❑ Social marketing practices ensure that messages, images and outreach strategies are culturally and linguistically appropriate.			
❑ System wide leadership, including tribal officials, is committed to continuing to lead the change process that results in culturally competent services that families respond to positively.			

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❑ Cultural and linguistic competence is adopted as a personal mission for each individual staff person and volunteer involved in the system of care network.			
❑ Policies are established that assure cultural and linguistic competence is the required standard of service.			
❑ Structures are established to assure the planning and implementation of culturally and linguistically competent services.			
❑ Adequate resources – spiritual, cultural, 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, and responsive to, the unique range of families served by the system of care.			
❑ MIS systems are designed to track services (with consideration of the cultural appropriateness and usefulness of counting traditional practices), 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.			

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❑ 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.			
❑ Cultural competence is a focus of system wide collaboration.			
❑ Mechanisms are in place to support attitudinal change of all members of the system (tribal governance, executive, tribal and non-tribal 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, supervisory, and individual levels.			

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❑ 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).			
Political and Economic Support			
❑ An analysis has been conducted to determine the full range of financial and other available resources that have been, or could be, available to sustain system of care.			
❑ Partnerships at federal, state, tribal and other local levels are developed and maintained to effect mutually beneficial outcomes.			

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❑ Tribal community members have been involved in the interpretation of the findings of their community's evaluation effort and the findings are integrated in the design and implementation of the system of care framework.			
❑ Key stakeholders representing the diversity of the community (including federal, state, tribal and local public officials) are involved in the initiative and are committed to sustaining and expanding the system of care.			
❑ Political and policy-level support for the system of care approach has been generated at the federal, state, tribal and local level.			
❑ Policies have been reformed or developed to support system change at the federal, state, tribal and local level in order to sustain the initiative.			

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❑ 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, both within and outside of the tribal community, 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.			
❑ The system of care framework and its values and principles are infused within the broad tribal service delivery system.			

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Strategic Financing Strategies			
❑ Determination of available financial resources (known and untapped), including match resources, is conducted.			
❑ A plan for maximization of federal, state, tribal and other local revenue is being implemented and is operational.			
❑ Strategies for creating more flexibility in existing funding streams have been developed and implemented.			
❑ Partnerships between the tribal-public-private sectors have been developed.			

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❑ 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
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**Examples of Key Indicators for Some of the Attributes of the System of Care Framework

Service Array

- ❑ Services focus on both the individual and the tribe.
- ❑ 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, tribal centers or other community-based settings).
- ❑ The service array recognizes the value and strength of families' cultures and includes culture-based services.
- ❑ 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, including traditional practices.
- ❑ 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 program leaders are supported by the formal tribal leadership and tribal community and report reduced stress.
- ❑ New generations of leaders are identified and 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 reviews, fiscal oversight, management monitoring, and quality improvement processes are in place.

- ❑ A social marketing plan is completed detailing how the appropriate use of data can positively impact state and local policy.

Interagency Planning and Coordination

- ❑ Interagency structure is in place and meetings are conducted among tribal and relevant non-tribal organizations 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.
- ❑ 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.
- ❑ Professional development and credentialing efforts are a joint effort between tribal organizations and local colleges
- ❑ 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 and/or the service, marketing, evaluation, or cultural competency teams.
- ❑ 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 that enables their full participation.
- ❑ Family members and youth are involved in developing and providing training to service providers.
- ❑ Family members and youth are involved in recruiting, interviewing, and selection 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 process to review 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 been trained to understand how data can be used 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 needed by community organizations that sustain their involvement.

- ❑ Youth groups and family organizations have partnered 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

- ❑ Tribal people help to plan and implement effective, appropriate and acceptable services.
- ❑ Tribal organizations and other tribal community groups are involved in providing services, developing the service array and advising providers.
- ❑ Recruitment and hiring of staff is conducted in a way that staff fit with the cultural background of the children/families served.
- ❑ Staff training in cultural competence is conducted for all staff and volunteers at all levels on an ongoing basis.
- ❑ Youth and family culture and background are assessed in service planning, including things that are important to them such as spirituality, religion, tribal culture/traditions/beliefs, family traditions, community definition of wellness, beliefs about health and illness, and sexual orientation.
- ❑ 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 how they support the consistent delivery of culturally and linguistically competent services to tribal families.
- ❑ Policies and procedures are in place to periodically review the current and emergent demographic, socio-culture, economic, organizational, institutional, and political trends in the geographic area.
- ❑ Requirements are established that contracting procedures, funding 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 all elements and levels of the organization.

- ❑ Cultural learning for all staff is designed on an individualized basis to include self-assessment of knowledge of the tribal community, guidance and appropriate exposure to the spiritual and cultural values of the community, participation in cultural and community events, formal training (e.g., workshops, courses, seminars, etc.), and use of cultural brokers, spiritual guides, and other 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 implications for confidentiality).
- ❑ Marketing materials positively reflect the cultural strengths of the community.
- ❑ Appropriately trained interpreters (e.g., in mental health and interpretation) are on staff or on-call for face-to-face and telephone interpretive services.
- ❑ Leadership toward change is evident at policy, administration, practice, community and family levels.

Political and Economic Support

- ❑ Process to assess the current and future economic health of the community, including job viability for families, is in place and considered as services are developed.
- ❑ Strong and positive relationships exist between the system of care leadership and key tribal, state and federal leaders.
- ❑ Tribal, state, and U.S. congressional elected officials respect and know the tribal system of care.
- ❑ Process to assess leadership decision-making and power styles of stakeholders, and the impact on the tribal system of care, is in place.
- ❑ Awareness of tribal, state and national election dates are known and the impact on the tribal system of care is considered.
- ❑ Tribal system of care models: self-determination; equal partnerships between non-tribal and tribal partners; leadership welcomed from all levels of the community; and, the tribal community demonstrates that they "buy-in" to the system of care.
- ❑ Tribal institutional leadership is stable and supportive of system of care principles.
- ❑ Tribal institutions have structures, policies, and procedures that match the cultural norm (tribal institutions are in sync with tribal values).
- ❑ Quality improvement process is in place for administrative and program practices and used on a regularly scheduled basis.

- ❑ 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

Assessment:

- ❑ Determination of all available (known and untapped) funds and match dollars assessed.
- ❑ Full understanding of the financial strengths and/or challenges of a system of care developed within a clinic setting, as opposed to a non-clinic setting.
- ❑ Ability to redeploy funds is assessed as is the potential impact of redeployment on the community well being.

Partnerships:

- ❑ Relationships developed with other child-serving system leaders to start discussion of the benefits of pooled resources to expand the fiscal base and leverage funds.
- ❑ Relationship with the State Mental Health Authority in place.
- ❑ Relationship with the State Medicaid Office in place.
- ❑ Relationship between tribal-public-private leadership at state and local levels is established and fosters fiscal investments in children and families.

Readiness:

- ❑ Leadership understands the licensing requirements and state negotiated service categories needed to seek Medicaid and/or Title IV-E Waivers.

- ❑ Programs are operated more efficiently by cutting costs and reinvesting funds.
- ❑ Plan for training, licensing and/or credentialing of staff in place, per Medicaid reimbursement requirements.
- ❑ Process in place for peer-to-peer fund development advice from other tribal system of care communities.

Action:

- ❑ All administration and program staff take responsibility to ensure reasonable program expenditures.
- ❑ 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.
- ❑ 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.
- ❑ 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.
- ❑ Medicaid and/or Title IV-E Waivers are being sought and/or implemented
- ❑ Technical assistance is provided to public and private agencies to increase their understanding of what is needed to create and sustain system of care services and supports.

AMERICAN INDIAN / ALASKA NATIVE SUSTAINABILITY STRATEGIC PLANNING TEMPLATE

(Updated 12/23/03)

Brief Overview On How to Use the *Sustainability Strategic Planning Template* with an American Indian/Alaska Native System of Care community

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

This template has been developed as a companion to the ***American Indian / Alaska Native Sustainability Self-Assessment Tool***. After you have completed the self-assessment, the results will provide your community with valuable information that can be used to complete a sustainability strategic plan. Each of the *sustainability objectives* and *key indicators* will become part of this plan, with the *progress rating* and *barriers* serving as important information to help you think about the strategies or action steps that your community will undertake to achieve a fully-sustained system of care after the six-year Federal funding ends. This planning template should be considered a working document – to be updated as needed.

The ***American Indian / Alaska Native Sustainability Strategic Planning Template*** begins with the development of a Sustained System of Care Vision. (*For suggestions on how to develop a vision statement, see the more detailed Instructions.)* The remainder of the template is divided into five sections, with question prompts for each. The template concludes with a roster for signatures of planning participants. The planning development sections are:

- System of Care Elements and Sustainability Objectives
- Key Indicators of Success
- Strategies or Action Steps
- Responsibility
- Timeframe

For each section of the planning template, 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 Competence
- Political & Economic Support
- Strategic Financing Strategies

Beginning with the first area of system of care development listed in the Planning Template (Vision and Philosophy), the facilitator should lead a discussion of each key indicator across the five sections of the protocol. Use the completed Self-Assessment Tool as a guide for identifying key indicators, action steps, key responsibilities and time frames for completion.

System of Care Elements & Sustainability Objectives	Key Indicators of Success	Strategies or Action Steps	Responsibility	Timeframe
Vision & Philosophy				
Service Array				
Management & Coordination				
Interagency Planning & Coordination				
Family & Youth involvement				
Cultural Competence				
Political & Economic Support				
Strategic Financing Strategies				

AMERICAN INDIAN / ALASKA NATIVE SUSTAINABILITY STRATEGIC PLANNING TEMPLATE (Updated 12/23/03)

Plan Date: _____

System of Care Community:

(What is the descriptive name of our system of care community?)

Sustained System of Care Vision:

(What will our system of car look like when it is fully sustained beyond Federal grant funding? Write in future tense.)

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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?)	Strategies or Action Steps (How will we get to where we want to be?)	Responsibility (Who will make it happen?	Timeframe (When will we get there?)
Vision and Philosophy				
❑ A clear vision for sustaining the system of care framework has been defined and disseminated.				
❑ Vision links with and supports local tribal culture.				

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❑ Through social marketing practices, the needs of tribal 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 tribal diversity of the community served, have been involved in defining and disseminating the vision.				
❑ Clear-cut objectives for the cooperative agreement/grant have been identified through a planning process, and are developed and disseminated to tribal leadership and the tribal community.				

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❑ SOC values and principles are used as the larger community based service delivery system is redesigned.				
❑ A definition for sustainability of the system of care framework to implement change at the policy, system and practice level has been written in language that supports cultural values and is easily understood by the tribal community and disseminated.				
❑ Ongoing education and training on system of care vision, philosophy, goals, and operation is being provided to tribal leadership, the tribal community and key stakeholders.				

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Service Array				
❑ Services that families and youth (inclusive of the full diversity of the community) prefer and find useful, including integration of traditional practices, are continuously being created as needs change.				
❑ Partner agencies, state, federal, tribal or private resources support and/or fund the full array of services (including traditional practices).				

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❑ Access to appropriate and effective services and supports, including traditional practices, 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 include a) appropriately trained and/or credentialed paraprofessional or professional staff; b) supervision and professional development plans for staff; c) appropriate level of community and cultural knowledge by staff; and, d) incentive and rewards in place for staff consistency in promotion of system of care principles in family services.				

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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?)	Strategies or Action Steps (How will we get to where we want to be?)	Responsibility (Who will make it happen?	Timeframe (When will we get there?)
❑ 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.				
❑ Ongoing mechanisms have been developed to decrease reliance on out-of-community and out-of-state placements and are being implemented. Includes a strong link with tribal courts, tribal child welfare, juvenile and other jurisdictional decision makers; tracking decreases in the number of out-of-community placements; tracking increases in the number of in-community placement resources; and ensuring that in-community placement resources have adequate resources and a high level of family involvement.				

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❑ 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 within the context of a well-thought out, long term training plan.				
Management and Coordination				
❑ Centralized location for management of system of care implementation has been identified and is fully operational.				

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❑ 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.				
❑ Ongoing mechanisms for using data and evaluation to support planning, development and maintenance of implementation efforts have been created, with particular emphasis on partnership with the tribal community and ongoing community feedback loops.				
❑ The leadership framework, administrative and service policies, and organizational structures reflect the flexibility and innovation required of an effective system of care.				

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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, faith-based, cultural and ethnic specific organizations) at the service delivery level are in place.				

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❑ Ongoing, shared administrative processes (for example, memoranda of agreement) 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 Census demography and diversity of the community) are actively involved in policy making, system reform and fill administrative and/or consultative roles at the system level.				

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❑ Families and youth (reflective of the full Census demography and diversity of the community) are active participants in evaluation efforts, with good understanding of how the evaluation effort protects confidentiality and can serve to improve community services.				
❑ Families and youth (reflective of the full Census demography and diversity of the community) are involved in the service planning and delivery process, through serving on planning teams or other ways of providing their perspective.				
❑ Families and youth (reflective of the full Census demography and diversity of the community) participate in training both as trainers and as participants in training activities.				

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❑ Peer-to-Peer support is in place within the local provider network and among the other tribal system of care communities across the country.				
Cultural & Linguistic Competence				
❑ Cultural and linguistic competence is evident at the system, policy and practice levels and demonstrated by system administrators who value the cultural strengths and cultural resources of the community, service policies that clearly state that the system values and seeks ways to increase partnership with cultural resources, and practices that routinely include the use of cultural resources as part of the treatment/care plan, as appropriate to the family.				

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❑ Social marketing practices ensure that messages, images and outreach strategies are culturally and linguistically appropriate.				
❑ System wide leadership, including tribal officials, is committed to continuing to lead the change process that results in culturally competent services that families respond to positively.				
❑ Cultural and linguistic competence is adopted as a personal mission for each individual staff person and volunteer involved in the system of care network.				

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❑ Policies are established that assure cultural and linguistic competence is the required standard of service.				
❑ Structures are established to assure the planning and implementation of culturally and linguistically competent services.				
❑ Adequate resources – spiritual, cultural, 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, and responsive to, the unique range of families served by the system of care.				
❑ MIS systems are designed to track services (with consideration of the cultural appropriateness and usefulness of counting traditional practices), 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.				

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AMERICAN INDIAN / ALASKA NATIVE SUSTAINABILITY STRATEGIC PLANNING TEMPLATE (Updated 12/23/03)

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?)	Strategies or Action Steps (How will we get to where we want to be?)	Responsibility (Who will make it happen?	Timeframe (When will we get there?)
❑ 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.				
❑ Cultural competence is a focus of system wide collaboration.				

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❑ Mechanisms are in place to support attitudinal change of all members of the system (tribal governance, executive, tribal and non-tribal 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, supervisory, 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				
❑ An analysis has been conducted to determine the full range of financial and other available resources that have been, or could be, available to sustain system of care.				
❑ Partnerships at federal, state, tribal and other local levels are developed and maintained to effect mutually beneficial outcomes.				

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❑ Tribal community members have been involved in the interpretation of the findings of their community's evaluation effort and the findings are integrated in the design and implementation of the system of care framework.				
❑ Key stakeholders representing the diversity of the community (including federal, state, tribal and local public officials) are involved in the initiative and are committed to sustaining and expanding the system of care.				
❑ Political and policy-level support for the system of care approach has been generated at the federal, state, tribal and local level.				

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❑ Policies have been reformed or developed to support system change at the federal, state, tribal 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, both within and outside of the tribal community, are being cultivated or are in place.				

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❑ 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.				
❑ The system of care framework and its values and principles are infused within the broad tribal service delivery system.				

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Strategic Financing Strategies				
❑ Determination of available financial resources (known and untapped), including match resources, is conducted.				
❑ A plan for maximization of federal, state, tribal and other local revenue is being implemented and is operational.				

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❑ Strategies for creating more flexibility in existing funding streams have been developed and implemented.				
❑ Partnerships between the tribal-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 Strategic Plan*.

Name	Agency Affiliation or Family/Youth member	Date
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