



SUSTAINABILITY STUDY REPORT



Texas (Harris County)
ASSESSMENT 2 (2010-2011 ADMINISTRATION)



Dear Colleagues:

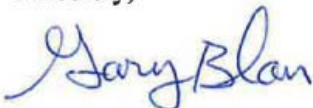
On behalf of the Child, Adolescent and Family Branch we are pleased to provide this individualized Sustainability Survey Report. This report was prepared as part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (also referred to as the Children's Mental Health Initiative or CMHI), funded by the Substance Abuse and Mental Health Services Administration.

A key issue for CMHI Grantees is the ability to sustain system of care infrastructure, services and supports after the Federal funding cycle is completed. To assist you in doing this, the enclosed Sustainability Survey Report is designed to:

- identify and assess the effectiveness of specific strategies used by your community to maintain your system of care beyond the Federal grant period;
- provide information and guidance to your system of care community to enhance your ability to sustain systems of care over time; and
- provide information that will assist all stakeholders -- Federal, State, and local policy-makers; technical assistance providers; family members; advocates; and other key constituents -- to more effectively support your system of care.

We hope that the information contained in this report will help support the progress you have made as you continue to improve the lives of the children, youth, and families in your community.

Sincerely,



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Chief
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The Sustainability Study

Since a key issue for systems of care is the ability to sustain the infrastructure and services over time and to continue to develop and evolve after the Federal funding cycle is completed, as part of the national evaluation, a study on sustainability is conducted. The Sustainability Study 1) explores the extent to which systems of care are maintained after funding from the CMHS grant program has ended, 2) identifies features of systems of care that are more likely to be sustained, and 3) identifies factors that contribute to or impede the ability to sustain systems of care developed with grant support.

The Sustainability Survey

A Web-based survey is administered to grant communities in their fourth and sixth years of federal funding. The survey explores aspects of systems of care that are likely to be sustained and aspects that are less likely to be sustained, factors affecting sustainability, and what effects these factors have had in each grant community. The survey covers the following topic areas: 1) availability of specific services in your system of care, 2) mechanisms used to implement system of care principles, 3) success in achieving system of care goals, 4) factors affecting sustainability (whether each factor has played a role in the development or maintenance of your system of care and, if so, the extent to which each has impacted your system of care), and 5) strategies for sustaining systems of care.

Four key constituents in each grant community are asked to complete the Web-based survey: the current or former project director, a key person responsible for children’s mental health in the community, a family representative, and a representative from another child-serving agency.

The Sustainability Survey Report

The purpose of this report is to provide your community with community-specific information to help guide technical assistance around the topic of sustainability. For this reporting period, 24 communities participated in the Sustainability Study. Each participating grant community receives a report of site-specific results based upon information stemming from responses to the Web-based survey. Reports have been designed to reflect the survey components and provide system of care communities with valuable information to improve efforts to sustain their systems of care.



How Your Community Can Use this Report to Enhance Sustainability Efforts

Your community's national evaluation sustainability report can help to:

- identify and assess the effectiveness of specific strategies used by your community to maintain your system of care beyond the federal grant period,
- provide information and guidance to your system of care community to enhance your ability to sustain systems of care over time,
- provide information that will assist Federal, State, and local policy-makers; technical assistance providers; family members; advocates; and other key constituents to more effectively support the development of a viable, sustainable system of care.

Please review the results in the following tables, to consider where your community can direct increased efforts to enhance sustainability efforts in the future.



I. SYSTEM OF CARE SERVICES

This section describes the availability of services, both required system of care services and additional services, in your system of care. Availability of services is rated on a scale ranging from **1 = “not available at all”** to **5 = “extensively available.”** The following table includes:

- the average score measuring the availability of services during the past 12 months; the number of respondents in parenthesis (e.g., n=4);
- the average score measuring the availability of services during the funding period prior to the past 12 months; the number of respondents in parenthesis (e.g., n=4); and
- the difference between the two averages.

A positive difference in scores indicates services were more available in the past 12 months than in the funding period prior to the past 12 months. A negative difference in scores indicates services were less available. Zero indicates no change in service availability.

| Services | | Availability | | |
|----------|---|---------------------|---|--------------|
| | | Mean Response* | | |
| | | Past 12 Months | Entire Funding Period Prior to Past 12 Months | Difference |
| | Services Rating | 2.32 (n = 3) | 2.42 (n = 3) | -0.10 |
| 1 | Diagnostic and evaluation services | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 2 | Neurological and/or neuropsychological assessment | 2.00 (n = 3) | 2.33 (n = 3) | -0.33 |
| 3 | Outpatient individual counseling | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 4 | Outpatient group counseling | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 5 | Outpatient family counseling | 2.67 (n = 3) | 3.00 (n = 3) | -0.33 |
| 6 | Medication treatment/monitoring | 3.00 (n = 3) | 3.33 (n = 3) | -0.33 |
| 7 | Case management/service coordination services | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 8 | Respite care | 1.67 (n = 3) | 1.67 (n = 3) | 0.00 |
| 9 | Professional consultation | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 10 | 24-hour, 7-day-a-week emergency services, including crisis outreach | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 11 | Intensive day treatment services | 2.00 (n = 3) | 1.67 (n = 3) | 0.33 |
| 12 | Therapeutic foster care | 3.00 (n = 2) | 2.50 (n = 2) | 0.50 |
| 13 | Therapeutic group home services | 2.67 (n = 3) | 2.33 (n = 3) | 0.34 |
| 14 | Family preservation services | 2.67 (n = 3) | 2.67 (n = 3) | 0.00 |
| 15 | Transition-to-adult services | 1.67 (n = 3) | 1.67 (n = 3) | 0.00 |

*Score Legend: 1 = Not at all available, 2 = Somewhat available, 3 = Moderately available, 4 = Very available, 5 = Extensively available



| Services | | Availability | | |
|----------|--|----------------|---|------------|
| | | Mean Response* | | |
| | | Past 12 Months | Entire Funding Period Prior to Past 12 Months | Difference |
| 16 | Residential treatment | 2.67 (n = 3) | 2.67 (n = 3) | 0.00 |
| 17 | Inpatient hospitalization | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 18 | Substance abuse treatment | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 19 | Behavioral/therapeutic aide services | 1.67 (n = 3) | 1.67 (n = 3) | 0.00 |
| 20 | Independent living services | 1.50 (n = 2) | 1.50 (n = 2) | 0.00 |
| 21 | Caregiver or family support services | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 22 | Recreational activities | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 23 | After-school programs and/or summer programs | 2.33 (n = 3) | 2.33 (n = 3) | 0.00 |
| 24 | Flexible funds | 2.67 (n = 3) | 2.67 (n = 3) | 0.00 |
| 25 | Transportation services | 2.33 (n = 3) | 2.33 (n = 3) | 0.00 |
| 26 | Tutoring | 2.67 (n = 3) | 2.67 (n = 3) | 0.00 |
| 27 | Vocational services | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 28 | Transition from residential treatment to community | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 29 | Mentoring services | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 30 | Other (please specify): | 1.00 (n = 1) | 1.00 (n = 1) | 0.00 |

*Score Legend: 1 = Not at all available, 2 = Somewhat available, 3 = Moderately available, 4 = Very available, 5 = Extensively available



II. SYSTEM OF CARE PRINCIPLES

This section describes features of systems of care (e.g., individualized, family involvement, cultural competence, interagency collaboration) and the extent to which certain mechanisms are used to implement these features based upon a rating scale ranging from 1 = “not at all used” to 5 = “extensively used”. This section reports:

- the average score measuring the extent of mechanism use during the past 12 months; the number of respondents in parenthesis (e.g., n=4);
- the average score measuring the extent of mechanism use during the funding period prior to the past 12 months; the number of respondents in parenthesis (e.g., n=4); and
- the difference between the two.

A positive difference in scores indicates mechanisms were used more in the past 12 months than in the funding period prior to the past 12 months. A negative difference in scores indicates mechanisms were used less. Zero indicates no change in mechanism use.

| Features and Mechanisms | | Extent of Use | | |
|---|--|---------------------|---|--------------|
| | | Mean Response* | | |
| | | Past 12 Months | Entire Funding Period Prior to Past 12 Months | Difference |
| Feature: Individualized Care | | 3.29 (n = 3) | 3.51 (n = 3) | -0.22 |
| 31 | Flexible funds to meet unique needs | 3.00 (n = 3) | 3.33 (n = 3) | -0.33 |
| 32 | Individual child and family service plans (specific to each child and family) | 3.00 (n = 2) | 3.67 (n = 3) | -0.67 |
| 33 | Staff training on the provision of individualized care or wraparound | 3.67 (n = 3) | 4.00 (n = 3) | -0.33 |
| 34 | Assessment of child strengths and identified strengths used in developing service plan | 3.00 (n = 3) | 3.00 (n = 3) | 0.00 |
| 35 | Assessment of family strengths and identified strengths used in developing service plan | 3.67 (n = 3) | 3.67 (n = 3) | 0.00 |
| 36 | Other mechanism used to individualize care | 2.00 (n = 1) | 2.00 (n = 1) | 0.00 |
| Feature: Interagency Planning and Coordination at the Service Delivery Level | | 2.33 (n = 3) | 2.33 (n = 3) | 0.00 |
| 37 | Interagency service and treatment planning meetings | 2.33 (n = 3) | 2.33 (n = 3) | 0.00 |
| 38a | Interagency case management/case review meetings | 2.33 (n = 3) | 2.33 (n = 3) | 0.00 |
| 38b | Case managers with responsibility for coordinating services across agencies | 3.00 (n = 1) | 3.00 (n = 1) | 0.00 |
| 38c | Other mechanism used to accomplish interagency planning and coordination at the service delivery level | N/A (n = 0) | N/A (n = 0) | N/A |
| Feature: Interagency Planning and Coordination at the System Level | | 2.12 (n = 3) | 2.59 (n = 3) | -0.47 |
| 39 | Interagency team meetings (for system-level policy, planning, and coordination purposes) | 2.33 (n = 3) | 3.33 (n = 1) | -1.00 |
| 40 | Joint training (i.e., staff from multiple agencies are trained together) | 2.00 (n = 3) | 2.33 (n = 3) | -0.33 |
| 41 | Shared staff (i.e., more than one agency funds one staff position) | 2.00 (n = 3) | 2.33 (n = 3) | -0.33 |

*Score Legend: 1 = Not at all used, 2 = Somewhat used, 3 = Moderately used, 4 = Very much used, 5 = Extensively used



| Features and Mechanisms | | Extent of Use | | |
|---|--|---------------------|---|--------------|
| | | Mean Response* | | |
| | | Past 12 Months | Entire Funding Period Prior to Past 12 Months | Difference |
| 42 | Outstationing or co-locating staff (i.e., staff from one agency are housed in another agency's office or service locations) | 2.67 (n = 3) | 3.00 (n = 3) | -0.33 |
| 43 | Decategorized funds that are pooled or blended across agencies (other than for shared staff positions) | 1.67 (n = 3) | 2.00 (n = 3) | -0.33 |
| 44 | Other mechanism used to accomplish interagency planning and coordination at the system level (please specify only one other feature or mechanism): | 1.00 (n = 1) | 1.00 (n = 1) | 0.00 |
| Feature: Shared Administrative Processes Among Two or More of the Child Serving Agencies | | 1.64 (n = 3) | 1.64 (n = 3) | 0.00 |
| 45 | Joint development of staff training curricula and materials | 2.50 (n = 2) | 2.50 (n = 2) | 0.00 |
| 46 | Joint staff meetings | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 47 | Joint hiring/recruiting staff | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 48 | Shared administrative forms | 1.00 (n = 3) | 1.00 (n = 3) | 0.00 |
| 49 | Unified case records | 1.00 (n = 3) | 1.00 (n = 3) | 0.00 |
| 50 | Integrated management information systems (MIS) | 1.33 (n = 3) | 1.33 (n = 3) | 0.00 |
| 51 | Joint administrative/system implementation meetings | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 52 | Other shared administrative | 1.00 (n = 1) | 1.00 (n = 1) | 0.00 |
| Feature: Service Accessibility | | 2.90 (n = 3) | 3.02 (n = 3) | -0.12 |
| 53 | Service staff are available during evening and weekend hours | 3.00 (n = 3) | 3.00 (n = 3) | 0.00 |
| 54 | Services are provided in family homes or other locations families chose | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 55 | Services are provided in schools | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 56 | Services are provided in other community-based (non-mental health agency) settings | 2.33 (n = 3) | 2.33 (n = 3) | 0.00 |
| 57 | Transportation assistance is provided to children and family members | 3.00 (n = 3) | 3.33 (n = 3) | -0.33 |
| 58 | Child care is provided if needed | 2.67 (n = 3) | 3.00 (n = 3) | -0.33 |
| 59 | Other mechanism used to make services more accessible (please specify only one other feature or mechanism): | 1.00 (n = 1) | 1.00 (n = 1) | 0.00 |
| Feature: Family Involvement in Policy-Making and Administrative Roles | | 2.60 (n = 3) | 3.07 (n = 3) | -0.47 |
| 60 | Family representatives are included on governing and policy bodies (e.g., oversight/steering committees, governing boards) | 3.33 (n = 3) | 4.00 (n = 3) | -0.67 |
| 61 | Family members receive support (e.g., transportation assistance, child care) while attending governing body meetings | 3.33 (n = 3) | 4.00 (n = 3) | -0.67 |
| 62 | Family members are involved in developing and providing training to service providers | 2.33 (n = 3) | 2.67 (n = 3) | -0.34 |
| 63 | Family members are involved in recruiting and hiring staff | 2.00 (n = 3) | 2.33 (n = 3) | -0.33 |
| 64 | Family members serve as staff (e.g., advocates, service providers, case managers, etc.) | 2.00 (n = 3) | 2.33 (n = 3) | -0.33 |
| 65 | Other mechanisms to involve family members in policy-making and program operations (please specify only one other feature or mechanism): | 1.00 (n = 1) | 1.00 (n = 1) | 0.00 |

*Score Legend: 1 = Not at all used, 2 = Somewhat used, 3 = Moderately used, 4 = Very much used, 5 = Extensively used



| Features and Mechanisms | | Extent of Use | | |
|--|--|---------------------|---|--------------|
| | | Mean Response* | | |
| | | Past 12 Months | Entire Funding Period Prior to Past 12 Months | Difference |
| Feature: Family Involvement in the Service Planning Process | | 3.25 (n = 3) | 3.25 (n = 3) | 0.00 |
| 66 | Family members are partners in the service planning meetings | 3.67 (n = 3) | 3.67 (n = 3) | 0.00 |
| 67 | Family members may include or exclude the participation of specific individuals in the service planning process (e.g., friends, other family members, clergy, etc.) | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 68 | Family members identify and prioritize problems, concerns, or challenges and develop goals | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 69 | Family members identify and choose service options and may reject service options | 3.00 (n = 3) | 3.00 (n = 3) | 0.00 |
| 70 | Other mechanisms to involve family members in the service planning process (please specify only one other feature or mechanism): | 2.00 (n = 1) | 2.00 (n = 1) | 0.00 |
| Feature: Cultural Competence of the Service System | | 3.34 (n = 3) | 3.43 (n = 3) | -0.09 |
| 71 | Outreach to specific cultural groups or populations to inform them about the availability of services | 3.00 (n = 3) | 3.00 (n = 3) | 0.00 |
| 72 | Consideration of the cultural background of the population of children/families served in developing the service array (i.e., services are added or modified to address cultural needs) | 3.67 (n = 3) | 3.67 (n = 3) | 0.00 |
| 73 | Involvement of cultural organizations and community groups in providing services, developing the service array, and advising providers | 3.67 (n = 3) | 3.67 (n = 3) | 0.00 |
| 74 | Recruitment and hiring of staff who reflect the cultural background (e.g., race, ethnicity, language, gender) of the children/families served | 3.33 (n = 3) | 3.67 (n = 3) | -0.34 |
| 75 | Staff training in cultural competency | 3.67 (n = 3) | 3.67 (n = 3) | 0.00 |
| 76 | If they choose, matching of children/families with providers based on race, language needs, gender, and/or clinical specialty | 3.00 (n = 3) | 3.00 (n = 3) | 0.00 |
| 77 | The language needs of the children/families served are addressed adequately (e.g., translation, interpretation) | 3.33 (n = 3) | 3.67 (n = 3) | -0.34 |
| 78 | Other mechanisms used to ensure cultural competency of the service system | 1.00 (n = 1) | 1.00 (n = 1) | 0.00 |
| Feature: Cultural Competence of Services | | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 79 | Child and family culture and background (e.g., things that are important to them such as religion, race/ethnicity, family traditions, beliefs about health and illness) are assessed and addressed in service planning | 3.67 (n = 3) | 3.67 (n = 3) | 0.00 |
| 80 | Incorporation of child/family culture into the provision of services (i.e., providers adapt their approaches to different cultures) as defined by the family | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 81 | Other elements of direct service planning and provision that address cultural competency (please specify only one other feature or mechanism): | 1.00 (n = 1) | 1.00 (n = 1) | 0.00 |

*Score Legend: 1 = Not at all used, 2 = Somewhat used, 3 = Moderately used, 4 = Very much used, 5 = Extensively used



III. SYSTEM OF CARE GOALS

This section describes success in achieving goals on a scale ranging from **1 = “no success”** to **5 = “complete success”**. This section reports:

- the average score measuring the extent to which your community was successful in achieving goals during the past 12 months; the number of respondents is in parenthesis (e.g., n=4);
- the average score measuring the extent to which your community was successful in achieving goals during the funding period prior to the past 12 months; the number of respondents is in parenthesis (e.g., n=4); and
- the difference between the two.

A positive difference in scores indicates more success in achieving goals in the past 12 months, than in the period prior to the past 12 months. A negative difference in scores indicates less success in achieving goals. Zero indicates no change in achieving goals.

| Goals | | Success | | |
|-------|--|---------------------|---|--------------|
| | | Mean Response* | | |
| | | Past 12 Months | Entire Funding Period Prior to Past 12 Months | Difference |
| | Rating of Goals | 2.94 (n = 3) | 3.04 (n = 3) | -0.10 |
| 82 | Minimizing the need for children/families to leave the community for services | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 83 | Reducing the number of children who are served in settings more restrictive than necessary | 3.00 (n = 3) | 3.00 (n = 3) | 0.00 |
| 84 | Ensuring that services in the service array have sufficient capacity | 2.00 (n = 3) | 2.00 (n = 3) | 0.00 |
| 85 | Using evaluation data to inform policy and program decisions | 3.33 (n = 3) | 3.33 (n = 3) | 0.00 |
| 86 | Maintaining a designated focal point (agency/office) for the management of the system of care | 3.00 (n = 3) | 3.33 (n = 3) | -0.33 |
| 87 | Supporting and maintaining an active family organization in the community | 3.00 (n = 2) | 3.33 (n = 3) | -0.33 |
| 88 | Achieving general acceptance of the system of care philosophy among service providers (i.e., community-based, family focused, individualized, least restrictive, coordinated, culturally competent care) | 3.00 (n = 2) | 3.00 (n = 2) | 0.00 |
| 89 | Achieving general acceptance of the system of care philosophy among program and system managers and leaders | 2.50 (n = 2) | 2.50 (n = 2) | 0.00 |

*Score Legend: 1 = No success, 2 = Little success, 3 = Moderate success, 4 = Substantial success, 5 = Complete success



IV. FACTORS AFFECTING MAINTENANCE OF THE SYSTEM OF CARE

This section describes factors affecting sustainability more specifically, whether each factor has played a role in the development or maintenance of your system of care, and if so, the extent to which each has impacted your system of care. The degree to which each factor is present in your system of care is measured on a scale ranging from **1 = “not present”** to **5 = “very much present”**. The impact of each factor on the maintenance of your system of care is measured on a scale ranging from **1 = “very negative impact”** to **5 = “very positive impact”**. This section reports:

- the average score measuring the degree to which each factor is present in your system of care; the number of respondents in parenthesis (e.g., n=4); and
- the average score measuring the type of impact these factors have had on the maintenance of your system of care and services over time; the number of respondents in parenthesis (e.g., n=4).

| Factors | | Degree to Which Factor Was Present* | Impact of Factor on Maintenance of System of Care** |
|---------|---|-------------------------------------|---|
| | | Mean Response | Mean Response |
| 90 | State involvement in the system of care | 2.00 | 2.00 |
| 91 | State commitment to the system of care approach | 2.00 | 2.00 |
| 92 | State financial support for maintaining the system of care | 1.50 | 1.50 |
| 93 | Local commitment to the system of care approach | 3.33 | 3.33 |
| 94 | Local financial support for maintaining the system of care | 2.33 | 2.67 |
| 95 | Increased utilization/reliance on Medicaid to finance services | 2.00 | 2.00 |
| 96 | Implementation of managed care approaches | 2.50 | 2.50 |
| 97 | Existence of a constituency (e.g., family and other advocacy organizations) advocating for the system of care services and approach | 3.67 | 3.67 |
| 98 | Existence of ongoing administrative leadership for the system of care | 3.00 | 3.33 |
| 99 | Interagency relationships and partnerships | 2.67 | 3.00 |
| 100 | Inclusion of key stakeholders in the system of care at all levels (e.g., families, other agency reps, providers, etc.) | 3.00 | 3.33 |
| 101 | Existence of evaluation/accountability documentation on the effectiveness of your system of care | 3.33 | 3.67 |
| 102 | Provision of ongoing training | 3.00 | 3.33 |
| 103 | Engagement of political/policy leaders | 3.00 | 3.33 |

*Score Legend: 1 = Not present, 2 = Very little present, 3 = Somewhat present, 4 = Very much present

** Score Legend: 1 = Very negative impact, 2 = Somewhat negative impact, 3 = Neither positive nor negative impact, 4 = Somewhat positive impact, 5 = Very positive impact



| Factors | | Degree to Which Factor Was Present* | Impact of Factor on Maintenance of System of Care** |
|---------|--|-------------------------------------|---|
| | | Mean Response | Mean Response |
| 104 | Existence of formal policies/regulations supportive of systems of care | 2.00 | 2.67 |
| 105 | Infusion of the services/system of care into the larger system (vs. maintaining separate “project or program”) | 2.33 | 3.00 |
| 106 | The presence of a “champion” committed to the system of care approach, who has used his/her power/influence to focus community resources and energy | 3.00 | 3.67 |
| 107 | Change in the larger economic climate (e.g., changes in available resources due to budgetary reallocation and how this has impacted program support) | 2.67 | 2.33 |
| 108 | Change in elected or appointed officials | 2.67 | 2.33 |

*Score Legend: 1 = Not present, 2 = Very little present, 3 = Somewhat present, 4 = Very much present

** Score Legend: 1 = Very negative impact, 2 = Somewhat negative impact, 3 = Neither positive nor negative impact, 4 = Somewhat positive impact, 5 = Very positive impact



V. EFFECTIVENESS OF STRATEGIES FOR MAINTAINING THE SYSTEM OF CARE – GENERAL STRATEGIES

This section describes general strategies for sustaining systems of care, more specifically, whether your system of care used the strategy and, if so, the effectiveness of the strategy in maintaining your system of care and services. The effectiveness of each strategy used on the maintenance of your system of care is measured on a scale ranging from 1 = “not effective” to 5 = “completely effective”. This section reports on:

- the percent of respondents who reported that the strategy was used; and
- the average score measuring the extent to which each strategy has been effective in maintaining your system of care and services over time; the number of respondents is available in parenthesis (e.g., n=4).

| General Strategies | | Used Strategy | Effectiveness of Strategy for Maintaining System of Care and Services (if used) |
|--------------------|---|---------------|---|
| | | Percent (%)** | Mean Response* |
| 109 | Mobilizing resources | 100.00 | 2.50 (n = 2) |
| 110 | Using evaluation/accountability results | 100.00 | 2.33 (n = 3) |
| 111 | Providing training on the system of care approach | 67.00 | 2.50 (n = 2) |
| 112 | Involving stakeholders | 67.00 | 3.00 (n = 2) |
| 113 | Generating political and policy-level support for the system of care approach | 67.00 | 2.50 (n = 2) |
| 114 | Creating an advocacy base for the system of care approach | 50.00 | 4.00 (n = 1) |
| 115 | Creating a viable, ongoing focal point for system management | 50.00 | 4.00 (n = 1) |
| 116 | Cultivating strong interagency relationships | 67.00 | 3.00 (n = 2) |
| 117 | Establishing a strong family organization | 67.00 | 3.00 (n = 2) |
| 118 | Making policy/regulatory changes that support the system of care approach | 0.00 | N/A (n = 0) |
| 119 | Infusing the system of care approach in the broader system | 67.00 | 2.50 (n = 2) |
| 120 | Other (please specify only one other general strategy): | 0.00 | N/A (n = 0) |

*Score Legend: 1 = Not effective, 2 = Somewhat effective, 3 = Moderately effective, 4 = Very effective, 5 = Completely effective

**Percent based on n = 4.



V. EFFECTIVENESS OF STRATEGIES FOR MAINTAINING THE SYSTEM OF CARE – FINANCING STRATEGIES

This section describes financing strategies for sustaining systems of care, more specifically whether your system of care used the strategy and, if so, the effectiveness of the strategy in maintaining your system of care and services. The effectiveness of each strategy used on the maintenance of your system of care is measured on a scale ranging from **1 = “not effective”** to **5 = “completely effective”**. This section reports on:

- the percent of respondents who reported that the strategy was used; and
- the average score measuring the extent to which each strategy has been effective in maintaining your system of care and services over time; the number of respondents is available in parenthesis (e.g., n=4).

| Financing Strategies | | Used Strategy | Effectiveness of Strategy for Maintaining System of Care and Services (if used) |
|----------------------|--|---------------|---|
| | | Percent (%)** | Mean Response* |
| 121 | Redeploying/shifting funds from higher cost to lower cost services | 100.00 | 3.00 (n = 1) |
| 122 | Operating more efficiently (i.e., cutting costs) | 100.00 | 3.00 (n = 1) |
| 123 | Reinvestment of money saved through redeploying funds or reductions in spending | 100.00 | 2.00 (n = 1) |
| 124 | Obtaining grants | 100.00 | 3.00 (n = 1) |
| 125 | Obtaining new/increased Federal funds | 0.00 | N/A (n = 0) |
| 126 | Obtaining new/increased State funds | 100.00 | 3.00 (n = 1) |
| 127 | Obtaining new/increased local funds | 100.00 | 3.00 (n = 1) |
| 128 | Obtaining new/increased private or corporate funds | 0.00 | N/A (n = 0) |
| 129 | Obtaining new/increased foundation funds | 100.00 | 3.00 (n = 1) |
| 130 | Increasing ability to obtain Medicaid reimbursement for services | 100.00 | 1.00 (n = 1) |
| 131 | Creating partnerships with other (non-mental health) systems to obtain new/increased funding | 100.00 | 3.00 (n = 1) |
| 132 | Leveraging funding sources (i.e., using new funding to draw down additional Federal, State, or local funds in the form of a “match”) | 0.00 | N/A (n = 0) |
| 133 | Refinancing (i.e., using other sources of money to pay for existing services in order to free up money for other uses) | 100.00 | 2.00 (n = 1) |
| 134 | Administrative claiming (i.e., using available child welfare and Medicaid funds to cover administrative costs) | 100.00 | 1.00 (n = 1) |

*Score Legend: 1 = Not effective, 2 = Somewhat effective, 3 = Moderately effective, 4 = Very effective, 5 = Completely effective

**Percent based on n = 2.



| Financing Strategies | | Used Strategy | Effectiveness of Strategy for Maintaining System of Care and Services (if used) |
|----------------------|--|---------------|---|
| | | Percent (%)** | Mean Response* |
| 135 | Pooling or blending funds from several agencies | 100.00 | 3.00 (n = 1) |
| 136 | Decategorizing funding streams | 100.00 | 2.00 (n = 1) |
| 137 | Coordinating categorical funds (i.e., using funds from a variety of agencies and funding streams to support specific programs/services) | 100.00 | 3.00 (n = 1) |
| 138 | Charging fees for services | 0.00 | N/A (n = 0) |
| 139 | Fundraising | 0.00 | N/A (n = 0) |
| 140 | Using in-kind space donation | 100.00 | 4.00 (n = 1) |
| 141 | Creating new revenue by pursuing an activity unrelated to the system of care mission (e.g., rental income, charging parking fees, enterprises) | 100.00 | 3.00 (n = 1) |
| 142 | Other | N/A | N/A (n = 0) |

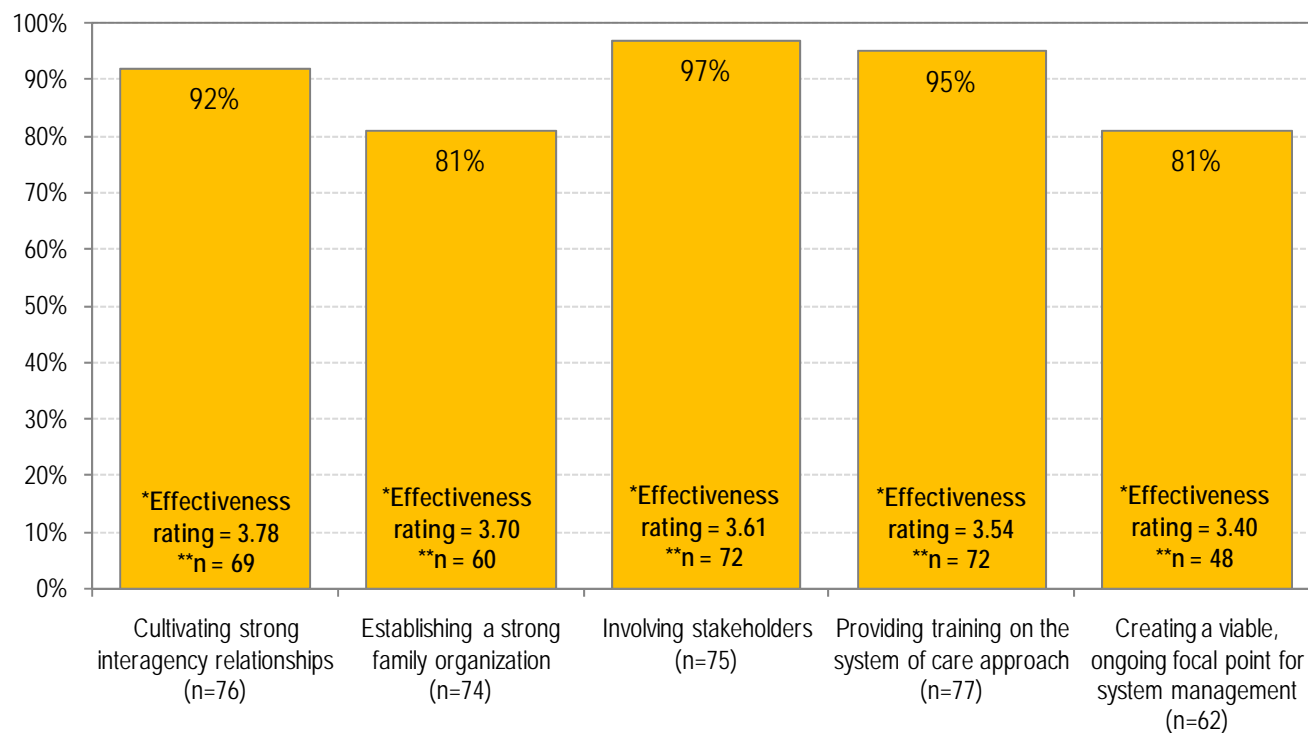
*Score Legend: 1 = Not effective, 2 = Somewhat effective, 3 = Moderately effective, 4 = Very effective, 5 = Completely effective

**Percent based on n = 2.



Effective General Strategies for Sustainability Used by Grant Communities Funded in 2005

The graph below displays the a) top five **most** effective general strategies for sustainability as rated by the grant communities who participated in the 2010-2011 administration of the Sustainability Survey; and b) percentage of respondents who reported that their community used the strategy.



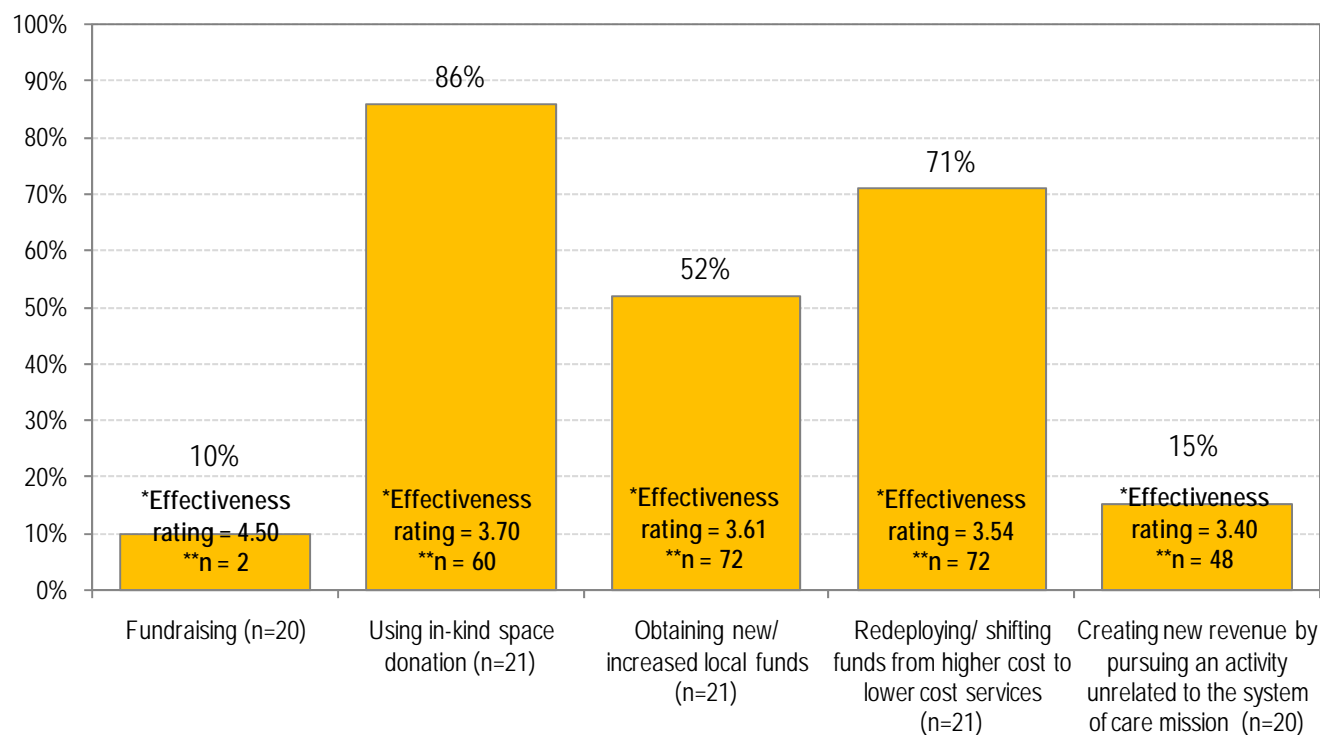
* Score Legend: 1 = Not effective, 2 = Somewhat effective, 3 = Moderately effective, 4 = Very effective, 5 = Completely effective

** Effectiveness ratings are based on responses from respondents who indicated the use of the identified strategy in their community



Effective Financing Strategies for Sustainability Used by Grant Communities Funded in 2005

The graph below displays the a) top five **most** effective financing strategies for sustainability as rated by the grant communities who participated in the 2010-2011 administration of the Sustainability Survey; and b) percentage of respondents who reported that their community used the strategy.



* Score Legend: 1 = Not effective, 2 = Somewhat effective, 3 = Moderately effective, 4 = Very effective, 5 = Completely effective

** Effectiveness ratings are based on responses from respondents who indicated the use of the identified strategy in their community



Conclusion

The ability to sustain your system of care infrastructure and services over time and to continue to develop and evolve is a key issue for systems of care. The purpose of this report is to provide your community with community-specific information to help guide technical assistance around the topic of sustainability. This Sustainability Survey Report provides valuable information to system of care communities, leaders of local systems of care and Federal and State policymakers to:

- identify and assess the effectiveness of specific strategies used to maintain systems of care;
- enable them to consider sustainability issues at the earliest phases of system development; and
- enhance efforts to build enduring systems of care.

For more information and resources on sustaining your system of care, please contact the Technical Assistance Partnership <http://www.tapartnership.org/> or visit the CMHI digital library <http://www.cmhi-library.org/>.