



National Center on
Substance Abuse
and Child Welfare

SUSTAINABILITY TOOLKIT

FIVE STEPS TO BUILD A SUSTAINABILITY PLAN FOR SYSTEMS CHANGE

SUSTAINABILITY TOOLKIT

Sustainability refers to receiving ongoing resource support, moving toward scale, or institutionalizing practices and policies proven to improve outcomes. A sustainability plan is a roadmap for moving beyond an isolated pilot project into long-term continuation, expansion, or institutionalization. In the context of programs for families affected by substance use disorders (SUDs) in the child welfare and court systems, collaborative teams approach sustainability planning with the ultimate goal of systems change—turning the innovation into a permanent shift in doing business to achieve better results for all children, parents, and families. Too often innovative programs and practices do not move beyond time-limited projects and short-term funding due to the lack of a well-developed sustainability plan.

The National Center on Substance Abuse and Child Welfare (NCSACW) prepared this **Sustainability Toolkit** to provide collaboratives, organizations, and programs with the tools needed for planning and implementing a sustainability approach for innovative projects. This resource draws on over 25 years of experience working with communities, counties, states, and Tribes from across the country as well as other relevant literature in the field. The toolkit describes the key elements needed for sustaining systems change; outlines a series of steps for building a sustainability plan; and highlights selected resources and examples. For more information about this resource or assistance with accessing or implementing any of the tools, contact the NCSACW training and technical assistance (TTA) team at ncsacw@cffutures.org.

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WHAT IS SUSTAINABILITY?

Sustaining improved practices over time does not mean only having a steady funding stream. Sustainability refers to an innovation that is refunded, replicated, expanded, or institutionalized in the larger system(s). Evidence of the innovation's success can lead to opportunities for formal replication or expansion. Alerting potential funders of the innovation's effectiveness through concrete results drives more resources to sustain what works and leads to increased capacity to serve more children, parents, family members, and families. Moreover, sustainability is about institutionalizing new ways of doing business, which entails embedding the innovation into existing systems to achieve better outcomes for all families.

SUSTAINABILITY PLANNING FOR SYSTEMS CHANGE

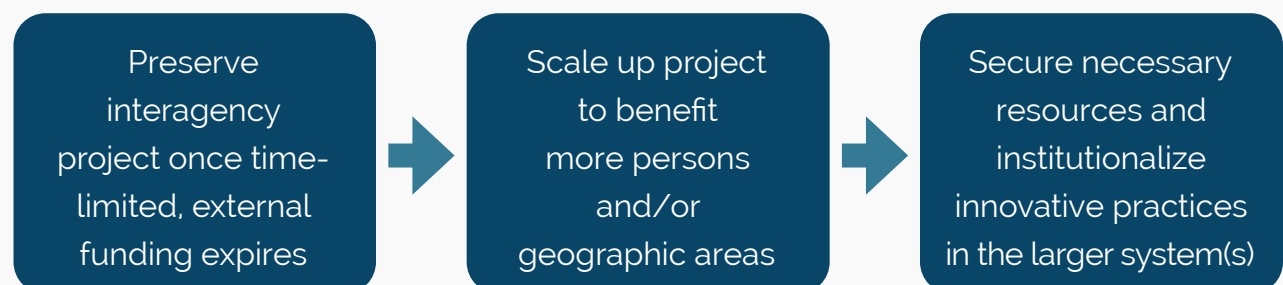
Goals for sustainability planning vary depending on the local context and goals of the collaborative team, ranging from preserving the innovation in its current state to scaling up the innovation to serve more families to institutionalizing the innovation as a permanent feature in the larger system. These goals may develop over time with the team's increased capacity for growth or expansion.

This toolkit focuses on the most effective way to ensure longevity of any program or practice which is to achieve sustainable systems change—when an agency (or group of linked agencies) transforms their ways of operating, or basic processes and rules, to sustain the innovation. This change may

take the form of new practices adopted across the sponsoring agencies, new collaborative partnerships that improve a system of care, or new policies governing their cooperative efforts to achieve results for which they share accountability.

Systems change is a permanent shift in doing business that relies on **relationships** across systems—and within the community—to secure needed **resources** to achieve better **results** for all children, parents, family members, and the family as a whole.

GOALS OF SUSTAINABILITY PLANNING



KEY ELEMENTS FOR SYSTEMS CHANGE

There are three key elements required for systems change that apply to any plans for sustainability:

- **Relationships:** strong and effective collaboration among child welfare, SUD treatment, courts, and other systems
- **Resources:** community, human, and financial
- **Results:** successful outcomes for children, parents, and family members

For more information on the three key elements, see the Regional Partnership Grant Technical Assistance Briefs – *Practice-Level Strategies to Create Systems-Level Change*: [Relationships](#), [Resources](#), and [Results](#). The interplay among relationships, resources, and results determines how sustainability can work in a collaborative setting, which is more complex than sustaining a practice within a single agency or service system. At its simplest, sustainability of a collaborative effort hinges on an innovative project with relationships built among projects' partners. This ideally leads to shared results that justify additional or redirected resources to ensure integration of the innovation into the larger system(s). The emphasis on results and resources beyond the level of the initial project require measures to track the scale and effectiveness of the innovation as it moves toward systems change. Cross-systems partners are better positioned for systems change when sustainability planning happens early in the project.

What Does a Collaborative Need to Do Before Jumping In?

Sustainability planning begins with a new idea, proposal, or collaborative. While sustainability might seem like a mid- or late-stage activity for project planning, waiting can be a mistake. Including sustainability considerations in initial planning efforts ensures sufficient time to focus on elements necessary for sustainability including data collection, outcome assessment, relationship building, and resource identification. Efforts to plan and build relationships, while implementing and monitoring results, remain the essential foundation of sustainability planning for a collaborative. It is not a linear process.

It is useful to assess how agencies work together before implementing a sustainability plan. One tool available to sites, the [Collaborative Capacity Instrument \(CCI\)](#), is a self-assessment of 10 specified areas of potential collaboration. The CCI can identify areas where a collaboration is (or is not) effective. Programs can also combine the CCI with a detailed tracking of how clients move through the current systems—observing how innovative practices may change those client pathways to produce better results. The [Systems Walkthrough](#) tool follows a typical client's experience to understand how policies, practices, and innovations affect the value of services. With these tools, partners can better understand the barriers to achieving shared outcomes; uncover assumptions and limitations of systems; evaluate differences and if outcomes vary based on certain group characteristics and assess the collaborative's capacity to address those challenges. Contact the [NCSACW TTA](#) team to access the tools or for assistance with implementation.

Proving an innovative project has achieved intended outcomes (e.g., preventing child placement or a reduction in out-of-home care) requires a capacity for collecting, sharing, and analyzing data. Collaborative teams with strong data capacity are better positioned to use results to sustain innovations. It is essential for collaboratives to work on having the following factors in place: strong collaboration with clearly defined roles and responsibilities across agencies, leadership, and buy-in of all key stakeholders; data and information sharing protocols and processes; and necessary resources and infrastructure for data collection, reporting, and analyses.

Lessons from sustainability efforts across sites include common pitfalls to avoid at the onset of planning:

- Not considering sustainability early enough in the project
- No focus on identifying data to make the case for sustaining, expanding, or institutionalizing the project
- Lack of clear definitions of success for each partnering agency
- Failure to look beyond resources and recognize the equal importance of relationships and results
- Waiting until the end of the project to brief leadership to garner sustainability support

Five Steps to Build a Sustainability Plan

Collaboratives can maximize their efforts by establishing a Sustainability Planning Team or workgroup. Projects that improve outcomes for families affected by SUDs in the child welfare and court systems involve multiple agencies—typically child welfare, substance use disorder treatment, family/dependency court and allied health, social services, and education systems. The planning process needs to include these entities along with others whose services and perspectives are essential to the success of parents, children, and their families. This may include maternal and child health, early care and education, home visiting, domestic violence services, housing, and others.

After a team or workgroup is formed, there are a number of key considerations for developing

a well-established sustainability plan. First, the importance of starting the planning process as early as possible cannot be overstated. Next, sustainability planning works best when integrated with the daily practice of agencies operating and governing the new project. Finally, collaboratives need to continually adjust their sustainability plans in response to the ever-changing environment.

A five-step sustainability process is presented below. Each step builds on the previous one and includes a description, a series of key discussion questions for collaborative teams, and a list of related tools and examples. Advancing through the steps increases the collaborative's capacity for growth and expansion while inching toward systems change. A [sustainability planning matrix tool](#) can help teams keep up with activities and decisions as they develop their sustainability plan.

1 DOCUMENT EFFECTIVENESS OF INNOVATION AS MEASURED BY SPECIFIC OUTCOMES

2 INVENTORY CURRENT RESOURCES

3 FOCUS ON PRIORITY OPTIONS/TARGETS FOR FUTURE FUNDING

4 ASSESS SUSTAINABILITY OF INNOVATIONS AND RESOURCE OPTIONS

5 INSTITUTIONALIZE CHANGES THROUGH DOCUMENTATION, DISSEMINATION, AND LEADERSHIP

STEP 1

DOCUMENT EFFECTIVENESS OF INNOVATION AS MEASURED BY SPECIFIC OUTCOMES

The case for sustaining, expanding, and institutionalizing an innovation begins by identifying which elements work best, and for whom. The first step in the sustainability planning is to ensure appropriate methods to document effectiveness of the innovation as measured by specific outcomes.

One strategy is to collect baseline data to assess how families are faring and where improvements are needed prior to project implementation. It's important in this step to focus on any differences achieved by specific population groups. In addition to having strong data capacity, collaboratives need to work together to develop shared outcomes that closely align with partners' and potential funders' priority goals. Any prospective funder will require persuasion before making an investment, so it is critical for collaboratives to show that the innovation worked and that specific outcomes have been achieved, proving that it was successful and worth the reinvestment. If the innovation succeeds at current scale, the next level to attempt may be formal expansion.

Persuading potential funders that the innovation is worth expanding requires data on all eligible families, rather than only those involved in the project. For example, if the project is meeting 5-10% of the current target population need, the question of sustainability may move toward assessing how much more of that need could feasibly be met by expansion. It is encouraged to build on any existing efforts and leverage the strengths and resources of all partners. Collaboratives can determine if one or more of the partnering agencies recently conducted a needs assessment. Using a [community mapping](#) tool can



help identify potential partner agencies serving the target population and provide information on community needs, challenges, and capacity for expansion.

Accomplishing this step demonstrates collaborative capacity and may help assess what works compared to baseline (if the innovation was not implemented). Determining which elements are most important to sustain and eventually expand requires recognizing that perhaps not all components of the original plan are equally effective.

Collaborative partners can decide what is worth sustaining by sharing information about how the innovation affects their clients.

KEY QUESTIONS

1. Is there consensus among key stakeholders on shared outcomes?
2. What outcomes for families are collected to document the innovation's success?
3. How do these outcomes compare with those of current practices?
4. Is this innovation more successful for some families than others? If so, what are those differences?
5. How will you ensure this innovation is effective for all families?
6. Which specific variables or elements of the intervention showed improvement from baseline? If there are multiple elements, which have the greatest effect on overall family outcomes?

TOOLS AND EXAMPLES

- *Building Collaborative Capacity Series Module 4 - Setting the Collaborative Foundation: Establishing Administrative-Level Data Sharing to Monitor and Evaluate Program Success* describes how collaborative initiatives can develop administrative-level data sharing, monitoring, and evaluation to jointly track families across systems and measure program success.
- *Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts* describes the primary data-reporting systems used in the child welfare, alcohol and other drug services, and court services.
- *Prevention and Family Recovery Brief 5: Building the Performance Monitoring and Evaluation Capacity of Family Drug Courts* provides valuable insights about the practice and policy changes needed for a family treatment court to shift from being an independent, adult-focused program within the court to an integrated, cross-systems collaborative centered on the whole family.
- *Change and Implementation in Practice: Monitoring, Evaluating and Applying Findings* helps child welfare agency leaders, managers, and teams partner with evaluators and data analysts to monitor and evaluate the implementation and impact of a program or other intervention and apply findings over the course of the change and implementation process.
- *Data Inventory Template* is a tool used to guide the collection of key indicators at specific points in time in the child welfare and substance use treatment service delivery systems. Indicators include the prevalence of families with substance use disorders in the child welfare system and the extent to which families are being referred to and receive treatment services. Information sources on publicly accessible federal and state data is provided.

Contact the [NCSACW TTA](#) team for assistance with these tools or additional information on data sharing agreements, data dashboards, or community mapping inventories.

STEP 2

INVENTORY CURRENT RESOURCES

Assessing the feasibility of new or redirected funding requires an understanding of current funding options for agencies and programs. Collaborative leaders can use the [Funding Inventory Template](#) to identify which sources are currently available to agencies.

The funding inventory can also include potential sources such as the Family First Prevention Services Act (FFPSA), expansion of Medicaid, new funds available in response to unique community conditions (such as the opioid crisis and pandemic relief funding), and new state or private funding for innovative projects.

It is critical to know local resources and to understand eligibility standards and categorical funding requirements for each potential source. State or local budget offices who oversee these funds, along with advocacy groups familiar with specific funding sources, may assist with checking the funding eligibility of these sources to

determine alignment with the collaborative's goals and populations being served.

In the Kids' Share 2020 report, the Urban Institute documented that the federal government alone provides more than \$500 billion annually for programs and funding streams aimed at services and supports benefitting children.¹

1 Urban Institute. (2020). *Kids' share 2020: Report on federal expenditures on children through 2019 and future projections*.



KEY QUESTIONS

1. What funding sources are the collaborative agencies using for this project/innovation?
2. What funding sources have other communities used for similar projects/innovations?
3. Does the sustainability planning team include partners familiar with the scope and diversity of funding—along with other resource sharing opportunities?
4. What resources are in the community that align with the collaborative's goals and outcomes?

TOOLS AND EXAMPLES

- *Implementing a Family Centered Approach for Families Affected by Substance Use Disorders and Involved with Child Welfare Services Module 3: Collaboration To Support Family-Centered Practices at the County and State Level* highlights the state- and local-level leadership and collaboration required to successfully implement and sustain a family-centered approach.
- *White Paper on Funding Comprehensive Services for Families with Substance Use Disorders in Child Welfare and Dependency Courts* outlines fiscal issues that affect the ability of programs to provide the comprehensive services needed by children and families affected by substance use disorders, outlines the concept of unified fiscal planning, and briefly describes the federal sources of funding for child welfare and alcohol and drug services as well as several other sources of funds for services for children and adolescents.
- *Implementing the Substance Use Disorder Provisions of the Families First Prevention Services Act* is a toolkit designed to guide state leaders in their efforts to implement the SUD-focused provisions of the law.
- *Funding Inventory Template* is a worksheet a collaborative team can use to assess funding resources and identify service gaps to bolster the rationale for sustaining their project.

Contact the [NCSACW TTA](#) team for assistance with these tools or examples of funding inventories.

STEP 3

FOCUS ON PRIORITY OPTIONS/TARGETS FOR FUTURE FUNDING

After developing an inventory of current and potential funding sources, collaboratives identify which prospective funders or partners are most likely to support the innovation and then determine which of those are the best fit. This approach helps the collaborative narrow down the options rather than placing efforts on dozens of possible sources.

Assessing the potential for refunding or expanding requires details on the total costs of the innovation so prospective funders fully understand the request. A full [Cost Analysis Tool](#) includes funding and other resources supporting the innovation (e.g., loaned staff, collaborative liaison time, reduced caseloads, new peer support staffing, and evaluation and information systems). Ideally, these costs are weighed against the current methods of responding to the needs of

the target population in the larger system(s). In some cases, it may be difficult to document current costs since budgets might not directly include such data. Basing an estimate on total costs and the numbers of parents, children and families served is an option that can be a starting place when data are not currently available.

When the innovation is an intervention that has already documented its effectiveness with accepted methods of evaluation, costs are generally easier to document, along with offsets or direct benefits such as faster reunification, lower costs for out-of-home care, higher rates of treatment success and long-term recovery, school success, and family well-being.

Redirected funding may be a more relevant target than new grant funding when selecting priority targets for new fiscal resources. Institutionalized funding streams like Medicaid may provide more substantial amounts of funding and are likely already available in the state or community.

Some partners may find it easier to use external funding for a new, time-limited project than to redirect funding from larger, institutionalized sources already in the community (and perceived as “belonging” to that agency). Still, the amounts of institutionalized funding are much larger; as a result, a redirection agenda can be as important (if not more so) than an additional grant-funded project—and may have much longer duration because those funds are less often time-limited.

AS A STARTING POINT, COLLABORATIVES CAN EXPLORE THE BEST POSSIBLE FIT BETWEEN THE PROJECT'S NEEDS AND POTENTIAL RESOURCES BY ANSWERING:

1. Which agencies' families benefit most from the innovation?
2. Which partners may save money or provide higher-quality services if the innovation is successful?
3. Which agencies are needed to sustain or expand the scale of the innovation?
4. Which agencies have recently received (or are likely to receive) additional funding for purposes aligned with the goals of the innovation?

KEY QUESTIONS

1. What populations could benefit from the project/innovation?
2. How do the project/innovation's positive outcomes align with goals of key stakeholders?
3. What similarities and differences exist between partner mission and vision statements that may point to shared goals or common outcomes?
4. What successes of the project or changes made by the innovation can be embedded in the current system(s) to improve outcomes for families?
5. How can the planning team or workgroup ensure that funding and resources are used to promote improved outcomes for all children, parents, and family members?

TOOLS AND EXAMPLES

- The [Cost Analysis Tool](#) is designed to enable sites to plan for a cost analysis using a series of steps and key decision points.



STEP

4

ASSESS SUSTAINABILITY OF INNOVATIONS AND RESOURCE OPTIONS

Collaborative partners can now consider a broad review of the collaborative's internal capacity to sustain, expand, or institutionalize a project's practices in the larger system. One tool available to sites, the [Program Sustainability Assessment Tool v2](#), relies partly on the frameworks of implementation science, including components of support, flexibility/adaptability, capacity, and priority setting.

This step requires a shift on the part of the project's initial sponsors from project thinking to system thinking (i.e., awareness of the larger system of which the project is a part).

Support from a variety of critical stakeholders is necessary to sustain, expand, or institutionalize an innovation. These include the participating agencies in the collaborative, policy leaders in the wider community who understand the project, grassroots community leaders familiar with its effect on a given area and, perhaps most importantly, the families themselves. Support is also needed from private providers and public agencies since both types of partners play critical roles in effective implementation. Assuming a public agency change will automatically lead to cooperative efforts by independent private providers may backfire if only some of them are onboard. Leadership skilled at this kind of outreach is vital—as is experience working across agency lines and understanding the complex needs of children and families.

Adaptability involves both shifting to operate the project at a larger scale and ensuring fidelity to the original innovation as it moves toward institutionalization. If smaller caseloads, for example, were a feature of the initial project but prove difficult to replicate, possibly affecting the results of an expanded project, then staff need to assess project flexibility to ensure positive outcomes are still possible while maintaining fidelity.

SCALING QUESTIONS

1. Has the project collected and analyzed data demonstrating positive child welfare, treatment, and court outcomes?
2. Have those outcomes been compared with existing outcomes for the entire child welfare caseload and the entire child welfare caseload determined to be affected by SUDs?
3. Has the number of potential people eligible for the innovation been determined?
4. If the project were applied to the same target population on a larger scale would the same outcomes be realized?
5. What data are available documenting a need for the innovation in the larger caseloads?
6. Are costs of the project documented; are they compared with baseline costs in the larger child welfare, treatment agencies and if applicable the courts for similar cases?
7. Are changes in child welfare, treatment and court practices implemented in the project identified clearly?
8. Has analysis determined the projected costs and outcomes that could be achieved in child welfare, treatment agencies, courts (and other agencies involved) if the project were expanded?

A review of scaling options using questions about the prerequisites for operating at expanded levels of staffing, geographic areas, and clients, can assess opportunities for expansion. Completion of the [Cost Analysis Tool](#) (see Step 3) may help in the process.

Systems change benefits from understanding how systems can change with the necessary blend of leadership, proven results, a broad base of support, and a final vital ingredient: awareness of where resistance will most likely appear. Thorough barrier analysis can help the collaborative team recognize when a successful project will not easily become a system change.

Examples of **system changes** can include changes in staffing, caseloads, the roles of frontline staff, sharing of data across agency boundaries, wider use of validated screening and assessment tools, cross-systems training, use of evidence-based programs, or defining the client as whole families (rather than parent or child individually).



Achieving widespread system changes requires allies within and outside the agencies who are part of the collaborative. Staff must also identify who is on board and who is not. These vital questions need answers before handing out proposals for new practices and recommending policy changes, assuming they will easily go into force.

Some systems change challenges are practice barriers, which frontline staff and family feedback can help identify and explain. Others may be policy barriers that occur when agency leaders resist changing rules that may have been waived in the case of a relatively small project. Some are barriers caused by interpersonal relationships—or a lack thereof—where a single influential blocker may be the barrier.

The key is to identify them as clearly as possible rather than referring generally to “a lack of referrals” or “not enough buy-in.” *Why* aren’t referrals happening? What are the criteria for buy-

in by one or more agency partners? Tools like the [Collaborative Values Inventory \(CVI\)](#) were designed as a neutral way to assess how much a collaborative group or partnership shares beliefs and values that underlie its work. The [Systems Walkthrough](#), a systematic review of agency-specific and cross-system practices, can help a collaborative team clarify these specific barriers.

Some barriers are avoidable; others are not. Knowing how to tell the difference (based on analysis of the sources of support and resistance and frank discussions) enables staff to carefully decide which barriers to confront and which to accept for the moment. It is crucial to know what leverage those seeking change may have over those resisting it—leverage such as shared credit for success, future funding, shared endorsement of other changes sought by a partner agency or accepting referrals of clients who may need services from more than one agency at a time.

KEY QUESTIONS

1. How many families in the larger system(s) need services provided by the collaborative project and innovation?
2. What components of the project or innovation have the most support?
3. How can expansion overcome the resource barriers to a wider scale of operations?
4. How can the successes of the project leverage change in the system to ultimately improve the lives of children, parents and their families?

TOOLS AND EXAMPLES

- [Program Sustainability Assessment Tool v2](#) is a self-assessment used by both program staff and stakeholders to evaluate the sustainability capacity of a program.

STEP 5

INSTITUTIONALIZE CHANGES THROUGH DOCUMENTATION, DISSEMINATION, AND LEADERSHIP

When an innovative project sponsored by an interagency collaborative succeeds, the new practices used may have direct relevance to the standard operating procedures of each agency. If these prospective practice changes have been identified at the outset of the project, data on their effectiveness are assumed to be available.

Here the questions become which agencies could benefit from integrating these new and more effective practices, which might resist them, and which funding sources could pay for them. The answers can help guide negotiations with prospective adopters and funders.

Sometimes, innovative projects uncover a more effective or efficient way to do things that doesn't cost more but must be integrated into standard practice. Lasting institutional change needs to wind its way into memoranda of understanding, new protocols for frontline practices, changes in data systems (to continue recording larger-scale services across agency lines), and monitoring agreements that track the fidelity and effectiveness of the new practices and policy. In some cases, this may require legislation or regulatory changes; in others, negotiations with representatives of the workforce are essential.

Often, institutional change also requires funding for new practices, based on the cost analysis and sustainability plan. If the project is not integrated with the base budget of the supporting agencies, it may still appear as an isolated project dependent on less secure funding than the core budget.

Ongoing support for system changes benefits from a clear message about the innovation—one that leaders, champions, skeptics, and potential partners can easily understand. Often, this message is provided in brief, one-page descriptions and is ideally a combination of credible data on



the project's success compared with baseline outcomes, and brief narratives of ways the project helped children and families. Projects that use the “numbers and stories” approach to explain their results in concrete language, ensuring that data are combined with real-world anecdotes and testimonials from family members have success in communicating the benefits of their innovation.

Dissemination of outcomes, including families' stories, remains an essential sustainability activity that requires planning and, often, dedicated resources. While sharing data is critical, ensuring potential

fundors and key stakeholders know the story behind the data is essential. Those numbers represent real families whose lives have been affected by this innovation. Those stories are important to make the connection from a conversation about money to one about the well-being of children and their parents.

Leadership is key to moving efforts beyond project thinking to system change thinking. Whether change comes from legislatures, agencies, or locally, leaders can act as catalysts and champions for larger change across multiple systems.

Leadership is critical to establishing widespread engagement, necessary infrastructure, and clear guidance prioritizing innovations and systems change. Effective messaging and communication by leaders can help manage expectations and resistance from stakeholders and encourage investment of resources in innovations and systems changes.²

The most powerful and lasting changes occur when leaders across multiple organizations, bound by a shared vision, partner and work together in new and supportive ways.

Ideally, keep leaders apprised of the project's progress during implementation. Requesting sustainability support from leadership who are not familiar with the work being accomplished, especially in the final stages of the project, makes it a "harder sell." Obtaining their ongoing support of the project increases the likelihood of sustaining the innovation.

2 Center for Children and Family Futures. (2019, September). *Leading change brief #2 - Leading from the top. Key lessons to empower state and local leaders seeking to improve systems serving families in the child welfare system affected by substance use disorders.* https://www.cffutures.org/files/OJJDP/SSIP_Briefs/Leading_Change_SIPBrief_2.pdf

KEY QUESTIONS

1. Who determines that the new practice is "better"?
2. Are those affected by the change included in the discussion on determining effectiveness including staff and clients?
3. Who benefits most from the institutionalization of new and more effective practices?
4. What specific practice, paperwork, staffing and other changes are needed to sustain the new way of doing business?
5. Who might resist these changes? Why?
6. What funding and other resources have been identified that could support these changes now or in the future?

Contact the [NCSACW TTA](#) team for examples of effective and compelling communication and messaging.

IMPROVING OPPORTUNITIES FOR SUSTAINABILITY

A collaborative team, using the above steps and tools, can develop a sustainability plan to secure resources and sustain improved outcomes. The challenges to sustainability must be kept in view at each stage of program implementation and include strategic approaches to sustainability at each phase of development of the collaborative.

As noted, starting early remains critical to effective sustainability planning—ensuring staff have a chance to secure significant new resources and achieve institutional changes. Beginning these efforts in the first months of a project, even before clients are served, assures greater odds of success for these three reasons:

- 1. Sustainability faces long odds without data on effectiveness. It is recommended that staff launch data collection at the beginning of a project since final-year data may prove difficult to analyze. This is important when documenting baseline outcomes to which the project outcomes can be compared.**
- 2. Identifying potential resources to sustain and expand the scale of a project takes time; enlisting partners at new levels of resource and data sharing also takes time. An early start to discussions on needed resources—and why they are justified based on partners' needs—can establish buy-in from partners at the onset.**
- 3. Recruiting support from the community, families, and key leaders in elected positions (who may have a personal stake in the project's goals) takes time as well. An adage of advocacy work is that a project's supporters—on its payroll—are less persuasive and credible than those in other agencies and community organizations. The second adage: If you want supporters at the landing, they had better be with you during the launch; in other words, start early to recruit, engage, and prepare allies to make the case for sustaining the project.**

Remember, it takes resources to get resources. The planning team should consider their capacity to develop a sustainability plan at different levels of thoroughness in data collection and evaluation. A large agency with multiple partners may be able to achieve more in each of these proposed steps than smaller teams, especially in documenting a project's success. Adjusting sustainability planning efforts to available capacity will likely still produce a plan that achieves improved sustainability goals including documentation of outcomes, considerations of scale, and identification of opportunities for institutionalization of project components.

The above steps seek to balance the importance of relationships as much as the results needed to justify additional resources. Securing support for new ways of doing things is not a mechanical process of checking off tasks. Sharing data and accountability across agency lines—by tracking whether a project is achieving measurable outcomes agreed upon by a collaborative and committing resources to its sustainability—are ongoing tests of the strength of relationships for both individuals and agencies. Building that trust has interpersonal as well as interagency dimensions; leadership plays a critical role keeping both in view.

CONCLUSION

Operating a successful project is a pathway to sustaining system level change that improves practice and achieves the best outcomes for children, parents and their families. To be clear from the early days of a project on its potential to move toward scale and change the ways larger systems operate defines the difference between “system-aware” and “project-bound.”

Launching an innovative project across agency lines for various populations is a major challenge and can occupy a talented, committed group of innovators for months at a time. Still, the urgency of that project launch cannot obscure why we do collaborative projects in the first place. We know that agencies working together can change systems and produce better results for children and families beyond the boundaries of a single project.

Remember: For details on any tools throughout this document not directly linked or for help implementing any tools, please contact the NCSACW TTA team by email at ncsacw@cffutures.org.



APPENDIX

A

SUSTAINABILITY PLANNING MATRIX TOOL

PROJECT GOALS *(List project goals):*

Sustainability Tasks	Expected Date of Completion	Resources Needed	Resulting Product and/or Expected Outcome	Status Comments
Document Effectiveness				
Identify changes in outputs				
Define short-, medium-, and long-term client outcomes; identify the critical few outcomes that have the widest appeal to diverse audiences				
Identify potential cost offsets and benefits to funders				
Determine What to Sustain				
<ul style="list-style-type: none"> What are the critical components in your program driving positive outcomes? Which can you expand without additional funding? Which require additional funding (e.g., increased staffing, training)? 				

Sustainability Tasks	Expected Date of Completion	Resources Needed	Resulting Product and/or Expected Outcome	Status Comments
Identify Costs (See Cost Analysis Tool)				
Conduct basic cost analysis of current project				
Identify how much those components will cost to sustain. Remember... <ul style="list-style-type: none"> Costs begin with project budget, but must reflect full costs of innovation Without making major investments in accounting tools or staffing, most projects can use existing resources to document their costs Cost analysis is important to sustained funding. It is an essential component of evaluation and fiscal management; during times of cutbacks in-depth cost information is critical to sustainability 				
Inventory Current Funding (See Funding Inventory Template)				
Document the full array of child welfare, treatment, court, healthcare, and support services currently funding the innovation				
Ask each partner in the collaborative to list funding streams supporting their portions of the project, as well as those that might be available in the future				

Sustainability Tasks	Expected Date of Completion	Resources Needed	Resulting Product and/or Expected Outcome	Status Comments
Identify Opportunities for Resource Development				
Develop a comprehensive inventory of resource options in the child welfare, treatment, and court systems; do the same for supportive services (childcare, health care, recovery supports, etc.)				
Determine the best fit between the innovation outcomes and the purposes of the funding (or priorities of the funders)				
Conduct a review to determine whether partners implementing the innovation are using Medicaid and other billable funding sources optimally (including whether full matching is utilized and whether definitions of eligibility for supportive services and case management could draw down more funding)				
Select Priorities for Resource Development				
Prioritize those sources which have the highest return potential				
Criteria for prioritizing may include:				
<ul style="list-style-type: none"> Agencies that would place the highest value on project outcomes Agencies that have evidence the project saves money Agencies that have received new funding based on priorities aligning with the project Funding sources that diversify the funding base and/or provide flexible funding 				

Sustainability Tasks	Expected Date of Completion	Resources Needed	Resulting Product and/or Expected Outcome	Status Comments
Select Priorities for Redirected Funding				
<p>Identify opportunities to redirect a portion of current funding for existing clients who benefit from the innovation This requires making a case that—</p> <ul style="list-style-type: none"> a) <i>They are already spending money for these shared clients</i> b) <i>They could save money by participating in funding the innovation that would provide services to their clients in a different and more effective manner</i> 				
Document ineffective use of current resources, based on efforts to identify less effective approaches				
Assess Sustainability of Innovations and Resource Options				
<p>Identify political and community leadership who might support refunding or expansion beyond those directly involved with the project</p> <ul style="list-style-type: none"> • <i>Who benefits and how?</i> 				
<p>Identify and market the extent to which the wider community has already contributed resources— cash, staff, or volunteers—to the project so its sponsors can demonstrate community buy-in</p>				
<p>Develop a dissemination strategy for marketing the programs results to the wider public</p> <p>Consider these elements in building your case:</p> <ul style="list-style-type: none"> • <i>Prevalence of the problem</i> • <i>Outcomes</i> • <i>Cost savings</i> • <i>Intergenerational impact</i> • <i>Early intervention and developmental effects for children</i> 				

Sustainability Tasks	Expected Date of Completion	Resources Needed	Resulting Product and/or Expected Outcome	Status Comments
Brief legislators and other policy leaders in the community on program strategies, goals, and progress in achieving them Who can tell your story?				
Institutionalization				
<p>Identify opportunities for incorporating the innovation within the organization(s). These may include:</p> <ul style="list-style-type: none"> • Adequate staffing to keep the project functioning • Changing current practice to incorporate the innovation's strategies • A line item, or redirected funds in the agency's base budget, for the project • Data to track the project's outcomes built into ongoing client data systems • Training as a part of regular staff development • Linking the project with parallel reforms in the rest of the agency • Development of written policies, practice guidance, statute, Memorandum of Understanding (MOU)/ Memorandum of Agreement (MOA) to guide ongoing use of innovative practices • Passage of legislation or rules to ensure ongoing use of improved approaches across multiple partners • A formal replication schedule—if the project succeeds at current scale, to identify the next level at which the project can be implemented 				

Sustainability Planning Worksheet

Which kinds of sustainment are desired?	Team Response	Next steps? Who'll do them? When?
<p>Options:</p> <ul style="list-style-type: none"> Keep all or part of the project going (e.g., services, staff salaries, training, infrastructure, data collection, evaluation) Integrate the project's activities into your ongoing practices—institutionalizing necessary program strategies and activities into organizational policy and infrastructure Embed the key elements of the project in the broader system Expand by replicating in other communities, statewide, nationally Leave a legacy of knowledge that informs the field. Ideally, others who wish to replicate your project or implement something similar can also use. <p>Any other kinds of sustainment you desire?</p>		
How and when will you know if part or your entire project should be sustained?		
How will you assess and gather evidence to identify the particular strategies and activities to sustain after the end of the project period?		
What are/would be early indicators that program elements should or should not be sustained?		
When will you know "for sure"? How will you know?		
If there are parts of your project that will NOT be sustained, how will you manage the transition?		
Which parts will NOT be sustained? Why?		
Who needs to know? How will you tell them?		
How will you manage this transition to minimize impact on service recipients, your organization and staff, and community partners?		

Which kinds of sustainment are desired?	Team Response	Next steps? Who'll do them? When?
Are there other sources of evidence for sustainment (e.g., findings from the Evidence-based Practice (EBP) being implemented or findings from other similar initiatives)?		
What are they and how will you gain access to and use this evidence to build your case?		
How much it will cost to sustain key program elements?		
Do you know how much it will cost? If not, how can you find out?		
How will you secure funding and other resources necessary to sustain program benefits?		
What changes will be required in order to sustain program benefits?		
What systems, legislation, policy, procedures, training, and funding sources would need to change?		
What are the barriers to these changes?		
Can your sustainability plan succeed by your efforts alone or will you need help?		
Who are the key individuals and organizations whose support will be required to sustain program benefits?		
What support is needed from them?		
What evidence would convince them to provide this support?		
How will you maintain the involvement of key project partners on an ongoing basis in the planning and operation of your program—during and after the grant project?		
How can effective dissemination help with sustainment? Where do your dissemination plan and your sustainability plan overlap?		
Document the resources the community already contributed to demonstrate buy-in		
Consider your innovations' outcomes in your dissemination plan and identify what partners will find those most compelling		
Based on the Children's Bureau Sustainability Guide for Discretionary Grantees		

APPENDIX

B

COMMUNITY MAPPING: A GUIDE FOR
COLLABORATIVE TEAMS

The Need for Collaboration

Families affected by parental substance use disorders (SUDs) and involvement in child welfare have multiple and complex needs that no single program or agency can adequately solve. The solutions to improve recovery, safety, and permanency outcomes for these children and families require collaboration across multiple systems and service organizations in the community. Community mapping can help multiagency collaborative teams understand the current availability of services and resources in each community and facilitate connections to achieve solutions.

WHAT IS COMMUNITY MAPPING?

Community mapping promotes cross-system collaboration by identifying opportunities for partnership with existing local programs and services to improve outcomes for an identified target population. Although community mapping has been used in a variety of contexts, this guide will focus on improving service provision for children and families affected by SUDs and child welfare involvement. The major goal of community mapping is to ensure that children and families have access to a broad, comprehensive, and integrated system of services essential for achieving recovery, safety, and permanency. Community mapping also helps align and streamline available services and resources while identifying service gaps.

Since families, programs, and agencies exist in the context of communities, it is important to take a multilevel approach toward community mapping as this process is valuable at the micro- and macro-levels.

Micro-level: Community mapping at the micro-level provides your team the opportunity to identify available services in the community to meet the needs of families. Families have the most to gain from the mapping process. Since no single agency or program can meet the complex and multiple needs of children and families effectively, your team must leverage the resources available in the larger community. Stigma and judgment can push those affected by SUDs and child welfare to the margins in their own communities. Recovery is more than just about sobriety or reunification; rather, it's the re-establishing of relationships and connections within families and communities. Community mapping helps us make those important connections on behalf of affected families.

Community mapping at the micro-level seeks to

- Identify areas of need for families
- Understand existing service and resources
- Identify gaps in services and resources
- Build understanding among stakeholders about existing and potential services, resources, and supports
- Identify opportunities to improve a system's overall performance (e.g., strengthening weak connections or filling gaps in the system)

Macro-level: Community mapping at the macro-level provides the opportunity to coordinate and align initiatives, services, and resources in the community. This coordination will help minimize duplication of services, while ensuring delivery of the right types of services to the families that need them. Community mapping identifies referral process, eligibility criteria, and target population so services are mapped along a continuum or system of care. The process also helps communities create and sustain an integrated, non-duplicative assessment, referral, and service path for families through multidisciplinary collaboration. Mapping can create awareness and identification of initiatives, services, and resources that form the environment of your program or project. A crucial objective of macro-level mapping is to help collaborative teams achieve broader systems change.

Systems change is a permanent shift in doing business that relies on relationships across systems—and within the community—to secure needed resources to achieve better results and outcomes for all children and families.

Community mapping at the macro-level seeks to

- Coordinate and align initiatives, services, and resources in the community
- Reduce the fragmentation, duplication, and gaps in services, supports, and resources commonly occurring across agencies and organizations
- Secure interagency collaborative funding and cost-sharing avenues
- Improve capacities of partner agencies and systems to streamline or realign resources to serve all children and families affected by SUDs
- Build and sustain state and local interagency collaboration and systems linkages

OVERVIEW OF MAPPING PROCESS – 1-2-3

This Guide outlines a 1-2-3 Step Process for community mapping:

1. Plan & Prepare
2. Facilitate & Map
3. Action Plan

The Appendix also includes a Facilitator's Guide and templates for the following documents:

1. Community Resources Inventory
2. Collaborative Initiatives Inventory
3. Action Plan



Part 1: Plan & Prepare

Teams at this stage take essential steps for effective planning and preparation to facilitate the community mapping exercise. Your team will establish the purpose, goals, and objectives of the mapping process; identify participants; and plan for logistics. This process may take some time since it involves establishing a foundation for this collaborative effort. Taking these important strategic steps will ensure that community mapping provides maximum benefits to achieve larger systems change.

Undertaking the community mapping process within a collaborative infrastructure is one strategy to maximize the benefits of this important endeavor. A collaborative structure should typically include members from multiple agencies and multiple levels all working together to improve outcomes for children and families. Having a structure can ensure the collaboration doesn't rely on a single agency or individual. The process requires leaders across all agencies, organizations, and levels. Your jurisdiction may already have a governance structure that includes an oversight and/or steering committee who provide governance over your project.

If your jurisdiction does have a governance structure, you might consider assigning the task of community mapping to a workgroup. These are teams charged with either carrying out specific tasks or producing certain products to advance the mission of the collaborative.

An effective collaborative team can

- Provide direction and strategy for collaboration and information sharing
- Promote buy-in, commitment, and ownership in achieving shared outcomes
- Identify barriers and service/resource gaps that hamper improved outcomes while implementing solutions to address these concerns
- Anticipate potential challenges and document methods for overcoming these challenges
- Track progress and outcomes using data tools, such as a drop-off analysis or data dashboards, to establish baseline measures and progress
- Secure funding resources for sustainability
- Institutionalize effective policies and practices
- Allow for updating the action plan's vision and goals to respond to any changes within the community and needs of children and families

A. Identify clear visions, goals, or objectives of the community mapping process

- What challenges are you trying to respond to? What treatment, safety, permanency, or well-being outcomes are you trying to effect?
- What areas of support are the most needed for families?
- What protective capacities of families need strengthened to either reunify children with their families or keep them safely at home?
- What information are you using to guide your decision making?
 - Data
 - Surveys
 - Client Reports
 - Needs Assessment
 - Focus Groups
 - Interviews
- What do you want to do with the information collected as a result of the mapping process?
 - Develop a Community Resource Inventory
 - Develop a Collaborative Initiative Inventory
 - Allocate resources to achieve strongest effect, meet most significant need, or fill greatest gap
 - Use information to conduct a Needs Assessment

B. Identify participants

- Consider who is interested in participating and able to commit to the mapping process as well as who has access to programmatic information about resources.
- Include broad representation from multiple sectors that are serving or have a stake in children and families affected by substance use disorders.
- For the micro-level mapping, consider inviting a cross-section of stakeholders that have a range of experience, from direct service provision to manager, director, and supervisor-level personnel who are familiar with the day-to-day operations of an agency or program.
- For the macro-level mapping, consider inviting a cross section of leaders, including program service directors, agency executives, commissioners, political leaders and their staffers, funders, and other personnel familiar with current and future resources, goals, and plans for programs.
- For all mapping, consider inviting individuals with personal experience who can share insight about how systems function and what barriers exist for families within individual programs and across systems.

C. Plan and prepare for logistics

- **Decide on length of session:** The micro- and macro-level sessions of community mapping should generally be a minimum of three hours. If more time is available, consider spending four to six hours to effectively conduct a more comprehensive community map. For example, community mapping could be used as a half-day or full-day retreat event for your team. Note: If necessary, this mapping could be split across multiple days/sessions to ensure participants are able to remain engaged and active in the discussion as long as all partners are available for each session.
- **Select and confirm venue:** Choose a meeting space or room size and set-up that promote facilitation and participation. Will you need a projector and screen? Will you need wall space? Will you need room for participants to move around? What kind of seating arrangement is conducive to interaction and discussion?
- **Secure supplies:** Decide what supplies you will need, such as pens, flip charts, projector, post-its, index cards, screen, etc.
- **Finalize materials:** Prepare any printed materials, such as an agenda, handouts, and copies of prior community maps or tools.
- **Identify facilitator(s):** This can be a team or staff member, community stakeholder or organizer, or an outside consultant with community mapping experience.
- **Secure staffing support:** In addition to the facilitator, identify the amount of staff support needed to secure logistics, venue, and supplies. For the actual mapping process, identify the amount of staff support needed to help with the activity, including note taker and actual mapping.
- **Email or contact invited participants:** Allow plenty of time for them to add the session to their schedule, follow up with reminders, and include information about the goals of the session as well as planned ongoing efforts to incorporate the community mapping outcomes.

While there are benefits to having partners participate in community mapping face-to-face, it is possible to do this work virtually, when necessary, to make these discussions more accessible and timely. Strategies for conducting virtual meetings and facilitation are increasingly available online; communities/collaboratives can reach out to technical assistance (TA) providers for help—including the Center for Children and Family Futures (CCFF) at contact@cffutures.org.

Part 2: Facilitate and Map

MICRO-LEVEL

Based on the defined goals, objectives, and logistical planning completed in [Part 1: Plan and Prepare](#), your team will be ready to facilitate the actual mapping process. This section highlights key steps for community mapping at the micro-level. The process involves gathering information from a wide array of invited stakeholders to identify what resources exist to meet the needs of children and families. Once the collection process is complete, information will be analyzed, synthesized, and interpreted.

See [Facilitator Checklist](#)

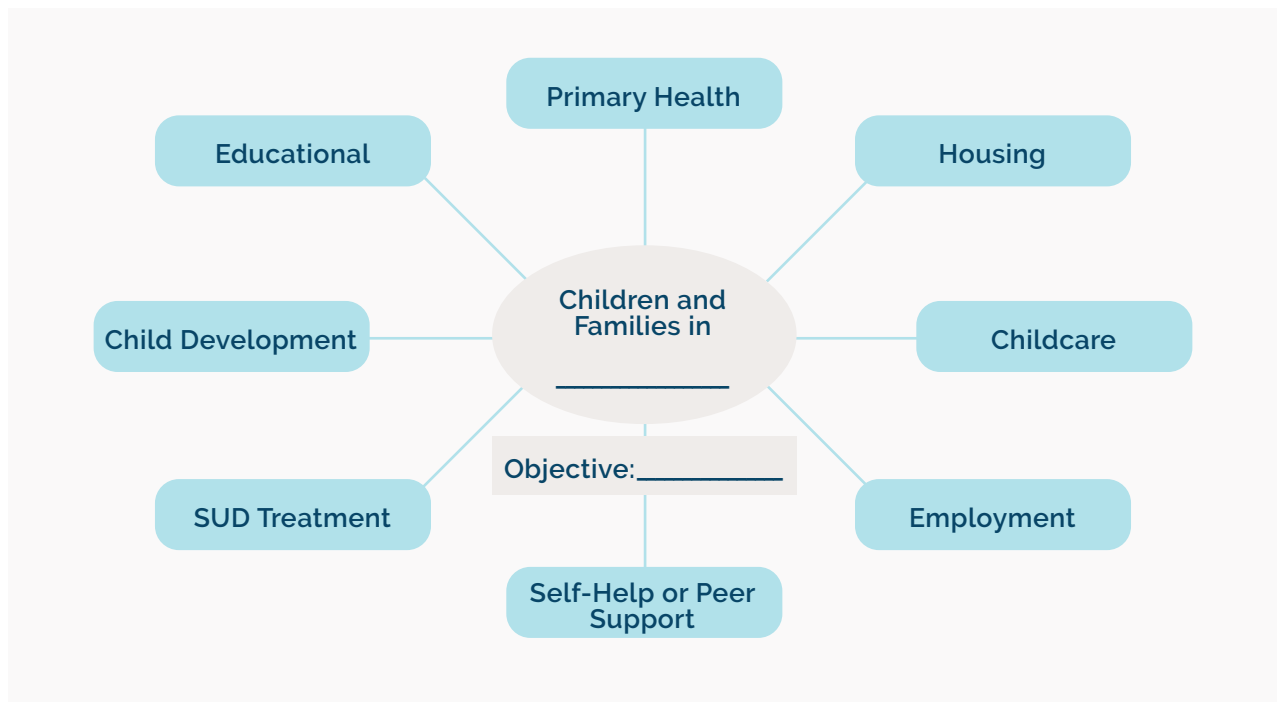
FACILITATE COMMUNITY MAPPING

Restate the objective of the mapping activity and why it matters to children and families in your community. Draw the image below.

Children and
Families in

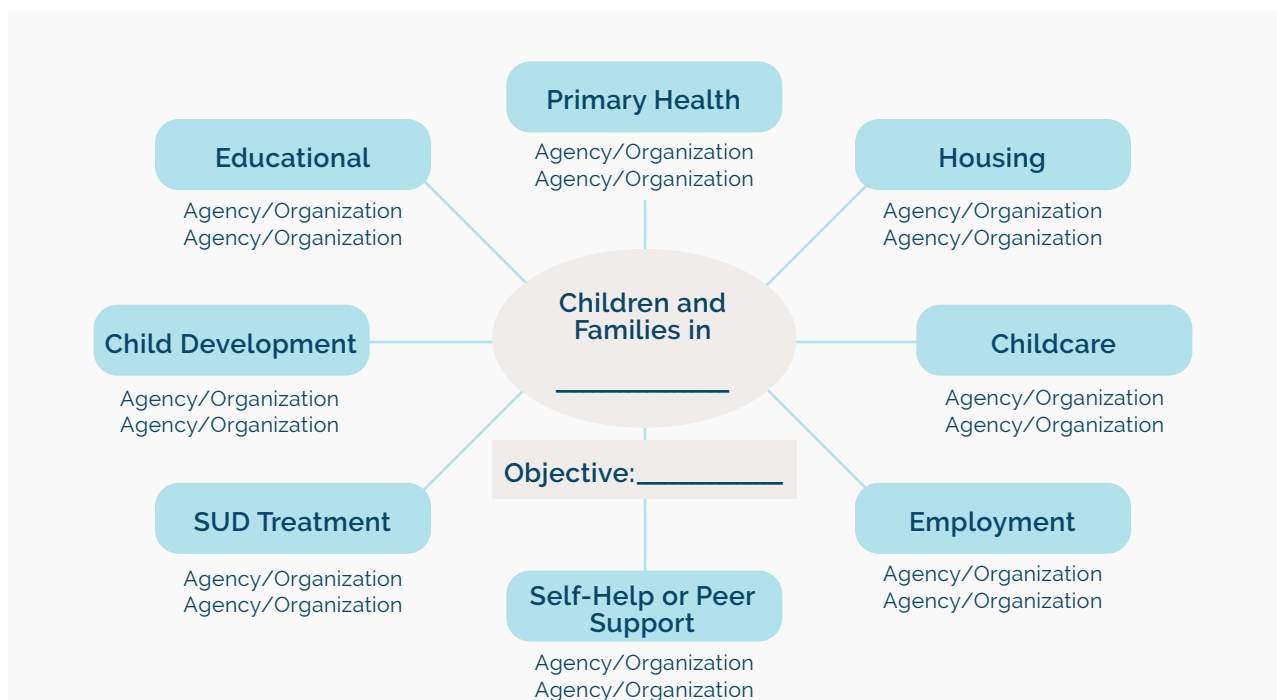
Objective: _____

Identify needs of families. List the broad categories of family needs. Draw a spoke and label for each category (see image below). Continue this process until all need categories are identified.



Identify resources in the community. Ask “What resources, including specific agencies, organizations, and currently existing services in our community, can meet that specific need?” Add them under each need category (see image below). Continue with this process until all the agencies and resources are identified.

See [Facilitator Guide – Attachment A](#)



ANALYZE THE MAP AND DISCUSS

1. Examine the map for key takeaways (e.g., trends or patterns), as well as gaps and overlaps in resources.

Ask: What are we learning about our community or this issue as a result of our community mapping exercise today? What service and resource overlaps and gaps exist? Does our team/program already partner with identified agencies/organizations to serve our families?

2. Identify and highlight any apparent gaps (with a different color) in services and resources. These may point to untapped resources which are considered during the macro-level portion of the mapping process. Discuss whether the group believes a gap truly exists, or whether other factors may attribute to this observation. Explore other possible factors, such as whether there was a particular stakeholder missing from this process. List any identified stakeholders absent from the mapping process.

3. Identify existing relationships with agencies and resources. Discuss the nature of these relationships and determine which ones need strengthening. Be mindful that information and feedback about a particular program can be attributed to an individual's perspective. Try to gain a better picture through multiple perspectives if possible.

4. Discuss and identify priorities. Which categories and service gaps should we focus on and prioritize? Which agencies and organizations do we want to follow up with? What stakeholder do we need to contact for a reaction? Which relationships should we pursue?

NEXT STEPS: Discuss and review what the information shows. Ask the following:

- Are there patterns that emerge, or results that seem misaligned, duplicative, or conflicting?
- Are there any areas in which resources could be realigned or coordinated?
- What things need to change (policy, practices, and procedures) to align or coordinate differently?
- Who would need to be involved to help facilitate these changes?
- Would those changes help meet the stated objective?
- Are participants willing to make changes or do something differently with their agency's resources to support the goals of the community mapping process?
- Are there any "low-hanging fruit" or easy revisions to make in the name of driving change?
- What would families in our community want to see happen? **NOTE:** If you have families at the table, they can answer for themselves.

TIP: Make sure to list these takeaways to eventually create an [Action Plan Template – Attachment D](#).

DEVELOP COMMUNITY RESOURCE INVENTORY

Based on the community map, your team can develop a [Community Resource Inventory Template – Attachment B](#) listing the categories of needs and resources along with corresponding agencies and organizations. Identify and assign individuals who can gather the needed information. This document can serve as a data collection tool for important information about the agencies and programs, including:

- | | |
|---|--|
| • Name and location | • Capacity, including waiting list |
| • Executive director (or contact) | • Fees and co-pays |
| • Eligibility and exclusionary criteria | • Funding source |
| • Key services offered, including evidence-based programs | • Performance outcomes or program evaluation results |
| • Referral process | |

As you gather information, you can ask additional questions:

- Are capacity and waitlists a barrier for families? What barriers could be removed to support quick access? Is payment a barrier? Are there additional payment options/funding streams to explore? Are there other barriers to access for this service among families?
- What are the commonalities in forms/process for intake for each of the providers in your service array? Where do you see duplication? Are families affected by SUD in child welfare services a priority for this partner? Could they be?
- Are there gaps in the continuum of services (housing), level of care (intensive outpatient) or specialty services (e.g., medication-assisted treatment (MAT) for pregnant women, culturally specific for American Indian/Alaska Native (AI/AN) individuals) needed by families?
- How is the communication/reporting relationship between the agency and larger child welfare services, SUD, and mental health treatment systems?
- What is the general experience of the families who access this service? What is the experience of individuals across different groups? Are outcomes similar across other groups?
- What services may be offered by these agencies that child welfare (CW), substance use disorder/mental health (SUD/MH) treatment, or court systems aren't yet accessing? Why? Are there policies that need to be changed?
- Are there services these agencies would be willing/interested to build/put into place to better serve families?
- Are there other organizations or stakeholders we need to contact to gather as much information as possible?
- Do the organizational values of these community agencies align with the goals of your project, agency, or program?
- What potential training and education would any of these agencies need about SUD, recovery, child welfare services, and/or court systems that would be helpful for engagement?

Your team may want to summarize the responses to these additional questions in a narrative report in addition to the [Community Resource Inventory Template – Attachment B](#). These findings, along with the [Action Plan Template – Attachment D](#), can be shared with stakeholders and the larger community.

MACRO-LEVEL

Based on the defined goals and objectives and logistical planning completed in [Part 1: Plan and Prepare](#), your team will be ready to facilitate the actual mapping process. This section will highlight key steps for community mapping at the macro-level. Macro-mapping can be a stand-alone process and can be done independently or in conjunction with micro-level mapping. The process involves the gathering of information from a wide array of invited stakeholders to identify initiatives that are related to the identified priority issues. Once the collection process is completed, information will be analyzed, synthesized, and interpreted.

See [Facilitator Checklist](#)

Establish Priorities and Scope: Review any priorities identified during the micro-level community mapping process. If no priorities were set or if this macro-mapping will be conducted as a stand-alone process, engage in a discussion with the group to identify what the scope of the process of the macro-level mapping. The following questions can help guide efforts to provide some focus for the macro-level process:

- What is the most pressing issue area or sector for families affected by substance use disorders and involved in child welfare?
- What areas are the most challenging for families to access?
- What areas have the most service gaps?
- What areas have the most duplication and need greater coordination and alignment?
- What areas need the most coordination and communication between the local, state, and federal level?
- What funding streams need the most coordination?

Develop a Collaborative Initiative Map: This data collection tool is a cross section of programs serving families in the community. It highlights similarities and program specifications to improve partnerships. The tool helps teams build strong collaborations around mapped resources to sustain programming in communities. Complete the matrix by identifying existing initiatives, collaborations, and programs along the top row, while completing specifications in the program's respective column. Highlight any overlap to identify possible alignment and/or duplication. Your team can use the agencies or organizations identified in [Community Resource Inventory Template – Attachment B](#) if one was previously completed. The information should include the following:

- | | | |
|-----------------------------------|------------------------|-------------------------------|
| • Lead agency | • TTA provider | • Target population |
| • Project director/Contact person | • Local leadership | • Referral process |
| • Start date | • Core team | • Services provided |
| • Program type | • State-level partners | • Service area |
| • Goals of the program | • Target population | • Length of service provision |
| | • Case type served | |

In addition, discuss and document the following:

- Who is serving these same families? Who is trying to solve the same issue? Who is providing similar services?
- Are there any gaps in services and resources? What partnerships are needed to fill this gap?
- Are there any unconventional resources that could meet your intended vision and goals?
- Does information exist to determine if services are effective since the goal is to connect families to quality services so that they will benefit from participation?
- How are these initiatives funded? Are there any nontraditional means of funding and support to find new resources, combine current resources in creative ways, or use current resources in a way that best matches your project's goals and objectives?

ANALYZE THE MAP AND DISCUSS

1. Review the original vision or purpose for the macro-level mapping process.
2. Validate the accuracy of information collected by verifying with stakeholders and target audiences. Look for confirmation and consistency of information across multiple sources. Assess the comprehensiveness of the map while considering the identified vision and goals.
3. Examine the [Facilitate Community Mapping](#) for trends or patterns that may point to the need for coordination and alignment of resources, services, and initiatives. Ask: Are there any duplication of services and resources? Are there any parallel initiatives? What alignment or coordination are needed? Which of the service gaps should we focus on? Which of the agencies and organizations do we want to follow-up and gather more information? What parallel initiatives could be aligned? Which relationships should be pursued?
4. List possible solutions/steps for coordination and alignment. These ideas can help develop an Action Plan.

Part 3: Action Plan

This step ensures the findings of the community mapping process at the micro- and/or macro-level turn into actionable steps to achieve the stated objective. The action plan should also include steps to share the results of the community mapping process with stakeholders and the larger community. Action plans that include a process for updating or re-mapping are particularly critical since agencies and organizations continually undergo unanticipated changes in legislation, policy, practice, and funding. The action plan can support a longer-term commitment to continually assess the needs of families while connecting them to vital services and resources.

Develop a shared [Action Plan Template – Attachment D](#) to:

- Pursue new resources and partnerships
- Continue to nurture and expand existing partnerships
- Realign existing resources to fill gaps
- Coordinate service delivery to eliminate duplication of services
- Share findings (by developing a communication plan)
- Plan to update the Resource Inventory and/or Collaborative Initiative Inventory documents
- Plan to update the community map in month/year

Share the results and findings of the community map and other documents (e.g., *Community Resources Inventory*, *Collaborative Initiative Inventory*, *Action Plan*) with:

- Oversight committee
- Steering committee
- Partner stakeholders
- Community, including participant families

By sharing action plan results, your team can then:

- Show how the mapping process improves existing resources while developing new ones for children and families in the community
- Highlight identified service gaps and increase awareness of community issues and needs
- Demonstrate how the mapping process is one of many collaborative efforts involving stakeholders and actual participants
- Use the mapping process to motivate individuals and organizations to improve their performance

See [Facilitator Guide – Attachment A](#)

Conclusion: We Are Better Together

Community mapping is a valuable tool collaborative teams use to take inventory of what exists in their community, identify opportunities to build and strengthen partnerships, and coordinate resources/efforts to improve outcomes for children and families. This guide outlined opportunities at the micro- and macro-level to achieve change and sustain the essential work of collaboration. Please contact CCFF for additional training and technical assistance (TTA) support.

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ATTACHMENTS

1. [Facilitator Guide – Attachment A](#)
2. [Community Resource Inventory Template – Attachment B](#)
3. [Collaborative Initiative Inventory Template – Attachment C](#)
4. [Action Plan Template – Attachment D](#)

Facilitator Guide – Attachment A

The following is provided for individuals assigned to organize and/or facilitate the community mapping process. Please review the [Community Mapping Guide](#) for complete information about the mapping process.

PART 1: PLAN AND PREPARE

FACILITATOR CHECKLIST:

- ✓ Understand the overall objective and focus (micro or macro) of the mapping process defined by the larger team during Part 1
- ✓ Review the participant list and respective agencies or organizations to get a sense of size, dynamics, make-up, and potential role
- ✓ Confirm and finalize logistics, including date, time, and location

PART 2: FACILITATE AND MAP

The suggestions below can assist facilitators as they introduce and move through the mapping process with their group as the micro- and macro-level.

FACILITATOR GUIDANCE SCRIPT – MICRO-LEVEL:

- ✓ **Restate and explain the purpose of the mapping exercise:** *“Thank you for your time and willingness to participate in our community mapping exercise today. Each of you was invited because our team/program believes you can make an important contribution to accomplishing our goal of identifying supports needed for long-term recovery and stability of families in our community. We also believe that you have something to gain by the outcome of this mapping process.”*
- ✓ **Explain the focus of the mapping (micro):** *“We will facilitate the mapping process at the micro level by identifying what services and resources are needed for families to accomplish our stated objective. Your experience as a member of the community will help us accomplish this. The micro-level process is different than the macro level, which focuses on scanning and identifying the community for existing initiatives and funding resources that could support us accomplish our stated objective. Our plans are to conduct the macro level by early/mid/late month (or some other timeline).”*
- ✓ **Explain the process:** Briefly explain the process and the flow, including any planned breaks. Introduce any support staff and their role. Also explain the “Parking Lot,” which will be a list of important discussions, tasks, or issues raised during the process and will need to be addressed at a later time.
- ✓ **Introduce participants:** *“Please introduce yourself by stating your name, agency, organization, and current role.”* **TIP:** Offer tented place cards for participants to help everyone remember information and encourage clear communication.

FACILITATOR GUIDANCE SCRIPT – MACRO-LEVEL:

- ✓ **Restate and explain the purpose of the mapping exercise:** *“Thank you for your time and willingness to participate in our community mapping exercise today. Each of you was invited because our team/program believes you can make an important contribution to accomplishing our goal of identifying supports needed for long-term recovery and stability of families in our community. We also believe that you have something to gain by the outcome of this mapping process.”*

- ✓ **Explain the focus of the mapping (macro):** Offer brief details of the macro approach while explaining the community mapping process and that the session today will focus on the macro level. Provide context on what has been accomplished thus far and/or what will happen next. *"We will facilitate the mapping process at the macro level by scanning and identifying the community for existing initiatives and funding resources that could help us accomplish our stated objective. Our work will help coordinate and align initiatives, services, and resources in the community. We want to achieve better service alignment; integrate similar programs, funding streams, and service sectors; and develop a better cross-system approach to service delivery on behalf of children and families in our community."*

Stakeholders convened last month for the micro-level portion of community mapping. This group focused on scanning and identifying existing initiatives and funding resources to help us accomplish our stated objective. We included a copy of the current version of this map as well as a summary of key takeaways in a report."

- ✓ **Introduce participants:** *"Please introduce yourself by stating your name, agency, organization, and current role."* **TIP:** Offer tented place cards for participants to help everyone remember information and encourage clear communication.

ENGAGEMENT IDEAS:

- ✓ **To encourage full participation:** Write down each resource or need on large paper and post along the walls in the room. Provide post-it notes so each participant can write down agencies and organizations for each resource/need. Have them move throughout the room and post their submissions. Upon completion, review the notes and add them to the larger map. **NOTE:** You will need sufficient space.
- ✓ **To encourage networking:** Randomly assign participants to groups, asking them to list organizations and agencies for each need. Have them report their results and add information to the larger map. Save time by providing a pre-populated map. Ask the group to provide additional feedback and clarification. Gather feedback and add the information to the larger map.

FACILITATION TIPS:

- ✓ Make sure key takeaways are either listed on a flip chart or otherwise documented. You will refer to this when developing the Action Plan in Part 3.
- ✓ Set Level 1 (most important) and Level 2 (important) priorities.
- ✓ Aim to reach consensus: *"Can we all live with these?"*
- ✓ Place important discussion topics that require further attention or discussion in the notes and documentation to be addressed by the collaborative workgroup during action planning.
- ✓ Assign individuals to contact each of the agencies for any additional information.

PART 3: ACTION PLAN

FACILITATION TIPS:

Prior to developing the [Action Plan Template – Attachment D](#), the team may want to schedule a debrief meeting with all participants to discuss the following questions. The facilitator can help attendees explore the following questions and document responses:

- What are the key takeaways, results, and findings of the actual community map?
- Which parts of the community map have the most gaps? Duplication? Lack of coordination?
- Which parts of the community map have the most momentum and/or strongest connections?
- Which connections or partnerships are strongest? Which need the most attention?
- What new partnerships do we need to develop moving forward? What's the best way to engage these new partnerships?
- How did the mapping process expand your understanding of systems, community, and relationships?
- What were the key lessons from the actual mapping process? What would you do differently?
- Did the process involve all the necessary players? Who or what was missing?
- Are there still remaining questions to be answered or discussed with the larger collaborative?

Community Resource Inventory Template – Attachment B

Agency Type	Agency	Eligibility Requirements	Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays, funding sources/billing, waitlists, etc.
Detoxification			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Medication-Assisted Treatment			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Substance Use Disorder Treatment - Outpatient			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Substance Use Disorder Treatment - Residential			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Substance Use Disorder Treatment - Residential/Family			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Mental Health			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:

Agency Type	Agency	Eligibility Requirements	Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays, funding sources/billing, waitlists, etc.
Anger Management			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Individualized/Trauma Related Services for Women			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Individualized/Trauma Related Services for Men			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Aftercare			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Children's Therapeutic Services			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Child Care			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:

Agency Type	Agency	Eligibility Requirements	Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays, funding sources/billing, waitlists, etc.
Therapeutic Child Care			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Parenting/Family Strengthening			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Home Visiting Programs			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Vocational			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Educational			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Employment			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:

Agency Type	Agency	Eligibility Requirements	Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays, funding sources/billing, waitlists, etc.
Housing - Homeless			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Domestic Violence - Outpatient			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Domestic Violence - Shelter			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Housing			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Legal Services			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Social Services			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Primary Health Care			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:

Agency Type	Agency	Eligibility Requirements	Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays, funding sources/billing, waitlists, etc.
Family Planning			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Dental			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Pharmacy			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Pediatric Developmental Services			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
HIV/AIDS			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
12-Step Meetings			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Recovery Supports			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:

Agency Type	Agency	Eligibility Requirements	Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays, funding sources/billing, waitlists, etc.
Mentoring Programs			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Income Support			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Food Assistance			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Utility Assistance			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Transportation			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Recreation			Referral Process: Capacity: Fees/Co-Pays: Evidence-Based Practice: Comments:
Other			

Collaborative Initiative Inventory Template – Attachment C

This matrix is a cross section of programs, initiatives, or collaboratives serving families in the community. It highlights similarities and program specifications to improve partnerships. The matrix enables teams to build strong collaborations and map resources to sustain programming in communities.

Complete the matrix by naming specific programs in your community along the top row and completing specifications in the program's respective column.

	Program #1	Program #2	Program #3
Name or Title			
Lead Agency			
Project Director/Liaison			
Start Date			
Funding			
Program Type			
Goals of the Program			
TTA Provider & Contact			
List Local Leadership **Cross-over agencies in bold			
List Core Team **Cross-over agencies in bold			
List State-Level Partners **Cross-over agencies in bold			
Target Population			
Case Type Served			
Referral Process			
Services Provided			
Service Area			
Length of Time Services Provided			

Action Plan Template – Attachment D

[YEAR]

[PARTNERSHIP NAME]

[DATE]

PURPOSE: An Action Plan serves as a guide to support the planning, implementation, and outcomes of your collaborative. Consider this a living document to serve as a set of goals, action steps, objectives, strategies, and needed support. It will act as an organizing framework and workplan for implementation, and management activities, while clarifying responsibilities for carrying out the tasks. It will help to prioritize and focus your efforts.

The initial draft should include critical issues, goals, action steps, tasks/activities, responsible parties, estimated completion dates, and support needed to complete these goals and activities. It is expected that some activities and tasks may be long-term or ongoing. You may need to adjust based on the needs of the project. As a dynamic tool, you should revisit the Action Plan regularly so that it can remain relevant and useful, and hopefully assist you in further engaging your partners.

Goal I (Describe Your Goal)					
	Strategy/Action Steps	Timeline	Person(s) Responsible	Progress Update	Support, Technical Assistance, and/or Resource Needs
Action Step	Include the action steps involved in reaching the goal (e.g., speak to local schools/churches about donating their used vans, or borrowing vans while school is in session).	Include completion dates.	Include the lead person(s) responsible for completing or monitoring the action step.	Whoever is in charge of the action step should come to each steering committee mtg with a brief note of the progress since last meeting.	Identify what supports would be helpful to address this action step and/or move this strategy forward.
Action Step 1					
Action Step 2					
Action Step 3					

Goal II (Describe Your Goal)					
	Strategy/Action Steps	Timeline	Person(s) Responsible	Progress Update	Support, Technical Assistance, and/or Resource Needs
Action Step 1					
Action Step 2					
Action Step 3					

Goal III (Describe Your Goal)					
	Strategy/Action Steps	Timeline	Person(s) Responsible	Progress Update	Support, Technical Assistance, and/or Resource Needs
Action Step 1					
Action Step 2					
Action Step 3					

**Insert additional issues/tasks as needed*

APPENDIX

C

DATA INVENTORY TEMPLATE

Purpose

1. To determine the prevalence of families with substance use disorders (SUDs) in the child welfare system and its incidence in child welfare outcomes
2. To identify what extent families in the child welfare system with SUDs receive referrals and receive treatment services
3. To determine the prevalence of infants affected by prenatal exposure, and other related data needed to comply with 2016 Child Abuse and Prevention Act (CAPTA) reporting requirements
4. To establish baseline metrics, if possible, to measure effects of innovation change strategies

The following data items can help a state or local team understand the challenges of parental SUDs and determine the available resources to respond. Collecting this data, which is not readily available in some cases, is an important part of understanding how many children and families are affected by SUDs, prenatal exposure, and involvement in child welfare. Barriers to assembling this data include the same obstacles to addressing the larger problem: a lack of screening, few referrals, and the challenges of building inventories of available resources. The [NCSACW TTA](#) team is available to help compile and analyze this data as well as the practices and policies that flow from it.

State Contextual Data				
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage	
Total Population	Census			
Number of Adults	Census			
Number of Children Under 18				
• Under 1 Year	Census			
• 1-2 Years	Census			
• 3-5 Years	Census			
• 6-8 Years	Census			
• 9-11 Years	Census			
• 12-14 Years	Census			
• 15-17 Years	Census			
Percentage of Population Participating in Medicaid	Census			
Number of Live Births	Census			
Percentage of Medicaid Births	Census			
Substance Use Disorder and Treatment Data				
Adult Treatment Admissions (Total Number)	State Substance Abuse Info. System/TEDS Data			

State Contextual Data			
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage
Women Admitted to Treatment (Total Number)	State Substance Abuse Info. System/TEDS Data		
<ul style="list-style-type: none"> Pregnant Women Admitted to Treatment (Percentage and Number) 	State Substance Abuse Info. System		
<ul style="list-style-type: none"> Statewide capacity for residential women's treatment with children? Number of women and children 	State Substance Abuse Info. System/TEDS Data		
<ul style="list-style-type: none"> Current (most recent available) census for residential women's treatment with children? Number of women and children 	State Substance Abuse Info. System/TEDS Data		
Primary Drug at Treatment Admission (List the drug and the percentage of admissions within each demographic)			
<ul style="list-style-type: none"> Men 	State Substance Abuse Info Systems/TEDS Data		
<ul style="list-style-type: none"> Women 	State Substance Abuse Info Systems/TEDS Data		
<ul style="list-style-type: none"> Pregnant Women 	State Substance Abuse Info Systems/TEDS Data		
Number and Percentage of Adults Currently Involved in the Child Welfare System (Establish a context for families from child welfare compared to the overall number of adults receiving treatment services.)	State Substance Abuse Info Systems		
Diagnosed Co-Occurring SA/MH Disorders:			
<ul style="list-style-type: none"> Men 	State Substance Abuse Info Systems/TEDS Data		
<ul style="list-style-type: none"> Women 	State Substance Abuse Info Systems/TEDS Data		
<ul style="list-style-type: none"> Pregnant Women 	State Substance Abuse Info Systems/TEDS Data		

State Contextual Data			
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage
Average Length of Treatment Episode:			
• Men	State Substance Abuse Info Systems/TEDS Data		
• Women	State Substance Abuse Info Systems/TEDS Data		
• Pregnant Women	State Substance Abuse Info Systems/TEDS Data		
Overdose Deaths:			
• Men	Medical Examiner/Public Health Reporting System		
• Women	Medical Examiner/Public Health Reporting System		
• Pregnant Women	Medical Examiner/Public Health Reporting System		
Child Welfare Data			
Child Abuse/Neglect Reports	SACWIS/State CW Information System		
Reports that Resulted in Investigation	SACWIS/State CW Information System		
• Reports involving Parental/Caregiver Substance Use	SACWIS/State CW Information System		
Substantiated cases	SACWIS/State CW Information System		
• Cases involving Parental/Caregiver Substance Use	SACWIS/State CW Information System		
Child Removals w/Substance Use as a Factor in Removal	AFCARS/State CW Information System		
• Children with an Alcohol Abuse Parent/Caregiver Risk Factor	AFCARS/State CW Information System		
• Children with a Drug Abuse Parent/Caregiver Risk Factor	AFCARS/State CW Information System		

State Contextual Data			
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage
Children in Out-of-Home Care	AFCARS/State CW Information System		
• < 1 Year	AFCARS/State CW Information System		
• 1 to 3 years	AFCARS/State CW Information System		
• 3 to 5 years	AFCARS/State CW Information System		
• 6 to 12 years	AFCARS/State CW Information System		
• 13-17 years	AFCARS/State CW Information System		
• 18 years >	AFCARS/State CW Information System		
Children in Out-of-Home Care Due to Parental/ Caregiver Substance Use	AFCARS/State CW Information System		
• < 1 Year	AFCARS/State CW Information System		
• 1 to 3 years	AFCARS/State CW Information System		
• 3 to 5 years	AFCARS/State CW Information System		
• 6 to 12 years	AFCARS/State CW Information System		
• 13-17 years	AFCARS/State CW Information System		
• 18 years >	AFCARS/State CW Information System		
Number of children in-home, with parental substance use as a factor in the case	AFCARS/State CW Information System		

Data Related to Infants With Prenatal Substance Exposure				
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage	
Public Health Data				
Women Screened for SUDs	PRAMS			
• Pregnant Women Screened for SUDs	PRAMS			
Women with Positive Screen for SUDs Referred for Assessment	PRAMS			
• Pregnant Women with Positive Screen for SUDs Referred for Assessment	PRAMS			
Children under 3 referred to IDEA as a result of prenatal exposure	SACWIS/State CW Information System			
Children under 3 receiving services through IDEA Part C (Early Intervention Services)	Early Intervention Providers			
Children under 3 with a history of prenatal exposure receiving services through IDEA Part C	Early Intervention Providers			
Infant/Child Fatalities	Public Health Records			
Fatalities involving children < 1	Public Health Records			
Fatalities involving parental/caretaker substance use	Public Health Records			
Child Fatalities also known to child welfare system	Public Health Records/SACWIS			

Data Related to Infants With Prenatal Substance Exposure				
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage	
Capta Notifications				
<ul style="list-style-type: none"> Infants identified as being affected by substance abuse withdrawal symptoms resulting from drug exposure or Fetal Alcohol Spectrum Disorder (FASD) 	SACWIS/NCANDS			
<ul style="list-style-type: none"> Infants with Plans of Safe Care 	Hospitals, Public Health Records/NCANDS			
<ul style="list-style-type: none"> Infants for whom service referrals were made—including services for affected parent or caregiver 	SACWIS/State CW Information System/NCANDS			
<ul style="list-style-type: none"> Referrals of children 0 to 3 with substantiated cases to Part C agency for developmental referrals 	SACWIS/NCANDS			
Infants with Prenatal Exposure (CAPTA notifications):				
<ul style="list-style-type: none"> # of notifications that are Screened In for Investigation 	SACWIS/State Child Welfare Information System			
<ul style="list-style-type: none"> - Number with Substantiated Abuse or Neglect 	SACWIS/State Child Welfare Information System			
<ul style="list-style-type: none"> # of notifications that are Screened Out 	SACWIS/State Child Welfare Information System			
<ul style="list-style-type: none"> # in Out-of-Home Care 	SACWIS/State Child Welfare Information System			
<ul style="list-style-type: none"> # Remaining at Home 	SACWIS/State Child Welfare Information System			
<ul style="list-style-type: none"> - With Plan of Safe Care 	SACWIS/State Child Welfare Information System			
<ul style="list-style-type: none"> - With Safety Plan 	SACWIS/State Child Welfare Information System			

Data Related to Infants With Prenatal Substance Exposure				
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage	
Hospital Data				
Newborn affected by maternal use of tobacco	ICD-10-CM Codes: P04.2; Medicaid or other hospital diagnostic/billing codes			
Newborn affected by maternal use of alcohol	ICD-10-CM Codes: P04.3; Medicaid or other hospital diagnostic/billing codes			
Newborn affected by maternal use of other drugs of addiction	ICD-10-CM Codes: P04.49; Medicaid or other hospital diagnostic/billing codes			
Neonatal withdrawal symptoms from maternal use of drugs of addiction	ICD-10-CM Codes: P96.1; Medicaid or other hospital diagnostic/billing codes			
Fetal alcohol syndrome (dysmorphic)	ICD-10-CM Codes: Q86.0; Medicaid or other hospital diagnostic/billing codes			
Notifications to Child Protective Services for infants born with and identified as affected by:				
• Substance use disorder (illegal or legal)	Health Care Provider			
• Withdrawal symptoms resulting from prenatal drug exposure	Health Care Provider			
• FASD	Health Care Provider			
Average length of stay for infants born with and identified as affected by prenatal substance exposure	Medicaid Claims Data or other Hospital Data			
Average cost for infants born with and identified as affected by prenatal substance exposure	Medicaid Claims Data or other Hospital Data			

Project/Innovation Specific Data				
State or Jurisdiction Overview	Data Source	Timeframe Data Covers	Number/ Percentage	
Partner/Organization Implementing				
Aggregate Client Information				
Example: # of clients screened by project team for SUD	Grant Data Collection			
Outcome Data				
Example: % of clients enrolled completing all service elements	Grant Data Collection			

APPENDIX

D

FUNDING INVENTORY TEMPLATE

Services/ Programs/ Activities	Description and Activities/ Tasks	Population Served	Current Capacity/ Case Load	Total Annual Funding	Current Funding Source (Include End Date)
EXAMPLE: <i>Trauma-Focused CBT (TF-CBT)</i>	2 full-time clinicians providing TF- CBT services to children referred by CW. Note: Training is required prior to delivering service.	Child/ adolescent (age 3-18) and parent/ caregiver	24 families concurrently; up to 52 families annually	\$150,000 (Salary only)	"Regional Partnership Grant: Children's Bureau: End: September 30, 2019"
EXAMPLE: <i>Bimonthly Partnership Meetings</i>	8 partners meet every other month to discuss outcomes, sustainability, and challenges to operations. Meetings held at courthouse.	N/A	N/A	8 partners: Approximately two hours every other month, plus support; Project Director: Approximately 3 hours every other month to support this activity.	"Court provides meeting space. Partners contribute their time and support. Project Director (employed by CW) develops and prints agenda, and leads meetings. Project Director Salary: Regional Partnership Grant (RPG), Children's Bureau End: September 30, 2019"

Funding Type	Opportunities for Leverage	Gaps in Funding	New Funding Strategies	Broader System Concerns	Next Steps
EXAMPLE: <i>Federal Grant</i>	TF-CBT training allowed additional clinicians (outside RPG) to be trained, which could allow for expansion of services.	No current capacity to bill for services.	Need to explore possible Medicaid billing. Possible limited funding available through CW budget.	Only 2 clinicians providing services. There are an estimated 105+ children in need of service who are not receiving it.	<p>“1. Identify steps for provider to develop billing system.</p> <p>2. Survey all providers for clinicians who are trained in intervention.</p> <p>3. Discuss with CW how secure funding might be and for how long.”</p>
EXAMPLE: <i>Project Director's time paid for with RPG grant; all other activities provided in-kind by partners (include names/agencies).</i>	These meetings not only help to manage grant requirements, but they also guide service delivery and interagency collaboration. Can continue with little to no additional funding.	No current ability to continue Project Director position once grant ends.	Continue in-kind contributions. Consider moving some of Project Director's duties to either court analyst partner or treatment provider clinical supervisor.	Some concern that partnership meetings are too limited or narrow in scope. Could be part of larger convenings that already exist.	<p>“1. Explore possibilities for continuing Project Director's position or duties.</p> <p>2. Confirm that court can continue to provide meeting space if meetings continue in current form.</p> <p>3. Inventory other meetings/committee/groups that focus on similar child/parent/family issues and consider merging.”</p>
EXAMPLE:					
EXAMPLE:					

APPENDIX

E

COST ANALYSIS TOOL

This tool helps sites begin planning their own cost analysis. The steps provide guidance for developing an initial cost analysis; the template below can track progress. The questions may or may not be relevant depending on the level of cost analysis programs undertake. It is not essential to have all of these answered to begin the process.

1. Agencies and collaboratives must first devote staff resources to answer the primary question: “What does this service or innovation cost for each client (parent, child, family) served?” Considerations that might help a team determine their ability to undertake cost analysis, and at what level include:
 - a. Are you staffed adequately to collect and analyze cost data?
 - b. Do you have dedicated evaluators/evaluation staff? Do your evaluators have the capacity to perform cost analysis?
 - c. Have you sought any additional resources (e.g., regional academic institutions) to assist you with analysis of cost data?
2. Review available cost data with partners, including potential funders, to ensure that you collect the data most relevant to funding decisions.
3. Separate one-time startup costs from ongoing operating costs.
4. Identify specific costs beyond federal funding and how you are planning to pay for those components.
5. Separate fixed from variable costs. Note: fixed costs do not depend on the number of clients served (e.g., rent). Variable costs are those that vary according to the number of clients served or the amount of service provided such as drug testing.
6. Determine how many clients you can serve effectively while considering the effect of possible expansion on cost per client (i.e., will the project still need the same staff, so that total costs and unit costs may change)?

Does your data system enable you to connect costs on a per family basis, so that parents’ treatment and services to the child can be viewed separately as well as combined? If not, can you calculate this through other methods?

- a. Can you track clients who drop out so that cost analysis takes them into account while they are in the program? Can you compare those that leave prematurely with those that complete the program?
 - b. How long will your evaluation track families after services end to determine possible savings from improved short-, medium-, and long-range outcomes?
7. Identify baseline costs for key items such as out-of-home care, court costs for processing a typical case, developmental assessments, treatment, parent education, services to infants with prenatal substance exposure, and any other items specific to your project. Estimate based on total costs and clients served if agencies do not have these.

8. Determine whether the agency needs new methods to determine how staff and contractors are devoting resources, and how much time they are setting aside for each.
9. Identify cost “drivers” (i.e., those most likely to cause an increase in costs, such as turnover or the need for staff training).
10. Distinguish among clients with different levels of need to identify those which might require higher costs while recognizing the potential connection to better outcomes for these higher cost clients.
11. Separate reimbursable and non-reimbursable costs.
12. Separate collaboration costs, such as meetings and case conferences, from costs for direct services. Are these reimbursable?
13. Determine if partner agencies (child welfare, treatment, healthcare, courts, allied services) can document the current costs for a “business as usual” model serving families with substance use disorders (SUDs) and at risk of child welfare involvement (or for families not receiving services from our project).

Is the team devoting adequate resources to cost analysis, given its importance to attracting sustained funding?

Cost Analysis Checklist

Element	Yes	No	Resources Needed	Next Steps
<p>Agency/collaborative devotes staff resources to collect cost information that answers, “What does this cost for each client (parent, child, family) served?”</p> <ul style="list-style-type: none"> • <i>Project is staffed adequately to collect and analyze cost data</i> • <i>Evaluators have the capacity to perform cost analysis</i> • <i>Additional resources are in place to assist with cost data analysis</i> 				
Partners and potential funders have reviewed cost data to ensure findings are relevant to potential funders				
Analysis separates one-time startup costs from ongoing operating costs				
Identify project costs funded by sources outside of current grant funding; note which sources are funding each program component				
Fixed and variable costs remain separate				

Element	Yes	No	Resources Needed	Next Steps
<p>Program has determined how many clients it can serve effectively, and has considered the effect of expansion on cost per client (i.e., can the current staff handle the project, or are additional staff needed affecting total and unit costs?)</p> <ul style="list-style-type: none"> • A methodology and mechanism to collect data has been selected that allows examination of costs for a family, as well as an individual client. • A tracking mechanism has been developed to document those who do—and do not—complete the program since it affects costs. • The methodology has determined how long the evaluation will track parents and children after services end to determine possible savings from improved short-, medium- and long-range outcomes. 				
<p>Baseline costs for key items such as out-of-home care, court costs for processing a typical case, developmental assessments, treatment (by mode), parent education, services to infants with prenatal substance exposure, and other items specific to your project are identified</p> <ul style="list-style-type: none"> • If baseline costs are unavailable, there are careful estimates based on total costs and clients served. 				
Existing methods can determine how staff and contractors are devoting their time and resources				
Analysis has Identified “cost driving” budget items, such as turnover or the need for staff training				
Methodology can distinguish between different levels of clients’ risk factors				
Methodology exists to separate reimbursable from non-reimbursable costs				
<p>Analysis examines costs of collaboration, such as meetings and case conferences, from costs for direct services</p> <ul style="list-style-type: none"> • Are these reimbursable costs? 				
Methodology includes the collection of available cost data from other projects relevant to the region or your clients.				
Discussion with partner agencies (child welfare, SUD treatment, healthcare, courts and allied systems) to document current costs for a “business as usual” model serving families with SUDs and at risk of involvement in the child welfare system (as well as those not receiving services from our project)				

APPENDIX

F

PROGRAM SUSTAINABILITY ASSESSMENT TOOL V2

What is program sustainability capacity?

Sustainability has multiple meanings. It can refer to refunding a program, replicating or expanding a successful program, or even fully institutionalizing an innovation. Teams with a collaborative infrastructure in place are most capable of sustaining services to meet a broad range of needs for families involved with both substance use disorder (SUD) treatment and the child welfare (CW) system.

What is the purpose of this tool?

The main goal is to assess your collaborative's current sustainability capacity across a range of specific organizational and contextual factors. This assessment is based on Washington University's *Program Sustainability Assessment Tool v2*. We have modified items to better align with the needs of collaborative teams striving to assist families affected by SUDs and at risk of CW involvement. Each partner's perspective and input helps identify sustainability strengths and challenges. Partnerships use these aggregated results to guide sustainability planning.

Helpful definitions

In the following questions you will rate your program across a range of specific factors affecting sustainability. Please respond to as many items as possible. If you are not able to answer an item, select "NA." For each statement, indicate the number that best indicates the extent to which your program has or does the following things. The survey should only take a few minutes to complete. All responses will remain anonymous.

To help you complete the survey we have defined the following terms to ensure a consistent understanding:

- **Program** refers to your site's services.
- **Partnership** refers to all members of your collaboration, such as a core team or steering committee.
- **Organization** encompasses the parent organizations or agencies in which the program is housed.
- **Community** refers to the stakeholders who may either benefit from or guide the program. This could include local residents, organizational leaders, decision-makers, etc. Note: Community does not refer to a specific town or neighborhood.

The name of the program I am assessing is:

DEMOGRAPHIC INFORMATION

In What State Do You Work?

Local Level Entity (please identify your agency):

Identify Your Own Role in Your Organization:

- ☐ Frontline Staff/Direct Service
 - ☐ Supervisor
 - ☐ Maternal, Infant Health Care Provider
 - ☐ Manager
 - ☐ Administrator/Executive Leadership
 - ☐ Judge, Judicial Officer
 - ☐ Other (specify):
-

Years of Professional Experience in
Your Primary Program Area:

In Which County or Tribe Do You Work?

Years Involved in the Project and
Collaborative Efforts:

Your Agency's Area of Primary Responsibility:

- ☐ Substance Use Disorder Services
 - ☐ Child Welfare
 - ☐ Court Judicial Officer
 - ☐ Attorney
 - ☐ Health Care Provider
 - ☐ Hospital
 - ☐ Early Intervention
 - ☐ Family Drug Court
 - ☐ Domestic Violence
 - ☐ Mental Health
 - ☐ Other, Specify:
-

Jurisdiction of Your Organization:

- ☐ Federal Government/National
 - ☐ State Office
 - ☐ Territory
 - ☐ Within State Regional Office
 - ☐ County
 - ☐ Judicial Circuit
 - ☐ Community-Based Organization
 - ☐ Tribal Government
 - ☐ Other, Specify:
-

Please rate your program across a range of specific factors that affect sustainability. Respond to as many items as possible. If you are truly unable to answer an item, you may select "N/A." **For each statement, circle the number best indicating the extent to which your program has or does the following things.**

ENVIRONMENTAL SUPPORT: Having a supportive internal and external climate for your program									
	To little or no extent				To a very great extent			Not able to answer	
1. Champions exist who strongly support the program.	1	2	3	4	5	6	7	N/A	
2. The program has strong champions with the ability to garner resources.	1	2	3	4	5	6	7	N/A	
3. The program has leadership support from policy leaders, agency leaders, and/or elected officials.	1	2	3	4	5	6	7	N/A	
4. The program has strong community support.	1	2	3	4	5	6	7	N/A	

FUNDING STABILITY: Establishing a consistent financial base for your program									
	To little or no extent				To a very great extent			Not able to answer	
1. The program exists in a supportive state economic climate.	1	2	3	4	5	6	7	N/A	
2. The program implements policies to help ensure sustained funding.	1	2	3	4	5	6	7	N/A	
3. The partnership has conducted an inventory of funding that currently support the program.	1	2	3	4	5	6	7	N/A	
4. The partnership has identified funding sources that could possibly sustain the program.	1	2	3	4	5	6	7	N/A	
5. The program is funded through a variety of sources.	1	2	3	4	5	6	7	N/A	
6. The program has a combination of stable and flexible funding.	1	2	3	4	5	6	7	N/A	
7. The program has sustained funding.	1	2	3	4	5	6	7	N/A	

PARTNERSHIPS: Cultivating connections between your program and its stakeholders

	To little or no extent				To a very great extent				Not able to answer
1. Diverse community organizations are invested in the success of the program.	1	2	3	4	5	6	7		N/A
2. The partnership communicates with community, regional, state, or Tribal leaders.	1	2	3	4	5	6	7		N/A
3. Policy-level officials help remove barriers when line staff identify recurring issues.	1	2	3	4	5	6	7		N/A
4. Community leaders are involved with the program.	1	2	3	4	5	6	7		N/A
5. Community members are passionately committed to the program.	1	2	3	4	5	6	7		N/A
6. The community is engaged in the development of program goals.	1	2	3	4	5	6	7		N/A
7. The partnership assesses and adapts as needed to effectively respond to contextual issues as well as emerging needs of children and families.	1	2	3	4	5	6	7		N/A

ORGANIZATION CAPACITY: Having the internal support and resources needed to effectively manage your program

	To little or no extent				To a very great extent				Not able to answer
1. The program is well integrated into the operations of the lead and/or partner agencies.	1	2	3	4	5	6	7		N/A
2. Organizational systems are in place to support the program's various needs.	1	2	3	4	5	6	7		N/A
3. Leadership effectively articulates the vision of the program to external partners.	1	2	3	4	5	6	7		N/A
4. Leadership efficiently manages staff and other resources.	1	2	3	4	5	6	7		N/A
5. The program has adequate staff to complete its goals.	1	2	3	4	5	6	7		N/A
6. The program has the capacity for ongoing training related to the program's strategies/interventions.	1	2	3	4	5	6	7		N/A

PROGRAM EVALUATION: Assessing your program to inform planning and document results								
	To little or no extent				To a very great extent			Not able to answer
1. The program has the capacity for quality program evaluation.	1	2	3	4	5	6	7	N/A
2. The program reports short-term and intermediate outcomes.	1	2	3	4	5	6	7	N/A
3. The costs to operate the program have been identified.	1	2	3	4	5	6	7	N/A
4. The evaluation includes cost-benefit or cost-offset analysis.	1	2	3	4	5	6	7	N/A
5. Evaluation results inform program planning and implementation.	1	2	3	4	5	6	7	N/A
6. The evaluation includes qualitative data or information that highlights participants' experiences with the program.	1	2	3	4	5	6	7	N/A
7. The evaluation includes performance indicators that are important to leaders from partners' systems.	1	2	3	4	5	6	7	N/A
8. Program evaluation results are used to demonstrate successes to funders and other key stakeholders.	1	2	3	4	5	6	7	N/A
9. The program provides strong evidence to the community that the program works.	1	2	3	4	5	6	7	N/A

PROGRAM ADAPTATION: Taking actions that adapt your program to ensure its ongoing effectiveness

	To little or no extent				To a very great extent				Not able to answer
1. The program implements evidence-based or evidence-informed interventions.	1	2	3	4	5	6	7		N/A
2. The program adapts to new evidence.	1	2	3	4	5	6	7		N/A
3. The program proactively adapts to changes in the environment.	1	2	3	4	5	6	7		N/A
4. The program makes decisions about which components are ineffective and should not continue.	1	2	3	4	5	6	7		N/A
5. The program is having an impact on the broader systems in which it is operating.	1	2	3	4	5	6	7		N/A

COMMUNICATION: Strategic communication with stakeholders and the community about your program

	To little or no extent				To a very great extent				Not able to answer
1. The program has communication strategies to secure and maintain community support.	1	2	3	4	5	6	7		N/A
2. Staff communicate the need for the program to the community.	1	2	3	4	5	6	7		N/A
3. The program's marketing strategies generate interest.	1	2	3	4	5	6	7		N/A
4. The program's dissemination strategies include periodic updates on program implementation and results.	1	2	3	4	5	6	7		N/A
5. The program demonstrates its value to the community.	1	2	3	4	5	6	7		N/A

STRATEGIC PLANNING: Using processes that guide your program's direction, goals, and strategies

	To little or no extent				To a very great extent				Not able to answer
1. The program plans for future resource needs.	1	2	3	4	5	6	7		N/A
2. The program has a long-term financial plan.	1	2	3	4	5	6	7		N/A
3. The program has a sustainability plan.	1	2	3	4	5	6	7		N/A
4. The program and partnership have initiated discussions or planning about utilizing existing resources (e.g., redirecting funding, changing current practice) to sustain the innovation.	1	2	3	4	5	6	7		N/A
5. The partnership has developed—and will sustain—the capacity to measure cross-system client outcomes.	1	2	3	4	5	6	7		N/A
6. All stakeholders understand the program's goals.	1	2	3	4	5	6	7		N/A
7. The program clearly outlines roles and responsibilities for all stakeholders.	1	2	3	4	5	6	7		N/A

NARRATIVE OPEN-ENDED QUESTION:

Please provide any additional comments or information that may help assess the current sustainability capacity of your collaboration.

Program Sustainability Assessment Tool (PSAT) – Discussion Guide

ENVIRONMENTAL SUPPORT: Having a supportive internal and external climate for your program

PSAT Survey Items	Associated Discussion Questions
<ol style="list-style-type: none"> 1. Champions exist who strongly support the program. 2. The program has strong champions with the ability to garner resources. 	<p>To what extent are leaders of the core systems aware of the initiative and what it is trying to accomplish?</p>
<ol style="list-style-type: none"> 3. The program has leadership support from policy leaders, agency leaders, and/or elected officials. 4. The program has strong community support. 	<p>How will you maintain the ongoing involvement of key project partners in the planning and operation of your program?</p> <ul style="list-style-type: none"> • Are policy leaders, agency leaders, or elected officials at the table arguing for sustainability for your project? • What specific strategies and activities have worked most effectively in obtaining support to sustain your program?

PARTNERSHIPS: Cultivating connections between your program and its stakeholders

PSAT Survey Items	Associated Discussion Questions
<ol style="list-style-type: none"> 1. Diverse community organizations are invested in the success of the program. 	<p>What agencies/service providers are not currently members of the partnership, but need to be?</p>
<ol style="list-style-type: none"> 2. Diverse community organizations are invested in the success of the program. 	<p>What's the process for identifying and engaging other partners/agencies (e.g., Medicaid, primary health, mental health, housing, employment, education, childcare, and other supportive services) critical to serving the children and families in the target population?</p>
<ol style="list-style-type: none"> 3. Policy-level officials assist when line staff identify recurring barriers. 4. Community leaders are involved with the program. 5. The partnership is engaged in the development of program goals. 	<p>Who are the informal and formal leaders of the collaborative? How are they using the results of the initiative to move the collaborative toward system-level change? How are they using resources that produce the results to “move the needle”?</p>

FUNDING STABILITY: Establishing a consistent financial base for your program

PSAT Survey Items	Associated Discussion Questions
1. The program exists in a supportive state or local economic climate.	<p>Identify the key individuals and organizations whose support is required to sustain program benefits.</p> <ul style="list-style-type: none"> • <i>What support is needed from them?</i> • <i>What evidence will they need to provide this support?</i>
2. The program implements policies to help ensure sustained funding.	<p>How has your jurisdiction's budget or fiscal climate created both opportunities and challenges associated with sustainability planning?</p> <ul style="list-style-type: none"> • <i>Are there other contextual issues such as health care reform, reorganization, and CW policy (e.g., alternative response) impacting your sustainability planning?</i>
3. The partnership has identified funding sources that could sustain the program.	<p>Which kinds of sustainment are desired? For example:</p> <ul style="list-style-type: none"> • <i>Keep all or part of the project going as is (staff salaries, evaluation, etc.)</i> • <i>Integrate the project's activities into the partnership team members' ongoing practices (institutionalizing necessary program strategies and activities into organizational policy and infrastructure)</i> • <i>Embed the key elements of the project in the broader system</i> • <i>Expand and take to scale (e.g., replicate in other communities, statewide)</i>
4. The partnership has identified funding sources that could sustain the program.	<p>Which kinds of sustainment are desired? For example:</p> <ul style="list-style-type: none"> • <i>Keep all or part of the project going as is (staff salaries, evaluation, etc.)</i> • <i>Integrate the project's activities into the partnership team members' ongoing practices (institutionalizing necessary program strategies and activities into organizational policy and infrastructure)</i> • <i>Embed the key elements of the project in the broader system</i> • <i>Expand and take to scale (e.g., replicate in other communities, statewide)</i>
<p>5. The program has a combination of stable and flexible funding.</p> <p>6. The program has sustained funding.</p> <p>7. Existing resources have been redirected from other programs or services to support this program.</p>	<p>How are EBPs funded and sustained?</p>

ORGANIZATIONAL CAPACITY: Having the internal support and resources needed to effectively manage your program

PSAT Survey Items	Associated Discussion Questions
<ol style="list-style-type: none"> 1. The program is well integrated into the operations of the lead and/or partner agencies. 2. Organizational systems are in place to support the programs' various needs. 	<p>How have the host and partners agencies (as appropriate) integrated the program? Or is the program viewed as an “add-on” or “one more thing”?</p> <p>What is the level of staff support for the oversight/steering committee? Who “gets things done” between meetings?</p> <ul style="list-style-type: none"> • <i>Do other organizations view the program practices and policies as an integral part of the agency?</i> • <i>Do agency staff view the program practices and policies as an integral part of agency operations?</i>
<ol style="list-style-type: none"> 3. Leadership effectively articulates the vision of the program to external partners. 4. Leadership efficiently manages staff and other resources. 	<p>How is the initiative's leadership (project director, project manager) staffed (e.g., dedicated staff or part of their existing responsibilities)?</p>
<ol style="list-style-type: none"> 5. The program has adequate staff to complete the program's goals. 	<p>Does the initiative have a plan (or at least discuss ideas) to mitigate staff turnover at every level (e.g., direct care staff, supervisors, middle management)? Consider the effects on</p> <ul style="list-style-type: none"> • <i>Referrals to the initiative</i> • <i>Ongoing implementation of any EBPs</i> • <i>Data collection and reporting</i> • <i>Institutionalization of the innovation/project</i>
<ol style="list-style-type: none"> 6. The program has the capacity for ongoing training related to the program's strategies/interventions. 	<p>Has the initiative implemented (or planned to implement) training with community partners (CW, SUD treatment, and court practitioners) to understand how substance use and mental health disorders affect child safety and family well-being; and how each system works and interacts with the other systems to serve this population?</p>

PROGRAM EVALUATION: Assessing your program to inform planning and document results

PSAT Survey Items	Associated Discussion Questions
1. The program has the capacity for quality program evaluation.	<ul style="list-style-type: none"> • Does the initiative have a logic model? If so, have all the partners reviewed and agreed on it? If no, what changes or additions are needed? • What agreements (or memorandums of understanding) are in place to facilitate the linking of or access to data from respective information systems so staff can measure outcomes and other performance management indicators?
2. The program reports short-term and intermediate outcomes.	<p>What cross-system process and outcome measures (e.g., drop-off data points, SUD and CW outcomes) is the initiative measuring to demonstrate performance? Additional questions about data and evaluation:</p> <ul style="list-style-type: none"> • What are your evaluation priorities? • What information would you like to collect, but currently don't? • Who has this information? • What other agencies have data essential to proving the program is effective?
3. The costs to operate the program have been identified. 4. The evaluation includes cost-benefit or cost-offset analysis.	<p>Does the initiative plan to conduct any cost analyses, including the potential to identify cost offsets or improved outcomes gained by non-financial resource allocation (e.g., co-location, blended staffing, collaborative administration)? If so, how do they plan on using the results?</p>
5. Evaluation results inform program planning and implementation.	<p>To what extent does the initiative use outcomes data (e.g., child welfare, substance abuse, court systems) and evaluation to modify its policies and program implementation?</p>
6. The evaluation includes performance indicators important to leaders from partners' systems.	<ul style="list-style-type: none"> • Does the program use anecdotes and client testimonials to show how the program affects individual lives? • Does the evaluation include qualitative data or information that highlight participants' experiences with the program? • Has the oversight or steering committee developed a process to regularly (monthly or quarterly) monitor or obtain feedback on program performance (e.g., performance dashboard, scorecard on process and outcome indicators)?
7. The program provides strong evidence to stakeholders that the program works.	<p>Has the initiative agreed on how to share the evaluation results with policymakers and community leaders while using the results to leverage resources for the initiative's sustainability?</p>

PROGRAM ADAPTATION: Taking actions that adapt your program to ensure its ongoing effectiveness

PSAT Survey Items	Associated Discussion Questions
1. The program implements evidence-based or evidence-informed interventions.	<ul style="list-style-type: none"> • <i>How are EBPs aligned with the target population?</i> • <i>What implementation challenges has the initiative identified?</i> • <i>What challenges has the initiative overcome to implement an EBP?</i>
2. The program adapts to new evidence.	Has the initiative either considered or already implemented adaptations to the EBPs? Was there a need to discuss with the purveyor?
3. The program proactively adapts to changes in the environment.	What are the other parallel and/or competing priority issues in the jurisdiction? What are the policy leaders' top concerns? Are there other key initiatives in the jurisdiction that may have an impact on the initiative?
4. The program makes decisions about which components are ineffective and should not continue. 5. The program is having an impact on the broader systems in which it is operating.	<ul style="list-style-type: none"> • <i>Does the initiative use its outcomes data (e.g., CW, SUD treatment, court, healthcare) and evaluation to modify its policies and program implementation?</i> • <i>Have the partner agencies made any permanent changes in their practices as a result of the initiative?</i>

COMMUNICATION: Strategic communication with stakeholders and the community about your program

PSAT Survey Items	Associated Discussion Questions
1. The program has communication strategies to secure and maintain community support.	Has the initiative identified baseline prevalence data about SUD, CW, etc. to demonstrate the need for the program to garner community support?
2. Staff communicate the need for the program to the community.	Were community partners and individuals with personal experience involved in planning the initiative, such as identifying the need for its services?
3. The program's marketing strategies generate interest.	To what extent are CW system, SUD treatment, court, healthcare systems, and other key community leaders/partners (e.g., county administrators, state, regional, or central offices, chief judge, and service providers' directors) aware of the initiative? Are they engaged?
4. The program's dissemination strategies include periodic updates on program implementation and effectiveness. 5. The program demonstrates its value to the community.	<ul style="list-style-type: none"> • <i>Has the initiative agreed on how to share evaluation results with policymakers and community leaders, and then use them to leverage resources for the initiative's sustainability?</i> • <i>Has the initiative identified target audiences that can help accomplish dissemination goals?</i>

STRATEGIC PLANNING: Using processes that guide your program's direction, goals, and strategies

PSAT Survey Items	Associated Discussion Questions
1. The program has identified the key components to be sustained.	<ul style="list-style-type: none"> • Which components (direct services, core team partnership activities) are targeted to be sustained? How will you assess and gather evidence to support strategies and activities? • Which components of the initiative's program evaluation are likely to be sustained? • Will the partnership sustain the capacity to measure cross-system client outcomes? • When did you start thinking about sustainability, and how did these efforts progress over time? Who has been involved in these conversations?
2. The program has a long-term financial plan.	Is there a clear and convincing sustainability strategy to attract ongoing resources? Does the site understand the financing options and trends in its field?
3. The program has a sustainability plan.	<ul style="list-style-type: none"> • Has the site planned to implement any sustainability tasks in the first 12-18 months of their initiative? Is sustainability a priority? • Has the initiative discussed any sustainability plans proposed in their application? Have they identified any changes to those plans at this point?
4. The program and partnership have initiated discussions or planning about utilizing existing resources (e.g., redirecting funding, changing current practice) that can be used to sustain the innovation.	<ul style="list-style-type: none"> • What is the potential impact of this initiative on the broader systems of care for families with SUDs and at risk of involvement in the CW system? • What percentage of families are impacted? • What are the biggest barriers to institutionalizing these practices?
5. The program's goals are understood by all stakeholders.	Do partners discuss the mission and values of their initiative? Have they identified areas of disagreement or challenges regarding the overall mission, values, and/or goals?
6. The program clearly outlines sustainability roles and responsibilities for all partners.	Do partnership members discuss sustainability strategies with their respective system leaders?

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Substance Abuse
and Child Welfare



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