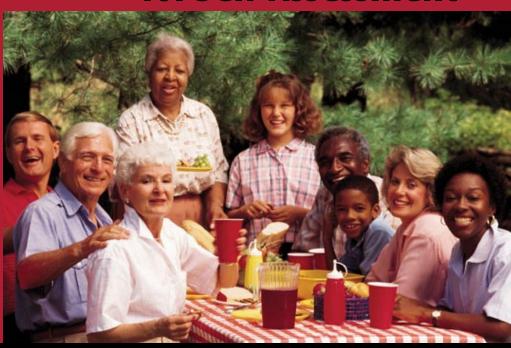# Quick Guide
for Self-Assessment

of Family-Run Organizations in Systems of Care

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UNIVERSITY OF
SOUTH FLORIDA

Quick Guide
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For more information

See the web site http://familyorgdirectory.fmhi.usf.edu or call the Center at 813-974-4661.

Quick Guide for Self-Assessment of Family-Run Organizations in Systems of Care

✓ Contents

Acknowledgements

Introduction

HOW TO USE THE QUICK GUIDE

The Quick Guide is for use by family-run organizations. The guide is divided into nine sections addressing important elements of family-run organization development and sustainability. Each section represents several components or characteristics of effective family-run organizations in a system of care.

A brief description of the element and its components and characteristics is presented at the beginning of each section. The description is followed by exercises designed to help you, as a family-run organization representative or team, begin your self-assessment and planning in that area.

We hope that you find the Quick Guide useful and invite you to contact us with any questions, additional resources, or comments about the Guide and how we might improve future products based on the Family Organization Study.

Key Elements for Family-run Organizations

- *Values*
- *Leadership Development*
- *Partnerships*
- *Access and Referrals*
- *Meeting Family Needs*
- *Working Relationships*
- *Sustainability & Growth*
- *Youth Involvement*
- *Charting Progress*

What do we mean by System of Care?

A system of care incorporates a broad, flexible array of services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels and has supportive policy and management infrastructure (Pires, 2006).

About the Study

The Research and Training Center (RTC) for Children's Mental Health at the University of South Florida is conducting several five-year studies to identify critical implementation factors which support communities and states in their efforts to build effective systems of care to serve the needs of children and adolescents with, or at risk of, serious emotional disturbances and their families. One of these studies examines how family voice, as represented through family-run organizations, contributes to the implementation of effective systems of care.

The purposes of the study are to:

- Examine how family-run organizations are linked to systems of care

- Increase the field's understanding of the structures, processes, and relationships of family-run organizations in systems of care

- Test the factors that contribute to the development and sustainability of an effective family-run organization

- Promote policy change through dissemination of study findings and technical assistance to family-run organizations, state and local policy makers and their partners.

The family organization study is led by a diverse family-member/professional team and advised by a review committee whose members include representatives from national and local family-run organizations, consultants to systems of care, and research and evaluators in the field. The study is guided by the review committee on its methods, findings, products, and dissemination activities.

During Year One of the study, a national survey of family-run organizations was conducted. This comprehensive survey led to the development of two products: (1) *The National Directory of Family-Run Organizations*, an interactive web-based resource, available at http://familyorgdirectory.fmhi.usf.edu, and (2) *A Quick Guide for Self Assessment of Family-Run Organizations in Systems of Care*, a technical assistance tool for family-run organizations.

In addition, the review committee nominated eight family-run organizations across the country to participate in Years Two and Three of the study. This phase of the study is focused on understanding inter-organizational relationships of family-run organizations and their system of care partners through a network analysis.

As the study continues over the next two years, the study team will examine the components highlighted in the Quick Guide and their importance to developing an effective system of care. The study will also continue to identify best and promising practices from family organizations across the country in each of these areas that help systems of care truly become family-driven and youth-guided.

✓ Values

In an effective system of care, the value of family partnership is evident, with families and youth involved in all aspects of the system and in a variety of capacities, including setting policies, developing programs, delivering services, providing training and technical assistance to enhance/expand family partnerships across system of care, and assessing the impact of the system of care on children, youth and families served, agencies and systems, and the community (Briggs & Koroloff, 1995; Curtis & Singh, 1996; Koroloff et al., 1996; Osher, et al., 1999; Osher, Kammen & Zaro, 2004; Pires, 2002; President's New Freedom Commission, 2003; Tannen, 1996).

The exercises in this section will help you in answering these questions:

- To what extent is family partnership valued throughout the system of care?

- To what extent is our organization involved in setting policies in the system of care? In developing programs? In training and providing technical assistance to enhance/expand family partnerships across the system of care? In assessing/evaluating the impact o the system of care on children, youth and families served, agencies providing services, and the community?

- What management and leadership positions in the system of care are held by leaders from your family organization?

In addition to the exercises presented in this guide, The Federation of Families for Children's Mental Health provides a definition of family-driven care that is available at their website www.ffcmh.org/systems_whatis.htm. The definition is: "Families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care of all children in their community, state, tribe, territory and nation." The Federation website also includes guiding principles and characteristics of family-driven care.

▶ *Of critical importance is the use of "authentic" family voice to drive the system transformation. An authentic voice is one that represents the perception of families of children served by the system and results in views that are not coerced or shaped by anyone other than the families themselves.*

— Conni Wells
Family Leader

Exercise 1: The Value of Family Partnership

Complete Exercise 1 to begin examining the extent to which family partnership is valued throughout the system of care. Check if your organization is involved in the system of care activities.

☐ The family organization is involved in setting policies in the system of care.

☐ The family organization is involved in developing programs in your system of care.

☐ The family organization is involved in training and technical assistance to enhance/ expand family partnerships across system of care.

☐ The family organization is involved in assessing/evaluating the impact of the system of care on children, youth and families served, agencies and systems, and the community.

Exercise 2: Local and State Leadership/ Management/Operations Teams

Complete Exercise 2 to identify all the management or leadership positions of the system of care held by leaders from the family organization.

☐ State/local governing body

(e.g.,_____)

☐ State/local advisory body

(e.g.,_____)

☐ State/local planning body

(e.g.,_____)

☐ State/local management team

(e.g.,_____)

☐ State/local quality improvement team

(e.g.,_____)

☐ Other state/local team

(specify: _____)

Leadership Development

In an effective system of care, the family-run organization recruits, engages, and nurtures diverse family leaders, and nurtures their development as leaders, to interface effectively with the system of care in a variety of capacities (Family Support America, 2000; Jacobs & Bowles, 1998; Lefley & Pedersen, 1986; Stroul & Friedman, 1986).

The exercises in this section will help you in answering these questions:

- What are the leadership and workforce issues we need to address?

- Does our organization understand and reflect the cultural diversity of the children and families we represent and serve?

- What strengths, skills and knowledge does our staff bring to our organization and what strengths, skills and knowledge are we missing to help our organization sustain and grow.

In addition to the exercises presented in this guide, Volume I of the 1998 series of monographs, *System of Care: Promising Practices in Children's Mental Health – New Roles for Families in System of Care,* provides information on how families raising children with mental health needs have developed their voice to become strong partners and leaders in systems of care, specifically as system of care facilitators and as university faculty (Osher, deFur, Nava, Spencer, & Toth-Dennis, 1999). This monograph is available at the Federation of Families for Children's Mental Health website www.ffcmh.org/pub_books.htm.

Systems of care must consciously and deliberately establish a safe environment for family leaders who do come forth, eliminate the possibility of retaliation, and provide support for any family experiencing repercussions for being honest about the strengths and weaknesses of the providers or agencies in the community.
— Promising Practices in Children's Mental Health: New Roles for Families in Systems of Care, 1998 p. 68

Exercise 3: Characteristics of Family Organization Staff

Complete Exercise 3 to help you begin to look at leadership and workforce issues, including issues of cultural and linguistic competence. For each staff position you identify, indicate for the individual currently in that position, their gender, race/ethnicity, whether they reside in the geographic area served, whether they receive or have received services from the system, and strengths, skills, knowledge, they bring to that position.

Position	Gender	Race/ Ethnicity	Reside In the Geographic Area Served	Other Cultural/ Linguistic Characteristics	Receives /Has Received Services from System	Strengths

Exercise 4: Knowledge and Skill Development and Enhancement Opportunities

Complete Exercise 4 to help you develop a training plan for leadership development for family members.

Title/Topic of Workshop/ Conference/Training	Date(s) Offered	Who has Already Attended	Outcomes of Attending Training	Who should Attend Training in this Topic?

Partnerships

In an effective system of care, families and youth are encouraged, supported and paid to participate in all operations of the system of care, including setting policies, developing programs, delivering services, providing training and technical assistance, and assessing the impact of the system of care on children, youth and families served, agencies and systems, and the community (Pires, 2002). Parent-professional partnerships have expanded in the implementation of systems of care (Briggs & Koroloff, 1995; Bryant-Comstock et al., 1996; Hetlinger & Bickman, 1996; Koroloff & Briggs, 1996; Kruzich et al., 2003; Osher & Osher, 2002; Pires, 2002; Vander Stoep et al., 1999).

The exercises in this section will help you help you in answering these questions:

- How strong is the family movement in our community?

- Is there support for our family organization?

- Is the family organization a partner and leader in setting child serving policy? In developing programs for our local system of care? In delivering services? In assessing the impact of services on children, youth and families served, child and family serving agencies, the community?

In addition to the exercises presented in this guide, the National Peer Technical Assistance Network's Partnership for Children's Mental Health* developed a monograph presenting research and commentary on the issues involved in utilizing a family/professional partnership systems approach in situations involving children who have developed or are at risk of developing serious emotional, behavioral, or mental health disturbances and their families. This monograph is available at the Federation of Families for Children's Mental Health website www.ffcmh.org/pub_books.htm.

*The National Peer Technical Assistance Network's Partnership for Children's Mental Health is comprised of: the Center for the Study of Social Policy; the Federation of Families for Children's Mental Health; the National Resource Network for Child and Family Mental Health Services at the Washington Business Group on Health; and the National Technical Assistance Center for Children's Mental Health at Georgetown University.

Meaningful partnerships with families and youth require concerted attention, dedicated resources, and capacity building across all parties.
—Sheila Pires
Building Systems of Care: A Primer, 2002. p.151

Exercise 5: Family Involvement

Complete Exercise 5 to help you begin to identify where family involvement is "strong," "needs improvement," or is "non-existent" in your system of care. Examples of types of family involvement are included in each area, but add to the list as you think of other ways families can be involved in the system of care.

Activity	Involvement is Strong	Involvement Needs Improvement	Involvement is Non-Existent
☐ Setting child serving policies for your local system of care by…			
participating on governing boards			
participating on advisory boards			
participating on legislative liaison groups			
other:			
☐ Developing programs for your local system of care by…			
participating on service array committees			
participating on implementation committees			
participating on local management teams			
☐ Delivering services for your local system of care by…			
providing peer support role to assist other families in navigating systems			
providing families with information and emotional support			
parent-to-parent service providers integrated into service teams			
providing training and technical assistance			
other:			
☐ Assessing/evaluating the impact of services on children, youth and families served, agencies and systems, & the community by…			
collecting data			
interviewing			
designing surveys			
providing analysis			
disseminating findings			
other:			

Access and Referrals

In an effective system of care, family-run organizations are adequately funded and supported to develop and sustain a diverse group of families who collectively and effectively are the "family voice" in shaping their community's response to children with mental health needs and their families. In order for family organizations to accomplish this goal, a family organization must make itself accessible to all families. For example, some family organizations do not require membership fees, or have sliding fees, provide transportation or child care so family members can attend family organization meetings or other meetings to ensure family voice, schedule meetings and determine the location of meetings based on families' availability, and provide stipends/monetary, and gift cards for certain activities (National Survey of Family-Run Organizations, 2006).

Some family organizations measure their effectiveness by looking at growth in membership or family participation in meetings. For example, they ask, is membership or participation steadily increasing or decreasing, experiencing very little growth, seeing a sharp increase or decrease, etc.? Participation can also be tied to referrals. Family organizations report a myriad of pathways to their organizations. Referrals come from judges, probation officers, care managers/service coordinators, school counselors, teachers, community organizations, by word of mouth, direct outreach through flyers, pediatricians/primary care physicians, etc. (National Survey of Family-Run Organizations, 2006).

Keeping and using data on access and referrals can help you plan budgets, activities and strategies for sustainability. Family organizations report keeping data in areas such as: how many families they have served or supported in the past year; how many referrals were made and by whom; and, how many telephone calls they received requesting information only (National Survey of Family-Run Organizations, 2006).

Families consistently reported how helpful the family organizations were to them in providing information, support and opportunity to express feelings. For many families, contact with other family members who were experiencing similar challenges gave them hope, understanding and respect, time to talk and explore options, provided them a guide along a complex path and difficult journey to mental health services.
—Family Experience of the Mental Health System: Findings Compendium Brief 5, 2004

The exercises in this section will help you help you in answering these questions:

- In what ways does our organization make it easy for all families in need to access and utilize our services and supports?

- In what ways does our organization make it easy for system of care partners to access and utilize our services and supports?

- Who is making referrals to our organization? Who is not?

- From where do our families hear about our family organization?

- Are we reaching out to and supporting a culturally diverse group of families?

- Is membership or participation in our organization increasing or declining?

In addition to the exercises presented in this guide, the National Center for Cultural Competence (NCCC) has developed organizational checklists that focus on cultural competence, linguistic competence, and community engagement. The NCCC has also developed a guide to inform organizational self-assessment in cultural competence, offering a rationale for organizational self-assessment, essential elements of the process, benefits, and useful steps in planning & implementation of an organizational self-assessment. The NCCC website is www11.georgetown.edu/research/gucchd/nccc/index.html.

Exercise 6: Ways to Ensure Access and Utilization

Complete Exercise 6 to help you begin to look at issues of accessibility and identify ways your organization makes it easy for families and system of care partners to find you, contact you, and use your services and supports.

☐ No fee or sliding scale fee for membership

☐ Provide stipends/gift cards

☐ Co-locate services (i.e., schools, food stamp office, etc.)

☐ Provide written information at other settings (i.e., pediatrician offices, schools)

☐ Utilize media (i.e., newspapers, television/radio ads, etc.)

☐ Develop outreach plans which include underserved families s

☐ Build child and youth coalitions

☐ Partner with culturally diverse, grassroots community organizations

☐ _____

☐ _____

☐ _____

Exercise 7: Who is Making Referrals

Complete Exercise 7 to help you begin to better understand who is making referrals to your family organization. Rank order the sources of referrals from (1) most referrals come from them, (2) they make the next most referrals, and so on.

Order   Referral Source

____   Judges

____   Probation officers

____   School counselors

____   Teachers

____   Care managers/service coordinators

____   Community organization workers

____   Other parents or youth

____   Pediatrician or primary care physician

____   Parent or youth self-referral

____   _____

____   _____

____   _____

Meeting Family Needs

Family organizations report that their primary role and responsibility is to meet the needs of families. They do this by helping families in a peer support role to access services in the system of care (Anderson, McIntyre, Retto & Robertson, 2002; Clausen et al., 1998; Kamradt, 2000; Nash, Rounds & Bowen, 1992; Worthington et al., 2001); by addressing requests of all families about their system of care community (e.g., legal advice about school suspension, medication questions, etc.; Lazear, Worthington & Detres, 2004); by helping families have direct connections to mental health providers and other child serving agencies; and, by helping develop skills and knowledge of families in changing policy through legislative strategies to focus on child and adolescent mental health needs. Some family-run organizations are providing direct contracted services to families, such as system navigation, family partnering in child and family teams, or providing respite. Other family organizations report their activities are driven by contract deliverables, usually decided on collaboratively with system partners and funding sources (National Survey of Family-Run Organizations, 2006).

The exercises in this section will help you help you in answering these questions:

- In what activities are we currently involved?

- In what activities do we want to become involved in or increase our involvement?

- Do we understand our roles and responsibilities regarding the activities in which we are involved and the roles and responsibilities of our partners in our system of care?

In addition to the exercises presented in this guide, the Statewide Family Networks Technical Assistance Center (www.tacenter.net) published a monograph which discusses the intended outcomes and activities of the family organizations in the Statewide Family Networks program* – *Family Organization Activities* (Statewide Family Network Technical Assistance Center, United Advocates for Children of California, 2006).

* The Statewide Family Networks Technical Assistance Center, a project of United Advocates for Children of California, works with the networks to assure opportunities to share information between networks, build relationships and partnerships across programs and to provide assistance in non-profit development. The Center is funded through a cooperative agreement with the Substance Abuse and Mental Health Service Administration (SAMHSA).

Family organizations report that their primary role and responsibility is to meet the needs of families.
—National Survey of Family-Run Organization, 2006

Exercise 8: Checklist of Roles and Responsibilities

Complete Exercise 8 to identify activities of your family organization and help you begin to identify roles and responsibilities you may want to further explore.

☐ mentoring

☐ information dissemination

☐ recruitment

☐ peer to peer support

☐ parent advocacy

☐ training for families

☐ organizing conferences

☐ evaluation

☐ direct contracted service (e.g., family navigator, respite)

☐ training for provider/system agencies

☐ attending conferences

☐ developing policy briefs

☐ social marketing

☐ attending system meetings

☐ strategic partnering

☐ consultation services

☐ input state legislation

☐ resolve conflicting perspectives on family inclusion

☐ _____

☐ _____

☐ _____

Productive Working Relationships

In an effective system of care, a family-run organization has productive working relationships with state and local agencies (i.e., purchasers) and with providers in order to strengthen policy commitment and service delivery to children with mental health needs (Armstrong, Evans & Wood, 2000; DeChillo et al., 1996). Commitment to collaborate between organizations can have substantial impact on developing systems of care (Hodges, Nesman & Hernandez, 1999).

The exercises in this section will help you help you in answering these questions:

• With which state, local and community agencies do we currently have relationships?

• How would you describe the productivity of those relationships?

• What opportunities are associated with these working relationships?

• What challenges are associated with these working relationships?

• What is the "value-added" of these working relationships?

In addition to the exercises presented in this guide, Volume VI in the *Promising Practices in Children's Mental Health* series of monographs explores the importance of collaboration in a system of care focusing on the foundation of collaboration, strategies for implementing the collaborative process, and the results of collaboration (Hodges, et al 1999).

Commitment to collaborate between organizations can have substantial impact on developing systems of care.

Exercise 9: Relationships to Other Agencies/Organizations

Complete Exercise 9 by identifying state, local or community agency and providers in your system of care. Check the column which best describes your current relationship with the organization as a "good working relationship," a "relationship that needs some improvement," an agency with whom you have "no relationship" or an organization with whom the "relationship is adversarial." Also, think about the opportunities and challenges associated with these working relationships. Lastly, think about the "value-added" of these working relationship.

Agency/ Organization	Good Working Relationship	Relationship Needs Some Improvement	No Relationship	Adversarial Relationship	Opportunities	Challenges	Value-Added

✓ Sustainability and Growth

In an effective system of care, mechanisms are in place to sustain a family-run organization. Funding and in-kind support from multiple and varied sources are important to the sustainability of the family-run organization (Briggs & Koroloff, 1995; Cross, Bazron, Issacs & Dennis, 1989; Osher & Bestgen, 2004; Stroul, 2006; Stroul & Friedman, 1986; Yampolskaya, 2006). While budgets vary from organization to organization, clear understanding of your current and projected budgetary needs is crucial. In addition, strategies for support and sustainability must be developed at several levels, from policy to direct services to individual children and families. Family organizations have also found it helpful to develop a written strategic plan for financial sustainability, a plan to continuously train all program staff in the system of care to work collaboratively and respectfully with families receiving services and working within the system, and a plan to evaluate the effectiveness and impact of the family organization so that it can continue to develop and grow (National Survey of Family-Run Organizations, 2006).

While the governing bodies of family organizations are varied (i.e., advisory only, decision-making, networking and information sharing, etc.), family organizations report that the effectiveness of the governing body is important to sustainability and growth. In addition, family organizations also report that they often experience a number of turnovers in board membership and other transitions in leadership, staff, funding, and system partnerships, and that the process and outcomes of these transitions can have a direct impact on the organization's sustainability (National Survey of Family-Run Organizations, 2006).

The exercises in this section will help you help you in answering these questions:

- What are the current sources of our funding and in-kind contributions?

- Are there other sources of funding and support we need to explore?

- Do we have operating procedures in place, such as fiscal procedures and employee handbooks, to help sustain and grow the organization?

- Are we clear about the roles and responsibilities of our governing body and satisfied with their performance in helping our organization to sustain and grow?

- Do we understand the transitions that have occurred within our organization or within our system of care, such as changes in funding or changes in leadership and how those changes impact our organization?

▶ *Important to me, and I know from many families struggling to start/run an organization, is the Sustainability and Growth section. Exercise 10 will help families begin to think about how they might infuse their family-driven and youth-guided services and supports across systems in their communities.*
—Ginny Wood, Family Support Systems, Inc.

Sustainability and Growth

In addition to the exercises presented in this guide, *A Self-Assessment and Planning Guide: Developing a Comprehensive Financing Plan* is available at http://rtckids.fmhi.usf.edu/study03.cfm. The Financing Guide addresses areas to assist systems to develop comprehensive and strategic financing plans for building effective system of care (Armstrong, Pires, McCarthy, Stroul, Wood, & Pizzigati, 2006)

Exercise 10: Sources of Funding or In-Kind Contributions

Exercise 10 lists examples of sources of funding and in-kind contributions to family-run organizations across the country. For each source, check if this is a funding source you have, you want to improve, or if you want to explore it further as a possible source of support. It may also be helpful to write in the amount of the financial contribution or the approximate dollar value of the in-kind contribution, and describe the in-kind contribution you are receiving or would like to explore further. Add other sources to the list that you may have or want to consider.

Source	Have It	Improve It	Explore It	$$ Amount	Type of In-Kind Contribution
Federal					
Child welfare					
Mental health					
Juvenile justice					
Education					
Public health					
State					
Child welfare					
Mental health					
Juvenile justice					
Education					
Public health					
Local					
Child welfare					
Mental health					
Juvenile justice					
Education					
Public health					
Charitable contributions					
Membership dues					
Fundraising events					
Cooperatively agreements					
Medicaid					
Foundations					
Corporate giving					

Exercise 11: Operating Procedures

Exercise 11 lists examples of operating procedures that many family organizations have found necessary or helpful. Check those that are already in place and check the ones that you might want to develop. List other operating procedures that have not yet been written, but need to be.

Have it	Examples of Documented Operating Procedures	Need it
	Orientation procedure/manual	
	Fiscal procedures	
	Self-evaluation/assessment procedure	
	By-Laws	
	Staff grievance procedures and personnel policies	
	Employee Handbooks	

Exercise 12: Roles & Responsibilities of the Governing Body

Use Exercise 12 to begin to examine the roles, responsibilities, and activities of your governing body in relation to sustainability and growth of your family organization.

☐ Advisory only

☐ Makes final decisions

☐ Makes formal recommendations

☐ By-Laws developed, articles of incorporation filed, 501 C3 status

☐ Committee structure, terms of office, and recruitment processes are established for the board

☐ _____

☐ _____

Activities of the Governing Body

☐ Strategic planning

☐ Budgetary decisions

☐ Developing deliverables/activities

☐ Establishing formal agreements with other agencies

☐ Regular, timely and useful financial information is available to the board, management and outside funders

☐ _____

☐ _____

Exercise 13: Transition Outcomes

Complete Exercise 13 to begin to reflect on transitions that have occurred at your family organization and the outcomes of those transitions—whether they were positive, neutral or negative. Examples of transition experiences by family organizations across the country are listed, but add to the list any transitions that your organization has experienced that are not listed. Think about how the outcome may have been different and what would have made the difference.

Transition or Change	Positive Outcome	Neutral Outcome	Negative Outcome
Family organization director			
Family organization staff			
Family organization funding amount			
Family organization funding source			
Family organization office location			
Local agency leadership			
State agency leadership			
Technical assistance provider			
Service system financing structures			

✓ Youth Involvement

A characteristic of effective family organizations is that, as they grow, many develop youth leadership opportunities and organizations. Youth are encouraged and supported to participate in all operations of the system of care, including setting policies, developing programs, delivering services, and assessing the impact of the system of care on children, youth and families served, agencies and systems, and the community (*Focal Point*, 2000; Pires, 2002).

The exercises in this section will help you help you in answering these questions:

- How strong is the youth movement in our community?

- Is there support for a youth organization?

- Is the youth organization a partner in setting child serving policy? In developing programs for our local system of care? In delivering services? In assessing the impact of services on children, youth and families?

In addition to the exercises presented in this guide, a web-site of the Technical Assistance Partnership (www.tapartnership.org) list youth groups is system of care communities across the country. The site also includes recent youth involvement activities, such as involvement in special education and in advocating for change in residential facilities, and a technical assistance product - *Youth Involvement in Systems of Care: A Guide to Empowerment* (Matarese, McGinnis, & Mora, 2005)

▶ *Youth involvement is a necessary solution to meet the needs of youth and families in systems of care."*

—Youth Involvement in Systems of Care: A Guide to Empowerment, 2005. p.xiii

Exercise 14: Youth Involvement

Complete Exercise 14 to help you begin to identify where youth involvement is "strong," "needs improvement" or is "non-existent" in your system of care. Examples of types of youth involvement are included in each area, but add to the list as you think of other ways youth can be involved in the system of care.

Our family organization supports the development of a youth organization in the following activities			
	Involvement is Strong	Involvement Needs Improvement	Involvement is Non-Existent
☐ Setting child serving policies for your local system of care by:			
participating on governing boards			
participating on advisory boards			
☐ Developing programs for your local system of care by:			
participating on service array committees			
participating on implementation committees			
participating on local management teams			
☐ Delivering services for your local system of care by:			
peer support role to assist other families in navigating systems			
providing information and emotional support			
☐ Assessing/evaluating the impact of services on children, youth and families served, agencies and systems, & the community by:			
collecting data			
interviewing			
designing surveys			
providing analysis			
disseminating findings			

Organizational Progress Chart

The following Organizational Progress Chart is a tool to help guide the growth and progress of your family organization. The chart can be used to help your organization identify progress toward structuring key components. The Organizational Progress Chart also provides an opportunity for family organization leaders and its members to examine the challenges and barriers at various levels of development. Use the model that is presented or tailor the chart to best fit your family organization's needs.

Select key family leaders, staff, formal and informal service providers, community partners, youth, and other key stakeholders to join you in examining your family-run organization around the key components you have explored in the Quick Guide.

1. Begin by **identifying goals** related to each component. You may find that some goals apply to more than one component. For example, you may decide that for Leadership Development and Partnerships your goal is to have family members as full partners on key management bodies for your system of care.

2. Identify **indicators** for each of the goals you identify. For example, you may decide that indicators for your Leadership Development and Partnerships goal include (1) a family member as an effective and full partner on your local system of care governing body, and (2) a different family member, other than the one on the local governing body, as an effective and full partner on a statewide management team.

3. Identify **strengths** that will help you achieve your goals. For example, facilitators to achieving your leadership goals may be grant requirements, bylaws of the system of care governing body, leadership training opportunities, and a supportive children's mental health director.

4. Identify **challenges** that may create barriers in achieving your goals. For example, challenges to achieving your leadership and partnership goal may be an unsupportive state child welfare director and the distance from your community to the state capitol where all the state meetings are held.

Example goals

- The family organization is involved in setting policies in the system of care.
- The family organization is involved in developing programs in your system of care.
- The family organization is involved in assessing/evaluating the impact of the system of care on children, youth and families served, agencies and systems, and the community.

5. Prioritize the topic areas to agree on a realistic and strategic **timeframes** to accomplish your goals. Indicate your timeframe in the space provided.

6. Agree on the person or **persons responsible** for tracking the accomplishment of the goal and roles and responsibilities of those involved in working on the accomplishment of the goal.

7. **Repeat** the process as necessary revisiting each topic area.

The chart can be used to provide documented feedback to family members, family leaders, other family-run organizations, community partners, providers, legislators, and funders about the importance of your family organization as you continue to develop and grow, affect policies, and build partnerships to meet the needs of children, youth and families.

Family Organization: _____ Name: _____

	Goals	Indicators	Strengths	Challenges	Person(s) Responsible
Values					
Leadership/Dev					
Partnership					
Access & Referrals					
Meeting Family Needs					

Values
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Leadership/Dev
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Partnership
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Access & Referrals
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Meeting Family Needs
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Goals	Indicators	Strengths	Challenges	Person(s) Responsible

Working Partnerships
☐ 6 Months
☐ 12 Months
☐ 3 Years
☐ 5 Years
From ___/___ to ___/___

Sustainability & Growth
☐ 6 Months
☐ 12 Months
☐ 3 Years
☐ 5 Years
From ___/___ to ___/___

Youth Involvement
☐ 6 Months
☐ 12 Months
☐ 3 Years
☐ 5 Years
From ___/___ to ___/___

Evaluation
☐ 6 Months
☐ 12 Months
☐ 3 Years
☐ 5 Years
From ___/___ to ___/___

Legislative
☐ 6 Months
☐ 12 Months
☐ 3 Years
☐ 5 Years
From ___/___ to ___/___

	Goals	Indicators	Strengths	Challenges	Person(s) Responsible
Success					
Services Formal/Informal					
Lessons Learned					
Parking Lot					

Success
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Services Formal/Informal
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Lessons Learned
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

Parking Lot
☐ 6 Months ☐ 12 Months ☐ 3 Years ☐ 5 Years From ___/___/___ to ___/___/___

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