Sustainable Infrastructure and Delivery System Self-Assessment

This tool is designed to help you evaluate your progress in building a sustainable infrastructure for evidence-based programs. The assessment covers six key elements of a sustainable infrastructure and delivery system: leadership, delivery infrastructure, partnerships, centralized and coordinated logistical processes, business planning and financial sustainability, and quality assurance and fidelity to interventions.

Please remember to answer the survey questions from the perspective of your overall state—not areas within your state. While we understand that there will be some variation within states, and that some localities may have individual capacity, this tool is meant to ascertain the sustainability of the infrastructure and delivery system at the state-level.

ELEMENT 1: LEADERSHIP

Effective leadership and project management includes a strong state unit on aging and state health department partnership, an integrated state vision, documented plan and goals.

Please indicate which of the following is true in your state:
(Select all that apply)

- Our state unit on aging and state health department meet at least quarterly to review progress on goals.
- Our state unit on aging and state health department have worked together to identify and target underserved geographic areas.
- Our state health department and unit on aging have an integrated and documented vision for evidence-based programming.
- Strategies to support evidence-based programming are included in our state aging, public health and/or relevant state coalition plan.
- There is a management structure (e.g. steering group, coalition, partner team etc.) including public health and aging that provides overall direction and leadership for evidence-based programming in the state.

Please indicate the extent to which the following statement is true in your state:

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<td>Our state has a strong leadership and project management team including public health and aging that will continue to lead CDSMP efforts after March 2012</td>
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**ELEMENT 2: DELIVERY INFRASTRUCTURE**

To make certain that evidence-based programs are as “accessible as prescription medications” requires ensuring a delivery infrastructure with an adequate workforce that matches the number of workshops needed to ensure that programs can be delivered statewide to the targeted populations.

Which of the following elements are currently part of your delivery system for evidence-based prevention programs?
(Select all that apply)

- An appropriate number of active master trainers to meet the needs for leader training
- An adequate number of lay leaders to provide workshops across the state.
- A mechanism or system to track master trainers or leaders statewide.
- Ongoing communications, support and other retention strategies for master trainers or leaders that are implemented across the state.
- Appropriate Stanford licensing to cover all implementation sites and planned number of workshops and trainings.
- A delivery structure in place that is capable of delivering programs throughout the state.

What percentage of your state’s counties would you estimate currently have enough sites and leaders to provide workshops at least twice a year?

- 100%
- 75-99%
- 50-74%
- 25-49%
- Less that 24%
- Don’t know/unsure

What approximate percentage of your state’s population is included in the counties where you are able to offer workshops at least twice a year?

- 100%
- 75-99%
- 50-74%
- 25-49%
- Less that 24%
- Don’t know/unsure
Any additional comments:

**ELEMENT 3: PARTNERSHIPS**

To ensure that programs are as available as possible and are sustained over time requires establishing effective partnerships with agencies that have effectively embedded CDSMP and/or other evidence-based programs within their systems, have multiple implementation sites throughout the state and/or can reach the targeted audiences.

Please indicate which of the following is true in your state:
(Select all that apply)

__ We collaborate with agencies already reaching targeted underserved populations.
__ Our partnerships include agencies with host sites with multiple implementation sites and/or capable of scaling up statewide.
__ We are effectively coordinating and integrating with existing CDSMP and other community-based evidence-based prevention programs.
__ We are coordinating with chronic care management programs and demonstrations being sponsored by physician groups and hospitals.
__ At least 75% of the Area Agencies on Aging (AAAs) in the state are part of the CDSMP distribution and delivery system
__ We are coordinating with the Aging and Disability Resource Centers (ADRCs) to leverage their capacity to identify and refer potential participants to CDSMP.
__ We have signed agreements documenting responsibilities with all major partners.

Which of the following sources provide referrals to your evidence-based health program system?
(Select all that apply)

__ Aging and Disability Resource Centers (ADRCs)
__ Tobacco cessation programs/quit lines
__ State Health Insurance Program (SHIP)
__ Health care systems (including physicians, HMOs and Retiree Benefits Plans)
__ Local public health agencies
__ Cross-referrals from other evidence-based programs
__ Medicaid
__ Other, please specify: ____________________________________________________
Has your state’s evidence-based program system had a partnership with any of the following?
(Select all that apply)

__ Corporations/for-profit groups
__ Hospitals/ health care systems
__ Health insurers/health plans
__ Primary care practice/local health organizations
__ Veteran’s Administration
__ Federally Qualified Health Centers
__ Quality Improvement Organizations
__ YMCA’s and Recreation Centers
__ Worksite programs/employee benefits programs
__ Senior housing
__ Senior Community Service Employment Program (SCSEP)
__ Mental health care providers/clinics
__ Foundations
__ Faith-based organizations
__ Area health education centers
__ University/academic institutions
__ Cooperative extension centers
__ Agencies that reach rural populations
__ Ethnic/minority agencies
__ Native American tribal organizations
__ Retiree groups/ groups for adults 55+
__ Civic groups (e.g. Rotary Club, women’s group, Kiwanis, etc.)
__ Advocacy/support groups
__ Groups working with people with disabilities
__ Department of corrections
__ Other, please specify: _______________________________________

Please indicate the extent to which the following statement is true in your state:

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<th>We have at least two major partners/ host organizations (outside of AAAs/ADRCs) that have embedded the CDSMP into their delivery system and are offering</th>
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the workshops in multiple implementation sites throughout the state

Any additional comments:

**ELEMENT 4: CENTRALIZED & COORDINATED PROCESSES**

Centralized and coordinated logistical processes need to be in place for optimal efficiency, to decrease costs and to ensure that potential participants hear about and enroll in the program as easily as possible and receive consistent service.

Which of the following are currently in place in your state?
(Select all that apply)

- A statewide brand name for your evidence-based initiatives.
- A statewide brand name for CDSMP.
- An ongoing public relations plan with multiple promotional strategies.
- A person-centered approach to health and aging.
- Marketing materials that are used statewide.
- A statewide website for your evidence-based programs.
- A statewide workshop calendar for your evidence-based programs.
- A statewide toll-free number for your evidence-based programs
- A single or coordinated referral mechanism.
- A consistent or coordinated intake, enrollment and registration process.
- Ongoing activities to educate potential advocates and decision makers about the evidence-based program system in your state.
- Bulk or coordinated ordering of materials for the state.
- Regular in-service or update training around evidence-based programs.
- A listserve or other information sharing tool for evidence-based programming personnel and stakeholders.
- Coordinated data reporting and entry procedures.

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We have a coordinated, state-wide process for program marketing, referral, and recruitment, including a plan for using multiple, ongoing, promotional activities.

Any additional comments:

**ELEMENT 5: BUSINESS PLANNING AND FINANCIAL SUSTAINABILITY**

To maintain their evidence-based programs, states must have a business infrastructure including an accounting/financial system to document program expenses and have a demonstrated capacity to fund programs after the grant period. The State Medicaid agency should be knowledgeable about and integrated into the state’s prevention program delivery system as a referral and/or funding source.

Which of the following are currently in place in your state?
(Select all that apply)

- A business plan for sustaining the evidence-based program system.
- A statewide distribution system.
- Calculated operating costs for the evidence-based program system.
- An established per participant cost for evidence-based programming.
- An established rate for programs using costs and local market information.
- An established annual operating budget for the evidence-based program system.
- Regularly monitored operational performance through monthly financial statements and accounts receivable reports.
- Partnerships with healthcare organizations to provide programming.
- Use of a consumer survey or needs assessment in business planning.

Which of the following additional sources of funding (besides the Recovery Act funds) are being used to support the evidence-based program system?
(Select all that apply.)

- Older Americans Act.
- Medicare/Medicaid.
- CDC/NACDD
- Foundation support or other grants.
- Health plan.
Fee for service.  
Other, please specify: ____________________________________________

Which of the following describes your state Medicaid staff’s involvement in the evidence-based program system?  
(Select all that apply)

__ State Medicaid staff serve on the management team.  
__ State Medicaid staff regularly participate in team meetings.  
__ Medicaid staff have been to training about one or more evidence-based programs.  
__ Medicaid personnel are knowledgeable about the state’s performance targets.  
__ Medicaid personnel contribute to strategies to achieve the state’s performance targets.  
__ Medicaid personnel regularly refer participants to our evidence-based programs.  
__ Medicaid personnel attended the Administration on Aging Health Grantee Meeting (either in the past or in June 2011).

In which ways has your state been able to collaborate with Medicaid for evidence-based programs?  
(Select all that apply)

__ We are partnering on Affordable Care Act Initiatives related to evidence-based programs.  
__ We have reimbursement for program participation through a waiver plan.  
__ We have reimbursement for program participation through the state Medicaid plan.  
__ We have a good working knowledge about how our state Medicaid system works.  
__ Other, please specify: ____________________________________________

Please indicate the extent to which the following statement is true in your state:

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<td>We have an effective business plan and processes in place to fund the CDSMP after the grant period.</td>
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**ELEMENT 6: QUALITY ASSURANCE & FIDELITY TO INTERVENTIONS**

To ensure effective, quality programs and efficient delivery and distribution systems, states should develop quality assurance (QA) plans and have ongoing data systems and procedures in place that address: 1) Continuous Quality Improvement (CQI) and 2) Program Fidelity. CQI is a cyclical process that includes setting performance objectives,
monitoring, evaluating what is or is not working and problem-solving, and making corrective changes as needed. Program Fidelity is one aspect of quality assurance that focuses on monitoring the extent to which an evidence-based program is delivered consistently by all personnel across sites, according to program developers’ intent and design.

How would you describe your state’s current approach to fidelity?

- Our state program has implemented its fidelity monitoring plan.
- Our state program has a fidelity monitoring plan, which we have not yet implemented.
- Fidelity monitoring activities are taking place in some sites, without state-wide coordination or leadership.

Which of the following are part of your state’s quality assurance/quality improvement system and processes? (Select all that apply)

- A written quality assurance plan that addresses both CQI and fidelity monitoring.
- Identification of performance indicators developed with input from key partners and other stakeholders.
- Ongoing processes for leadership to review fidelity monitoring and performance indicators.
- Specification of designated roles, responsibilities and timelines for fidelity monitoring and other quality assurance activities.
- Orientation of the team (program coordinators, host sites and partners) about the quality assurance plan and system.
- A system for feedback to involved personnel and stakeholders.
- A system for making corrective changes as needed with the aim of improving overall performance and enhancing participant satisfaction.
- A system for using metrics and data to continuously improve quality and system performance.

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<td>We have a quality assurance plan and ongoing mechanisms in place to monitor fidelity and to ensure continuous quality improvement.</td>
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