Legend Below

AGENCY LEADERSHIP	Need	Developing	Strength
This section relates to leadership's experience implementing family-centered services in a collaborative setting.	1	2	3
CW and MH leadership have an articulated strategy for collaborating across systems to ensure family-centered practices have system-wide support.	SB	C F Mad Mar M SJ SLO T K SBen	Ki St
CW and MH leadership create and support opportunities for collaborative projects between agencies.	SBen	C F SB Mad Mar M	Ki Mar SJ SLO ST T K
CW and MH leaders have a shared vision of family-centered care.	SB	C F Mad M SJ K SBen	Ki Mar SLO ST T
CW and MH leaders share responsibility and accountability for implementing timely services.	Mad SB	С	Ki

AGENCY LEADERSHIP	Need	Developing	Strength
This section relates to leadership's experience implementing family-centered services in a collaborative setting.	1	2	3
Timely is defined according to local practices.	SJ	F	M
	K	Mar	SLO
		St	Т
		SBen	
Forums exist for information sharing and cross-system problem solving that include families and other community partners.	SB SJ St K SBen	C F Mad Mar M SLO	Ki T
Families and other community members have a meaningful role in oversight of services and quality improvement activities.	C M SJ SB SLO St K SBen	Mad Mar T	F Ki
Interagency and Community Committees are in place to ensure policies and practices are consistent with family-centered principles of care.	C SB SJ SBen	F Mad M SLO T K	Ki Mar St
CW and MH leaders regularly discuss issues affecting access to services.	С	M	F
	Mar	SLO	Ki
	SB	St	Mad

AGENCY LEADERSHIP	Need	Developing	Strength
This section relates to leadership's experience implementing family-centered services in a collaborative setting.	1	2	3
		SBen	SJ
			Т
			K
CW and MH leaders regularly discuss issues affecting quality of services.	C Mar SB	Mad M SJ St SBen	F Ki SLO T K
Subtotal	30	56	108
Agency Leadership Score	2	04 OR 15.6 a	ivg.

SYSTEMS AND INTERAGENCY COLLABORATION	Need	Developing	Strength
This section addresses how collaborative approaches (such as teaming) are used when serving children and families. (See pg.12 - 16 of the Core Practice Model (CPM) Guide)	1	2	3
Collaboration is supported through formal agreements, such as memorandums of understanding, joint training plans, or interagency strategic plans that articulate strategies and mechanisms for meeting the needs of children and families.	C SB	F Mar M SJ SLO St T K SBen	Ki Mad K
Agencies have a shared approach to addressing issues related to consent and confidentiality.	SB SJ	C Mad	F Ki

	Т	M	Mar
	K	St	SLO
		SBen	
Agencies provide opportunities for joint training to staff and families.	F		
	SB	C	
	SJ	Mad	Ki
	K	M	Mar
	St	SLO	IVICI
	Т		
	SBen		
Agencies have an established process for reviewing, changing, and implementing policies and procedures that	С		
support family-centered practices.	Mar	F	Ki
	M M	Mad	SLO
	SB	SJ	St
	K	Т	
	SBen		
Agencies have structures and processes in place that support collaboration with other organizations that are interested in children's issues such as, primary care, schools, libraries, local parks and recreation, or others.	C SBen	F Mad M SB SJ K	Ki Mar SLO St T
Agencies have co-located office space or staff.		С	
	Mad SB SBen	F M SJ SLO K	Ki Mar St T

Systems and Interagency Collaboration Score		195 or 15 av	
Subtotal	38	82	75
	K	SBen	
	St	SLO	
	SB	SJ	T
solve problems and enhance success.	F	M	Ki
Processes are in place to share and receive feedback at the practice, program, and system levels in order to	С	Mar	
	SBen		
	K		
	Т		
	St	SLO	Mar
	SJ	M	Ki
	SB		
	Mad		
	F		
Agencies have information systems that support sharing of child welfare and mental health data.	С		

SYSTEMS CAPACITY	Need	Developing	Strength
This section speaks to the collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources (See pages 20 – 23of the CPM Guide)	1	2	2
Children and youth in the CW system are screened for possible mental health needs.	SBen	C F Mad M	Ki Mar T

		SB SJ SLO St K	
Children and youth in the CW system who are referred to mental health receive a timely full mental health assessment. Timely is defined according to local practices.	C SB K SBen	C F Mad M SJ St	Ki Mar SLO St T
Policies in place support an effective referral process and linkage to services in multiple systems.	SB SBen	C F Mad Mar SJ St K	Ki SLO T
There are effective processes and sufficient supports in place to recruit, hire, and train personnel. Factors may include timeliness to hire, expertise of human resources staff, written training materials	SB SJ F K SBen	C Mad SLO T	Ki Mar M St
Staff receive ongoing training, and are mentored and coached by experienced managers to ensure staff maintain high quality skills and abilities.	SB K SBen	C F Mad SJ SLO T	Ki Mar M St

Agencies utilize partnerships with other public agencies and community-based organizations to ensure that children and families can access a variety of services and supports in multiple settings.	Mad	C SB F K SBen	Ki Mar M SJ SLO St T
Agencies engage the local community through activities that may include partnering with community-based organizations and hosting public meetings or community forums.	Mad SB	C M SJ SLO F K SBen	Ki Mar St T
There is a sufficient child welfare workforce in place.	SLO F SB St T K	C Mad Mar M SJ	Ki
There is an adequate network of qualified mental health service providers available.	SLO SB St K SBen	C F Mad Mar M SJ T	Ki

		T K	
		St	
	SBell	SLO	
	SB SBen	SJ	Mar
	CD	M	Ki
		Mad	
		F	
		С	
Administrative processes and organizational infrastructure are sufficient to meet business and procurement needs.			

SERVICE ARRAY	Need	Developing	Strength
This section addresses if available services are culturally responsive and include trauma informed care, evidence based			
practices, promising practices, innovative practices, and culturally specific healing practices and traditions.			
(See pg. 16 – 18 of the CPM Guide)	1	2	3
Children and families are assessed for immediate safety, stabilization, and crisis support needs.		F	С
		Mad	Ki
		SB	Mar
		SJ	M
		K	SLO
		SBen	St
			Т
Services are tailored to meet specific, individual needs and build on individual strengths.		С	Ki
		F	Mar

		Mad M SJ SB St T K SBen	SLO
Services are community-based, delivered in the least restrictive environment, and in the child and family's own language.	SBen	C F Mad SJ SB T K	Ki Mar M SLO St
Available services support transitions to the community, independence, and the adult system of care.	Mad SJ SBen	C F SLO T K	Ki Mar M SB St
Available services include the use of evidence-based practices.	SB SBen	C F Mad SJ	Ki Mar M SLO

		St K	Т
Families have access to services that focus on prevention and early intervention.	Mad	C F SJ SB T K SBen	Ki Mar M SLO St
Services are sufficient to meet the mental health needs of the community.	SJ SB F K	C Mad Mar SLO St T SBen	Ki M
Where service gaps exist, alternative strategies, such as cultural healing practices or other non-traditional services and supports, are explored.	Mad SJ SB St T K	C F M SLO	Ki Mar SBen
Services for children and families include trauma informed care.	SB St K SBen	C F Mad M T Mar	Ki SLO

		SJ	
Subtotal	21	62	111
Service Array Score	194 OR 14.9 avg.		

INVOLVEMENT OF CHILDREN, YOUTH, AND FAMILIES	Need	Developing	Strength
This section is focused on how Core Practice Model family-centered principles are reflected in current systems. (See Pages 18 – 20 of the CPM Guide)	1	2	3
Families have a high level of decision-making power in all aspects of planning, delivery, and evaluation of	С	Ki	SLO
services and supports, which is reflected in organizational policies.	F	Mad	Т
	SJ	Mar	
	SB	M	
	K		
	St		
	SBen		
Children and families have access to an ongoing community stakeholder process.	SJ	С	Mar
	SB	F	
	K	Ki	
	SBen	Mad	
		M	
		SLO	
		St	
		Т	
Services are tailored to meet individual child and family needs and reflect the child and family's values,	SB		С
culture, and preferences.		F	Mar
		Ki	SLO
		Mad	Т
		M	

		SJ	
		St	
		K	
		SBen	
Children and families have multiple opportunities to share feedback about quality and effectiveness of services.	Mad	С	Mar
	SB	F	SLO
	St	Ki	Т
	K	SJ	
		SBen	
Peer support networks are available for children, youth, and caregivers.	F	С	St
	SB	Ki	
	SLO	Mad	
	K	Mar	
	SBen	M	
		Т	
Training and written information is available for families in order to support their role as informed decision makers.		С	Mar
	F	M	
	Ki	SJ	
	Mad	SLO	
	SB	Т	
	St		
	K		
	SBen		

Families are involved in defining, selecting, and measuring quality indicators of services and programs.	С	Mar		
	F	М		
	Ki	Т		
	Mad			
	SJ			
	SB			
	SLO			
	St			
	K			
	SBen			
Subtotal	38	78	36	
Involvement of Children, Youth, and Families Score	15	152 OR 11.6 avg.		

CULTURAL RESPONSIVENESS This section addresses agency ability to work effectively in cross-cultural settings.	Need 1	Developing 2	Strength 3
The cultural identity of children and families is valued, and reflected in service planning and delivery.	-	F Mad SJ SB T K	C Ki Mar M SLO St
Diversity and language among agency staff reflects that of the community.	SB	С	С

	F	Ki
	Mad	Mar
	SJ	M
	SLO	St
	SBen	Т
	K	
Staff are respectful of cultural differences in customs and beliefs.		С
	F	Ki
	r Mad	Mar
	SJ	M
	SB	SLO
	K	St
	K	Т
		SBen
Training is provided to staff regarding diversity and culturally competent practices.		С
		Ki
	F	Mar
	Mad	M
	SB	SJ
	St	SLO
	K	Т
		SBen
Published materials such as informational brochures and forms are translated into languages that reflect the diversity of the local community.	F	C
diversity of the local community.	Mad	Ki
	SJ	Mar
	SB -	M
	T	SLO
	K	St

			SBen
Children and families have access to services delivered in their own language.		F	
		Mad	
		M	С
		SJ	Ki
		SLO	Mar
		SB	T
		St	
		K	
		SBen	
Service plans are translated into the family's native language and discussed to ensure understanding.	F	С	
	SJ	Mad	Ki
	SB	M	Mar
	St	Т	SLO
	SBen	K	
Agencies partner with culturally based community groups to ensure programs and services are culturally		С	
appropriate to meet the community's needs.		Mad	
	F	M	Ki
	SB	SJ	Mar
	K	SLO	SBen
		St	
		Т	
Subtotal	9	100	135
Cultural Responsiveness Score	244 or 18.7 avg.		

OUTCOMES AND EVALUATION	Need	Developing	Strength
This section focuses on the strength of current data collection practices and how outcomes data is used to inform			
programs and practice.	1	2	3

OUTCOMES AND EVALUATION	Need	Developing	Strength
This section focuses on the strength of current data collection practices and how outcomes data is used to inform programs and practice.	1	2	3
Agencies have a defined process that includes participation of families, direct service providers, agency		Mad	
staff, and other key stakeholders to define, select, and measure quality indicators at the program, service,	F	M	Т
and community levels.	SJ	SLO	Ki
	SB	St	Mar
	SBen	К	
Evaluation plans define specific goals and objectives, as well as measurable performance indicators.	SJ	C F Mad M SB K SBen	Ki Mar SLO St T
Evaluation plan describes how data informs quality improvement processes.	SJ SB	C F Mad K SBen	Ki Mar M SLO St
Data collection occurs for measures of administrative, fiscal, program, service, and individual child and		С	Ki
family outcomes.	Mad	F	Mar
	SJ	SLO	M
	SB	K	St
		SBen	Т
Data collection relates to process indicators, functional outcomes for children and families, satisfaction	С	F	Ki
surveys from children and families, and fiscal measures.	Mad	M	Mar

OUTCOMES AND EVALUATION	Need	Developing	Strength
This section focuses on the strength of current data collection practices and how outcomes data is used to inform			
programs and practice.	1	2	3
	SJ	SLO	Т
	SB	St	
	SBen	K	
Subtotal	15	54	66
Outcomes and Evaluations Score	135 OR 10.3 avg.		

FISCAL RESOURCES	Need	Developing	Strength
This section is focused on how fiscal policies, practices, and expertise support family-centered services.	1	2	3
Agencies have a basic understanding of what needs to be funded and what the approximate cost will be.		F	
		Mad	
		Mar	Ki
		M	SJ
	С	SLO	St
		SB	Т
		К	
		SBen	
Fiscal agreements that include commitment of funds are in place to support the needs of children,		С	
youth, and families.		F	
		Mad	
		М	Ki
	Т	SLO	Mar
		SB	SJ
		K	St
		SBen	
Agencies track expenses for the cost of mental health services for children and youth in the CW system.		С	
		Mad	
	SJ	M	Ki
	SLO	SB	Mar
	Т	St	F
		K	
		SBen	
Agencies utilize multiple funding streams to support the mental health needs of children and youth in			С
the CW system.		Mad	F
		SJ	Ki

FISCAL RESOURCES	Need	Developing	Strength
This section is focused on how fiscal policies, practices, and expertise support family-centered services.	1	2	3
		SB	Mar
		K	M
		SBen	SLO
			St
			Т
Staff receives training on the time study process.		С	
		F	
		M	Ki
		SJ	Mar
		SB	SLO
		Т	St
		K	
		SBen	
Cross-systems training include fiscal strategies and funding requirements.	С		
	Mar	_	
	SJ	F	
	SB	Mad	
	St	M	
	Т	SLO	
	K	SBen	
	SBen		
Policies and procedures describe strategies to blend funds from federal, state, and local sources to	С		
maximize ability to meet the needs of children and families.		F	
maximize ability to meet the needs of children and families.	Mad	M	Ki
	SJ	K	Mar
	SB	SBen	SLO
	St		
	Т		

FISCAL RESOURCES	Need	Developing	Strength
This section is focused on how fiscal policies, practices, and expertise support family-centered services.	1	2	3
Interagency teams and collaborative projects include fiscal expertise.		С	
		F	
	CI	Mad	
	SJ	Mar	Ki
	K	M	St
	SBen	SB	
		SLO	
		Т	
Subtotal	22	106	84
Fiscal Resources Score	212 or 16.3 avg.		

Additional Comments

Need: Item is not present at all in one or both organizations

Developing: Item is planned or is currently present in a low or modest level in both organizations

Strength: Item currently has a strong presence throughout both organizations

County Legend Key

County	Key
Calaveras	С
Fresno	F
Kern	K
Kings	Ki
Madera	Mad
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Mariposa	Mar
Merced	M
San Benito	SBen
San Joaquin	SJ
Santa Barbara	SB
San Louis Obispo	SLO
Stanislaus	St
Tulare	Т