

# Katie A. Settlement Agreement Implementation of Core Practice Model Readiness Assessment

Enclosure 1

As California moves forward to implement the Core Practice Model (CPM), child welfare and mental health agencies will work together throughout the process at both state and county levels. This tool is the first step in that process, and provides counties with an opportunity to review strengths and challenges within their child welfare and mental health systems in the context of CPM values and principles. Counties are encouraged to seek stakeholder input and incorporate the perspectives of youth, families, and the community in the assessment process.

The assessment tool consists of eight worksheets, and a score sheet. Each worksheet concerns a specific focus area:

- Agency Leadership
- Systems and Interagency Collaboration
- Systems Capacity
- Service Array
- Involvement of Children, Youth, and Family
- Cultural Responsiveness
- Outcomes and Evaluation
- Fiscal Resources

County child welfare and mental health agencies should complete the tool together. Counties will each complete one assessment so that when complete, there is a single set of scores that apply collectively to both the child welfare and mental health agencies. The worksheets show a table where each row contains an item followed by space to record a score. County agencies will discuss each item and then agree to assign one of the following scores:

<b>1 point</b>	<b>Need</b>	This means the item is not present at all in one or both agencies. Indicates that one or both agencies need substantial technical assistance (TA), training, and other support.
<b>2 points</b>	<b>Developing</b>	Item is planned or is currently present in a low or modest level in both organizations. Indicates that the agencies are active in developing an item, and likely need some TA and support.
<b>3 points</b>	<b>Strength</b>	Item currently has a strong presence throughout both organizations. Indicates that agencies actively support the item in a sustained way. May have occasional need for support, but also able to share expertise with other agencies.

Mark scores by entering the number of points in the appropriate space for each item. Score each item only once. When all items are scored and a worksheet completed, please review to confirm that each item (row) has a single score. Calculate scores by selecting the entire table and then pressing the "F9" key on your keyboard. Subtotal scores and the total section score should appear on the worksheet. If scores do not appear, please calculate them manually. If scores appear incorrectly, please confirm that each item was given only one score.

When all worksheets are complete, please complete the final Score Sheet, which is the last page of the tool. Please provide contact information for both child welfare and mental health agencies. Finally, please transfer the total score from each worksheet to the table on the Score Sheet.

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<b>AGENCY LEADERSHIP</b>			
<i>This section relates to leadership's experience implementing family-centered services in a collaborative setting.</i>	Need	Developing	Strength
CW and MH leadership have an articulated strategy for collaborating across systems to ensure family-centered practices have system-wide support.	1	2	3
CW and MH leadership create and support opportunities for collaborative projects between agencies.		2	
CW and MH leaders have a shared vision of family-centered care.		2	3
CW and MH leaders share responsibility and accountability for implementing timely services. <i>Timely is defined according to local practices.</i>		2	
Forums exist for information sharing and cross-system problem solving that include families and other community partners.		2	
Families and other community members have a meaningful role in oversight of services and quality improvement activities.		2	
Interagency and Community Committees are in place to ensure policies and practices are consistent with family-centered principles of care.	1		
CW and MH leaders regularly discuss issues affecting access to services.			3
CW and MH leaders regularly discuss issues affecting quality of services.		2	
<b>Subtotal</b>	1	12	6
<b>Agency Leadership Score</b>		19	

**Additional Comments**  
Training on WRAP, Safety Organized Practice.

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<b>SYSTEMS AND INTERAGENCY COLLABORATION</b>			
<i>This section addresses how collaborative approaches (such as teaming) are used when serving children and families. (See pg.12 - 16 of the CPM Guide)</i>			
	Need	Developing	Strength
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.	1	2	3
Agencies have a shared approach to addressing issues related to consent and confidentiality.		2	
Agencies provide opportunities for joint training to staff and families.		2	
Agencies have an established process for reviewing, changing, and implementing policies and procedures that support family-centered practices.	1		
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.			3
Agencies have co-located office space or staff.		2	
Agencies have information systems that support sharing of child welfare and mental health data.	1		
Processes are in place to share and receive feedback at the practice, program, and system levels in order to solve problems and enhance success.		2	
<b>Subtotal</b>	2	10	3
<b>Systems and Interagency Collaboration Score</b>		15	

Additional Comments

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<b>SYSTEMS CAPACITY</b>		Need	Developing	Strength
<i>This section speaks to the collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources (See pages 20 – 23 of the CPM Guide)</i>		1	2	2
Children and youth in the CW system are screened for possible mental health needs.				3
Children and youth in the CW system who are referred to mental health receive a timely full mental health assessment. <i>Timely is defined according to local practices.</i>				3
Policies in place support an effective referral process and linkage to services in multiple systems.			2	
There are effective processes and sufficient supports in place to recruit, hire, and train personnel. <i>Factors may include timeliness to hire, expertise of human resources staff, written training materials</i>			2	
Staff receive ongoing training, and are mentored and coached by experienced managers to ensure staff maintain high quality skills and abilities.				3
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.				3
Agencies engage the local community through activities that may include partnering with community-based organizations and hosting public meetings or community forums.				3
There is a sufficient child welfare workforce in place.				3
There is an adequate network of qualified mental health service providers available.				3
Administrative processes and organizational infrastructure are sufficient to meet business and procurement needs.				3
<b>Subtotal</b>		0	4	24
<b>Systems Capacity Score</b>		28		
Additional Comments				

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	<b>SERVICE ARRAY</b>		
	Need	Developing	Strength
<i>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)</i>	1	2	3
Children and families are assessed for immediate safety, stabilization, and crisis support needs.			3
Services are tailored to meet specific, individual needs and build on individual strengths.			3
Services are community-based, delivered in the least restrictive environment, and in the child and family's own language.			3
Available services support transitions to the community, independence, and the adult system of care.			3
Available services include the use of evidence-based practices.			3
Families have access to services that focus on prevention and early intervention.		2	
Services are sufficient to meet the mental health needs of the community.			3
Where service gaps exist, alternative strategies, such as cultural healing practices or other non-traditional services and supports, are explored.		2	
Services for children and families include trauma informed care.		2	
<b>Subtotal</b>	0	6	18
<b>Service Array Score</b>	24		

**Additional Comments**

Path 1 - Families have access to preventive services; Drug and Alcohol Prevention, Wellness groups; Educational-related Mental Health Services (EMRS).  
Differential Response - Immersion, Courage to Change, and Anger Management.

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	Need	Developing	Strength
<b>INVOLVEMENT OF CHILDREN, YOUTH, AND FAMILIES</b> <i>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)</i>	1	2	3
Families have a high level of decision-making power in all aspects of planning, delivery, and evaluation of services and supports, which is reflected in organizational policies.	1		
Children and families have access to an ongoing community stakeholder process.	1		
Services are tailored to meet individual child and family needs and reflect the child and family's values, culture, and preferences.		2	
Children and families have multiple opportunities to share feedback about quality and effectiveness of services.	1		
Peer support networks are available for children, youth, and caregivers.		2	
Training and written information is available for families in order to support their role as informed decision makers.	1		
Families are involved in defining, selecting, and measuring quality indicators of services and programs.	1		
<b>Subtotal</b>	5	4	0
<b>Involvement of Children, Youth, and Families Score</b>	<b>9</b>		
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<b>CULTURAL RESPONSIVENESS</b>			
<i>This section addresses agency ability to work effectively in cross-cultural settings.</i>	Need	Developing	Strength
	1	2	3
The cultural identity of children and families is valued, and reflected in service planning and delivery.		2	
Diversity and language among agency staff reflects that of the community.			3
Staff are respectful of cultural differences in customs and beliefs.		2	
Training is provided to staff regarding diversity and culturally competent practices.		2	
Published materials such as informational brochures and forms are translated into languages that reflect the diversity of the local community.			3
Children and families have access to services delivered in their own language.			3
Service plans are translated into the family's native language and discussed to ensure understanding.			3
Agencies partner with culturally based community groups to ensure programs and services are culturally appropriate to meet the community's needs.		2	
<b>Subtotal</b>	0	8	12
<b>Cultural Responsiveness Score</b>	<b>20</b>		

Additional Comments

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<b>OUTCOMES AND EVALUATION</b>	<b>Need</b>	<b>Developing</b>	<b>Strength</b>
<i>This section focuses on the strength of current data collection practices and how outcomes data is used to inform programs and practice.</i>	1	2	3
Agencies have a defined process that includes participation of families, direct service providers, agency staff, and other key stakeholders to define, select, and measure quality indicators at the program, service, and community levels.	1		
Evaluation plans define specific goals and objectives, as well as measurable performance indicators.		2	
Evaluation plan describes how data informs quality improvement processes.		2	
Data collection occurs for measures of administrative, fiscal, program, service, and individual child and family outcomes.		2	
Data collection relates to process indicators, functional outcomes for children and families, satisfaction surveys from children and families, and fiscal measures.		2	
<b>Subtotal</b>	1	8	
<b>Outcomes and Evaluations Score</b>		9	
<b>Additional Comments</b>			
Use outcomes to evaluate staff.			



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<b>FISCAL RESOURCES</b>			
<i>This section is focused on how fiscal policies, practices, and expertise support family-centered services.</i>	Need	Developing	Strength
Agencies have a basic understanding of what needs to be funded and what the approximate cost will be.	1	2	3
Fiscal agreements that include commitment of funds are in place to support the needs of children, youth, and families.	1	2	
Agencies track expenses for the cost of mental health services for children and youth in the CW system.	1		
Agencies utilize multiple funding streams to support the mental health needs of children and youth in the CW system.			3
Staff receives training on the time study process.			3
Cross-systems training include fiscal strategies and funding requirements.	1		
Policies and procedures describe strategies to blend funds from federal, state, and local sources to maximize ability to meet the needs of children and families.	1		
Interagency teams and collaborative projects include fiscal expertise.	1		
<b>Subtotal</b>	<b>5</b>	<b>2</b>	<b>6</b>
<b>Fiscal Resources Score</b>	<b>13</b>		

Additional Comments

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# Katie A. Settlement Agreement Implementation of Core Practice Model Readiness Assessment

## Readiness Score Sheet

Please complete all requested information on this page and attach to the Service Delivery Plan.  
Submit both documents to [KatieA@dhcs.ca.gov](mailto:KatieA@dhcs.ca.gov) by May 15, 2013.

County: Glenn County Date: 05/17/13

Child Welfare Representative:  
Name: Robyn Krause Title: Chief Deputy Director  
Ph# 530-934-1431 E-mail: rkrause@hra.co.glenn.ca.us

Mental Health Representative:  
Name: Amy Lindsey Title: Behavioral Health Deputy Director  
Ph# 530-934-6582 Ext. 108 E-mail: alindsey@glenncountyhealth.net

Please record the score assessed for each section in the table below.

SECTION	SCORE
Agency Leadership	19
Systems and Interagency Collaboration	15
Systems Capacity	28
Service Array	24
Involvement of Children, Youth, and Families	9
Cultural Awareness	20
Outcomes and Evaluation	9
Fiscal Funding Resources	13

Additional Comments  
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