



# Family Check-Up (FCU)

Key Continuous Quality Improvement (CQI) Considerations

## CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

### INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based practices (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. **This policy brief is designed to provide counties and providers with a comprehensive framework for implementing Family Check-Up (FCU)**, a well-supported evidence-based program approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

**As you review this information, consider how you will measure the success of FCU within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement, as well as improved outcomes for children and families.**

Counties and providers can utilize this Brief to facilitate discussions at the county, agency, and community levels, aimed at identifying best practices for tracking and sharing data. These discussions should also focus on reviewing the CQI prompts to assess program delivery and implementation, making necessary adjustments as needed. Additionally, counties and providers should use these Briefs to establish feedback loops for sharing qualitative data on family-specific needs, ensuring that future efforts to serve and support families are informed and responsive.



The information presented in this resource, including service descriptions, target populations, program or service delivery, and implementation details, is informed by several key sources. These include meetings with California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, IV-E Subcommittee, and the Family Check-Up® Program through the University of Oregon.

#### Key Terms

**Developer/Purveyor:** The entity responsible for creating and supporting the implementation of the EBP. They provide training, resources, and guidance to ensure fidelity and effective implementation.

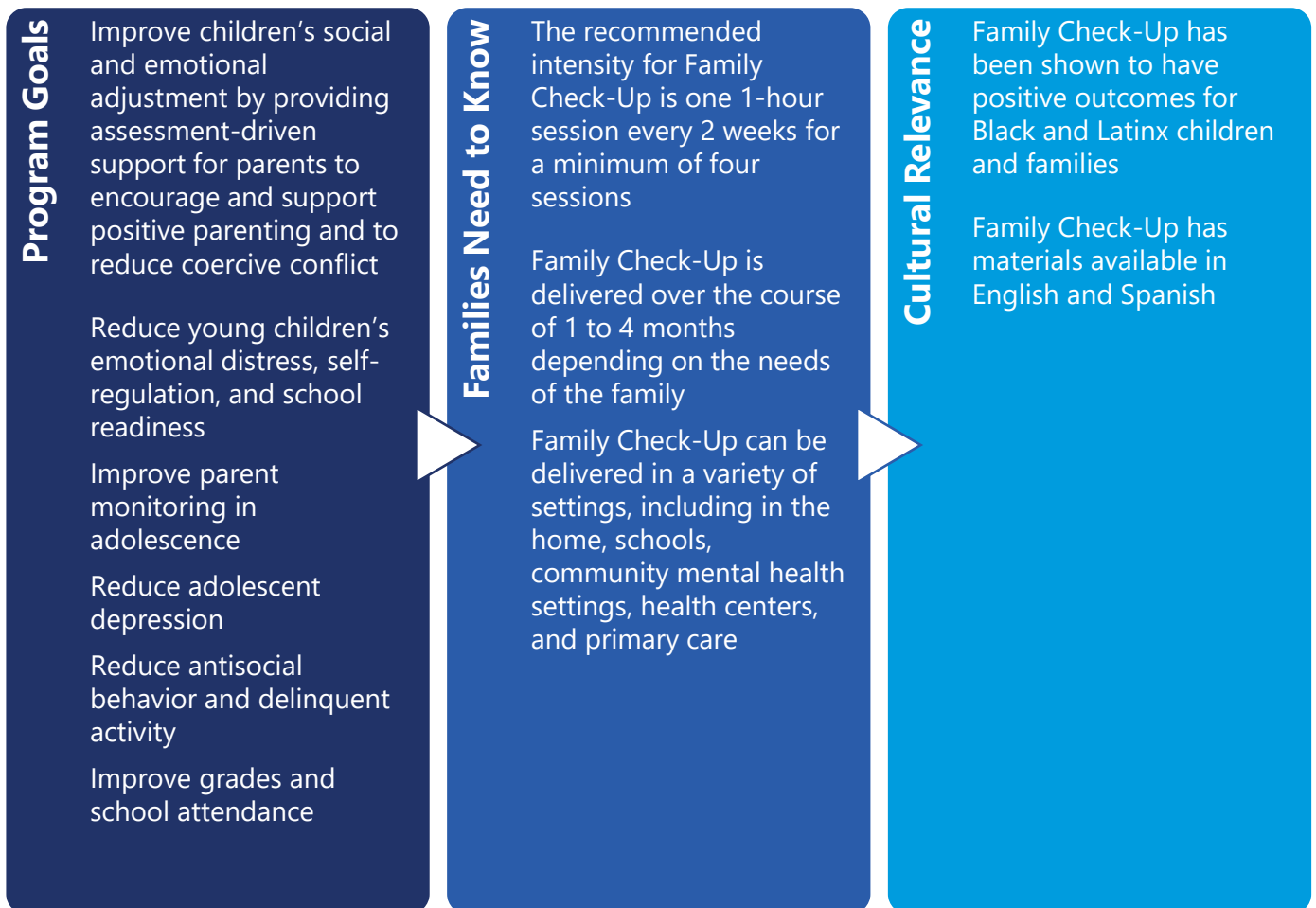
**Provider:** The individual or organization delivering the EBP services directly to children and families.

# FAMILY CHECK-UP PROGRAM OVERVIEW

The **Family Check-Up** model aims to improve parenting skills and family management practices, with the goal of improving a range of emotional, behavioral, and academic child outcomes. It consists of three main components: (1) an initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context; (2) an ecological family assessment that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions; and (3) tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family. Follow-up services may include clinical or support services in the community.

## Who is Eligible?

**Caregivers of children aged 2 to 17 with behavioral challenges** are eligible for FCU. Children outside this age range are not eligible. Additionally, FCU may not be appropriate for families needing long-term or specialized psychiatric care beyond FCU's short-term, assessment-driven intervention.



# MEASURING PROGRAM SUCCESS

Measuring the capacity, reach, fidelity, and outcome data outlined below can greatly enhance the implementation and effectiveness of FCU. Regular quality assurance monitoring, required for licensure, ensures this adherence.

## Data Collection for Federal IV-E Reimbursement

Under the Family First Prevention Services Act (FFPSA), federal IV-E reimbursement for evidence-based programs (EBPs) is contingent upon several requirements described on pages 27, 39, and 52 of the federally approved [California Prevention Plan](#). To meet these requirements and ensure accurate cost tracking:

- **FCU providers will enter reach and capacity data into the CARES provider portal on a monthly basis.**
- Tracking both outcome and fidelity data is required for IV-E reimbursement.
- **Outcome and fidelity data will be reported by the FCU providers and submitted to CARES using the designed provider template provided in Appendix A.**
- Currently, the FCU developer/purveyor can only provide site-specific fidelity reports and is **unable to aggregate fidelity and outcomes data across multiple sites**. In the future, however, a combined fidelity reporting capability is anticipated. Once available, CDSS should assess the feasibility and costs of receiving these regular, combined reports from the FCU developer/purveyor.

The **CDSS FFPS Program** will:

- **Upload outcome and fidelity data** into the backend of CARES.
- **Translate the reach, capacity, outcome and fidelity data into Tableau reports for use in state- and county-level FFPS CQI processes.**

## Key Metrics for Continuous Quality Improvement (CQI)

To measure the success of FCU, it's important to regularly review data in four key areas:

- 1 **Capacity** – *staff requirements*
- 2 **Reach** – *the extent to which children and families are being served*
- 3 **Fidelity** – *adherence to model implementation requirements*
- 4 **Outcomes** – *impact of services on children and families*

These metrics provide a comprehensive view of program effectiveness. More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

# FCU MEASUREMENT FRAMEWORK

The **FCU Measurement Framework** provides standardized metrics for California counties and EBP providers to evaluate **capacity, reach, fidelity, and outcomes**, supporting continuous quality improvement (CQI) and compliance with the Family First Prevention Services Act (FFPSA) for federal IV-E reimbursement. The following data tables outline these measures and expectations for tracking critical program components. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

## Capacity

Capacity refers to the resources dedicated by the agency or program to effectively deliver services to children and families, including staffing, infrastructure, and service availability. Adequate capacity is essential for successful implementation of FCU and influences the program’s ability to meet community needs.

**Table 1** outlines key capacity measures required to monitor program implementation. **FCU providers will submit capacity data for each provider site monthly through the CARES provider portal.** Counties should review capacity data and conduct CQI activities monthly.

**Table 1. Description of FCU Capacity Data Elements**

Measure	Indicator
Staffing	Total # of provider agency sites
	Total # of full-time model-trained or certified practitioners
	Total # of part-time model-trained or certified practitioners
	Total # of supervisors
Supervisor / Practitioner Ratio	N/A
Full-time Caseload	N/A
Service Duration	4-16 weeks

### Capacity CQI Prompts:

- **Analyze Waitlist and Capacity Data:** Combine waitlist information, reach data, and staffing levels to identify if more clinicians or service slots are needed in specific communities.
- **Address Staffing Challenges:** If Supervisor/Clinician ratios, caseloads, or service duration are not meeting standards, collaborate with providers to identify barriers and develop solutions.
- **Evaluate Capacity Trends:** Regularly review capacity data to detect patterns of increased demand and adjust staffing or resources accordingly.

## Reach

Reach refers to the extent to which the program engages its target population by ensuring eligible children and families are identified, referred to, and actively enrolled in services. It measures how well FCU is serving those it is intended to reach and whether the service is accessible to those in need.

**Table 2** lists the reach data elements to be tracked for effective outreach and engagement. **FCU providers will submit reach data monthly through the CARES provider portal.** Counties should review reach data and conduct CQI activities monthly.

**Table 2. Description of Standardized Reach Data Elements**

Measure	Indicator
Eligible Child Welfare & Probation Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of FM/VFM/602 youth who come to the attention of the agency*
	Total # identified as a Family First candidate <ul style="list-style-type: none"> <li>• FM – Family Maintenance</li> <li>• VFM – Voluntary Family Maintenance</li> <li>• 602 WIC Petition**</li> </ul>
	Total # identified as a Family First pregnant or parenting youth in care (PPY)
	Total # not identified as a candidate
Eligible Community Pathway Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of community pathway children granted IV-E agency candidacy approval
	Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> <li>• Reason for denial               <ul style="list-style-type: none"> <li>○ MH, SA, or PS imminent risk/need not identified</li> <li>○ Child outside of age range of the recommended EBP</li> </ul> </li> </ul>
EBP Referrals to Providers	Total # candidates referred to an EBP provider
EBP Service Uptake	Total # candidates who started the EBP
	Total # candidates who did not start the EBP <ul style="list-style-type: none"> <li>• Reason did not start the EBP               <ul style="list-style-type: none"> <li>○ No action taken; referral still in process</li> <li>○ Placed on waitlist; median days on waitlist</li> <li>○ Provider rejected referral</li> <li>○ Provider unable to contact or engage with the family</li> <li>○ Family did not consent, etc.</li> <li>○ Other</li> </ul> </li> </ul>
	Total # candidates who completed the full EBP
	Total # candidates who did not complete the full EBP <ul style="list-style-type: none"> <li>• Reason did not complete the full EBP               <ul style="list-style-type: none"> <li>○ Provider unable to contact or engage with family</li> <li>○ Family withdrew</li> <li>○ Family no longer eligible</li> <li>○ Provider capacity issues</li> <li>○ Other</li> </ul> </li> </ul>
EBP Service Completion	

\*Total number of referrals to Probation (inclusive of citations and arrests)

\*\*Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition

## Reach CQI Prompts:

Look at eligible child welfare and probation candidates and compare with the number referred to FCU, started FCU, and completed FCU. Discuss strategies to address:

- **Service Flow:** Compare eligible candidates to those referred, enrolled, and completed.
- **Waitlists:** Identify causes and reduce delays.
- **Referral Rejections:** Address common reasons for declined referrals.
- **Family Contact:** Improve provider outcome and engagement.
- **Consent Issues:** Increase family consent rates.
- **Withdrawals:** Identify strategies to reduce early terminations.
- **Eligibility Changes:** Minimize service disruptions.
- **Provider Capacity:** Align staffing and resources to demand.

## Outcomes

Outcomes refer to the measurable impacts of the program on children and families, demonstrating whether FCU is achieving its intended goals. These metrics help assess program effectiveness and inform continuous quality improvement efforts.

**Table 3** outlines the key outcome measures needed to monitor and evaluate program success. **FCU providers will use a standardized template to submit outcome data to CDSS biannually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.**

Counties should review outcome data and conduct CQI activities quarterly.

**Table 3. Description of FCU Outcome Data Elements**

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Improved Child Behavioral Functioning	At service completion, % of cases with improved scores on items related to child behavioral functioning on the Youth Adjustment Domain.	85%	FCU Questionnaires: <ul style="list-style-type: none"> <li>• CB Caregiver Report on Child (age 2-5)</li> <li>• CB Caregiver Report on Child (age 6-11)</li> <li>• CB Caregiver Report on Child (age 11-17)</li> <li>• CB Child Self Report (age 11-17)</li> </ul>	Assessed before intervention and again at completion	None; provider-specific
Improved Child Emotional Functioning	At service completion, % of cases with improved scores on items related to child emotional functioning on the Youth Adjustment Domain.	85%			
Increased Positive Parenting Practices	At service completion, % of cases with improved scores on items related to positive parenting practices in the Parenting and Family Management Domain.	85%			

## Outcomes CQI Prompts:

- **Develop Outcomes Monitoring Plan:** Establish a regular schedule for tracking and analyzing outcomes data to monitor trends and identify areas for improvement. Share insights and effective practices among providers.
- **Evaluate Population Impact:** Aggregate provider reach data to determine which populations are benefitting most from FCU (e.g., FM vs. VFM youth), considering factors such as race, ethnicity, gender, age, and provider.



## Fidelity

Fidelity refers to how closely the program follows the prescribed FCU model to ensure services are delivered as intended. Maintaining high fidelity is crucial for achieving positive outcomes and ensuring program integrity.

**Table 4** outlines the fidelity measures required to assess program adherence. **FCU providers will use a standardized template to submit fidelity data to CDSS biannually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

**Table 4. Description of FCU Fidelity Data Elements**

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Provider Received & Maintained Required Training	% of providers who have completed all required eLearning courses.	100%	N/A	Collected as training occurs	None; provider-specific
	% of providers who have completed interactive skills training.	100%			
Meets Staffing Qualification Requirements	% of FCU sites that have an onsite certified supervisor trainer.	100%	N/A	Collected as staff are certified & recertified	
Consistent Use of Core Tools for Implementing the FCU Model	% of providers who use core materials with the family.	100%	Family-completed questionnaires	Collected following each session.	
Use of the COACH Rating Form	% of provider's COACH fidelity rating falls into the "competent work" range (4-9).	90%	COACH Fidelity Rating System <ul style="list-style-type: none"> <li>Feedback Session COACH Rating Form</li> <li>Everyday Parenting COACH Rating Form</li> </ul>	Collected following each session.	
Sites Complete Annual Check-In	% of FCU sites that participate in an annual check-in with the model developer/purveyor.	100%	N/A	Collected annually by developer/purveyor	

### Fidelity CQI Prompts:

- **Verify Training and Qualifications:** Provider sites should analyze training requirements, staff qualifications, core tools, and coach rating reports as they receive them from the developer/. Counties should establish a routine process to review these reports to ensure adherence to training standards and staff qualifications.
- **Address Implementation Challenges:** If issues are identified, collaborate with providers and the model developer to develop solutions.

## RESOURCES

To ensure the successful implementation of FCU, it is crucial to establish a strong relationship between the FCU provider, the FCU developer/purveyor, and the county. Here are the steps to initiate this process:

**Providers Contact FCU:** Reach out to The Family Check Up® through the University of Oregon, the official developer/purveyor of Family Check Up. Contact information can be found on their website: <https://fcu.uoregon.edu/>. Initiate a conversation to discuss your interest in implementing FCU and to seek guidance on the next steps.

**Providers and County Leaders Contact Your Local CPP Lead:** Providers or counties looking to implement FCU for IV-E reimbursement should contact their local Comprehensive Prevention Planning Lead to ensure their implementation plans align with state and federal requirements, including IV-E reimbursement guidelines. Follow this link to determine your point of contact: <https://cdss.ca.gov/Portals/9/CCR/FFPSA/ffps-title-iv-eagency-county-contact-list.pdf>

**You can also submit additional questions to the FFPS Inbox at**  
[FFPSAPreventionServices@dss.ca.gov](mailto:FFPSAPreventionServices@dss.ca.gov)

## STAY TUNED!

In the coming months, the CQI Subcommittee and statewide advisory committees (see Page 1) will be drafting a comprehensive California Continuous Quality Improvement Plan. The content will include governance structure recommendations, CQI focused resources/policies, data analysis, and feedback loops. Stay tuned for these updates as we enhance our statewide CQI practices for Family First Prevention Services.

## REFERENCES

Chapin Hall at the University of Chicago. (n.d.). Measurement framework. <https://www.chapinhall.org/research/measurement-framework>

Hyland, S. T., & O'Brien, J. (2023). Evidence-based programs desk guide 2023. Chapin Hall at the University of Chicago.

University of Oregon. "The Family Check-Up." FCU: Family Check-Up. <https://fcu.uoregon.edu/>.

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). Title IV-E prevention services clearinghouse. <https://preventionservices.abtsites>



# APPENDIX A: PROVIDER OUTCOME & FIDELITY TEMPLATE

## FCU Outcome Measures

Family Check-Up			
<i>Provider sends the percentage for <u>each location</u> in a data file.</i>			
Measure	Improved child behavioral functioning	Improved child emotional functioning	Increased positive parenting practices
Indicator	<i>At service completion, % of cases with improved scores on items related to child behavioral functioning on the Youth Adjustment Domain.</i>	<i>At service completion, % of cases with improved scores on items related to child emotional functioning on the Youth Adjustment Domain.</i>	<i>At service completion, % of cases with improved scores on items related to positive parenting practices in the Parenting and Family Management Domain.</i>
Target Level	85%	85%	85%
Site 1			
Site 2			

## FCU Fidelity Measures

Family Check-Up						
<i>Providers sends the percentage for <u>each location</u> in a data file.</i>						
Measure	Provider received and maintained required training		Meets staffing qualification requirements	Consistent use of core tools for implementing the FCU model	Sites complete an annual check-in	Use of the COACH rating form
Indicator	<i>% of providers who have completed all required eLearning courses.</i>	<i>% of providers who have completed interactive skills training.</i>	<i>% of FCU sites that have an onsite certified supervisor trainer.</i>	<i>% of providers who use core materials with the family.</i>	<i>% of FCU sites that participate in an annual check-in with the model purveyor.</i>	<i>% of provider's COACH fidelity rating falls into the "competent work" range (4-9).</i>
Target Level	100%	100%	100%	100%	100%	90%
Site 1						
Site 2						