



HOMEBUILDERS®



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 programs (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 HOMEBUILDERS®**, 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 HOMEBUILDERS® within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement.



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 the HOMEBUILDERS® purveyor, California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, IV-E Subcommittee, and the Institute for Family Development.

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.

HOMEBUILDERS® PROGRAM OVERVIEW

HOMEBUILDERS® provides intensive, in-home counseling, skill building, and support services for families who have children (0–18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services. HOMEBUILDERS® practitioners conduct behaviorally specific, ongoing, and holistic assessments that include information about family strengths, values, and barriers to goal attainment. HOMEBUILDERS® practitioners then collaborate with family members and referents in developing intervention goals and corresponding service plans. HOMEBUILDERS® services are concentrated during a period of 4 to 6 weeks with the goal of preventing out-of-home placements and achieving reunification. HOMEBUILDERS® therapists typically have small caseloads of 2 families at a time. Families typically receive 40 or more hours of direct face-to-face services.

Who is Eligible?

Families who have children (0–18 years old) and are at imminent risk of out-of-home placement or who cannot be reunified without intensive in-home services.

Program Goals

- Reduce child abuse and neglect
- Reduce family conflict
- Reduce child behavior problems
- Prevent placement or successfully reunify families and their children

Families Need to Know

- HOMEBUILDERS® services are concentrated during a period of four to six weeks
- There are three to five 2-hour sessions per week; an average of 8 to 10 hours per week of face-to-face contact, with telephone contact between sessions
- Families typically receive 40 or more hours of direct face-to-face services
- Treatment services primarily take place in the family's home. Services are provided when and where the family needs them, including other community locations (such as school)

Cultural Relevance

- HOMEBUILDERS® has been shown to have positive outcomes for American Indian or Alaskan Native, Black, Latinx, and Native Hawaiian or Pacific Islander children and families
- HOMEBUILDERS® has materials available in English and Spanish

MEASURING PROGRAM SUCCESS

Measuring the capacity, reach, fidelity, and outcome data outlined below can greatly enhance the implementation and effectiveness of HOMEBUILDERS®. Regular quality assurance monitoring ensures this adherence. The HOMEBUILDERS® purveyor collects data to provide feedback, helping improve both adherence to the model and program outcomes. This data is stored in an online database managed by the purveyor (Exponent Case Manager).

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:

- **HOMEBUILDERS® 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. HOMEBUILDERS® providers have access to aggregate reports generated by the HOMEBUILDERS® purveyor that combines outcome and fidelity data across multiple sites.
- **Outcome data will be reported by the purveyor and submitted to CARES using the designated purveyor template provided in Appendix B.**
- Fidelity data reporting is split between HOMEBUILDERS® providers and the developer/purveyor. **The developer/purveyor will submit fidelity data using the template in Appendix B, while HOMEBUILDERS® providers will use the template in Appendix A to report additional fidelity data.**
- CDSS is in the process of contracting with the HOMEBUILDERS® developer/purveyor to receive outcome and fidelity reports on a consistent basis.

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 HOMEBUILDERS®, 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](#).

HOMEBUILDERS® MEASUREMENT FRAMEWORK

The **HOMEBUILDERS® 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 HOMEBUILDERS® and influences the program’s ability to meet community needs.

Table 1 outlines key capacity measures required to monitor program implementation. **HOMEBUILDERS® 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 HOMEBUILDERS® 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	1:5
Full-time/Part-time Caseload	2 for full-time
	1 for part-time
Service Duration	4-6 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 HOMEBUILDERS® 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.

HOMEBUILDERS® 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"> • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition**
	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"> • Reason for denial <ul style="list-style-type: none"> ○ MH, SA, or PS imminent risk/need not identified ○ Child outside of age range of the recommended EBP
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"> • Reason did not start the EBP <ul style="list-style-type: none"> ○ No action taken; referral still in process ○ Placed on waitlist; median days on waitlist ○ Provider rejected referral ○ Provider unable to contact or engage with the family ○ Family did not consent, etc. ○ Other
	Total # candidates who completed the full EBP
EBP Service Completion	Total # candidates who did not complete the full EBP <ul style="list-style-type: none"> • Reason did not complete the full EBP <ul style="list-style-type: none"> ○ Provider unable to contact or engage with family ○ Family withdrew ○ Family no longer eligible ○ Provider capacity issues ○ Other

*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 HOMEBUILDERS®, started HOMEBUILDERS®, and completed HOMEBUILDERS®. 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 HOMEBUILDERS® 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. **The HOMEBUILDERS® developer/purveyor will use a standardized template to submit outcome data to CDSS biannually. The CDSS FFPS team will upload developer/purveyor outcome data into the CARES backend for county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of HOMEBUILDERS® Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Improved Placement Prevention	% of youth who avoid placement at case closure.	80%	CPS Records	Collected at case closure.	HOMEBUILDERS® Quarterly Annual Report
	% of youth who avoid placement 6 months after case closure.	70%		Collected 6 months after case closure.	
Improved Child Safety	% of families that have no new CPS reports during the intervention.	75%	North Carolina Family Assessment Scale (NCFAS)	Collected during intervention period.	
	% of families that improve in at least one high priority NCFAS domain related to safety.	80%		Completed once at beginning of intervention and at case closure.	
Improved Family Functioning	% of families that improve in at least one high priority NCFAS domain rated below the baseline at intake.	80%			
Improvements in Safety Concerns Addressed	Average rating on the HOMEBUILDERS® Referent Feedback Survey regarding whether the therapist adequately addressed the safety concerns.	4.0	HOMEBUILDER S® Referent Feedback Survey	Completed by family once at case closure.	
Improvements in Targeted Goals	Average rating on the HOMEBUILDERS® Referent Feedback Survey regarding whether the intervention goals were appropriate.	4.0			

Improvements in Skill Utilization	% of families completing the <i>HOMEBUILDERS® Referent Feedback Survey</i> that report that they are using a new skill.	85%		
Improvements in Goal Achievement	% of families who complete the service show progress on goal attainment ratings for at least one goal at service closure.	85%	Exponent Case Manager	Practitioner rating at end of intervention period.

Outcomes CQI Prompts:

- **Review HOMEBUILDERS® Data: Analyze the Homebuilders Quarterly Annual Report and Site Review Report as provided by the developer/purveyor. Identify outcome trends, successes, and challenges. Share effective strategies among providers.**
- **Assess Population Impact: Compare reach data to identify which candidacy groups (e.g. probation vs. child welfare, FM vs. VFM) are benefitting most, considering factors like race,**

Fidelity

Fidelity refers to how closely the program follows the prescribed HOMEBUILDERS® 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. Reporting on fidelity data will be divided between the provider and the developer/purveyor. **The HOMEBUILDERS® developer/purveyor will submit their fidelity data to CDSS using a standardized template biannually, while HOMEBUILDERS® providers will use a separate template to report additional fidelity data biannually. The CDSS FFPS team will upload both developer/purveyor and provider fidelity data into the CARES backend for county CQI activities.** Counties should review fidelity data and conduct CQI activities quarterly.

Table 4. Description of HOMEBUILDERS® Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Provider Received & Maintained Required Training	Therapists, supervisors, and program managers participate in all required HOMEBUILDERS® training and QUEST activities.	100%		Collected quarterly.	HOMEBUILDERS® Quarterly Annual Report
Provider Meets Staffing Qualification Requirements	% of therapists who have the required qualifications.	100%	Exponent Case Manager	Collected by the developer/purveyor at time of hire.	HOMEBUILDERS® Site Review Report
Meets Supervision & Consultation Requirements	% of supervisors who have the required qualifications.	100%			
Meets Referral Response Requirements	% of eligible interventions are staffed weekly, where staffing preferably occurs during ream consultation.	90%		Collected by the developer/purveyor after each intervention.	HOMEBUILDERS® Quarterly Annual Report
	% of families who receive their first face-to-face visit (receive an intake session) within 24 hours of referral.	75%			
	% of families who receive their first face-to-face visit no later than the	85%			

end of the day after the referral (based on all eligible interventions).			
% of full-time, trained therapists that serve 17-18 families per year.	100%		Collected by the developer/purveyor annually.
% of families that meet with their therapist at least 3 times per week.	80%		
% of interventions that average 38 hours or more of face-to-face contact (excluding interventions that close prematurely).	100%		Collected by the developer/purveyor after each intervention.
% of families that report that the therapist explained 24/7 availability.	90%	HOMEBUILDERS®	
% of referents who report that the therapist maintained adequate contact with the referent.	85%	Referent Feedback Survey	

Fidelity CQI Prompts:

- **Verify Training and Qualifications:** Review the Homebuilders Quarterly Annual Report quarterly to ensure adherence to training requirements, staff qualifications, and referral responses.
- **Address Implementation Challenges:** If challenges are identified, collaborate with providers and the model developer to develop strategies for improvement.

RESOURCES

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

Providers Contact HOMEBUILDERS®: Reach out to the Institute for Family Development, the official developer/purveyor of HOMEBUILDERS®. Contact information can be found on their website: www.institutefamily.org. Start a conversation to discuss your interest in implementing HOMEBUILDERS® and to seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties looking to implement HOMEBUILDERS® 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

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.

Institute for Family. (n.d.). *Institute for Family*. <https://www.institutefamily.org/>.

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 FIDELITY TEMPLATE

HOMEBUILDERS®

Provider submits percentage for each location via data file

Measure Meets staffing qualification requirements

Indicator % of therapists who have the required qualifications.

% of supervisors who have the required qualifications.

Target Level

100%

100%

Site 1

Site 2

APPENDIX B: DEVELOPER/PURVEYOR OUTCOME & FIDELITY TEMPLATE

HOMEBUILDERS® Outcome Measures

HOMEBUILDERS®

Purveyor will send the percentage or average rating for every location via a data file.

Measure	Improved placement prevention		Improved child safety		Improved family functioning	Improvements in safety concerns addressed	Improvements in targeted goals	Improvements in skill utilization
Indicator	% of youth who avoid placement at case closure.	% of youth who avoid placement 6 months after case closure.	% of families who have no CPS reports during the intervention.	% of families that improve in at least one high priority NCFAS domain related to safety.	% of families that improve at least one high priority NCFAS domain rated below the baseline at intake.	Average rating on the 5-point referent rating scale regarding whether the therapist adequately addressed the safety concerns.	Average rating on the 5-point referent rating scale regarding whether the intervention goals were appropriate.	% of families completing the Homebuilders Referent Feedback Survey that report that they are using a new skill.
Target Level	80%	70%	75%	80%	80%	4	4	85%
Site 1								
Site 2								

HOMEBUILDERS® Fidelity Measures

HOMEBUILDERS®

Purveyor will send the percentage for every location via a data file.

Measure	Provider received and maintained required training	Meets supervision and consultation requirements	Meets referral response requirements	Meets service intensity, availability, and caseload requirements						
Indicator	% of therapists, supervisors, and program managers who participate in all required Homebuilders training and QUEST activities.	% of eligible interventions that are staffed weekly, where staffing preferably occurs during team consultation.	% of families who receive a face-to-face intake session within 24 hours of referral.	% of families who receive their first face-to-face visit no later than the end of the day after the referral (based on all eligible interventions).	% of first year full-time (1.0 FTE) therapists who serve 12 to 15 families per year.	% fully trained (after 1st year) full-time (1.0 FTE) therapists who serve 17 to 18 families per year.	% of families that meet with their therapist at least 3 times per week.	% of interventions that average 38 hours or more of face-to-face contact (excluding interventions that close prematurely).	% of families who report that the therapist explained 24/7 availability.	% of referents who report that the therapist maintained adequate contact with the referent.
Target Level	100%	90%	75%	85%	100%	100%	80%	100%	90%	85%
Site 1										
Site 2										