Authors:
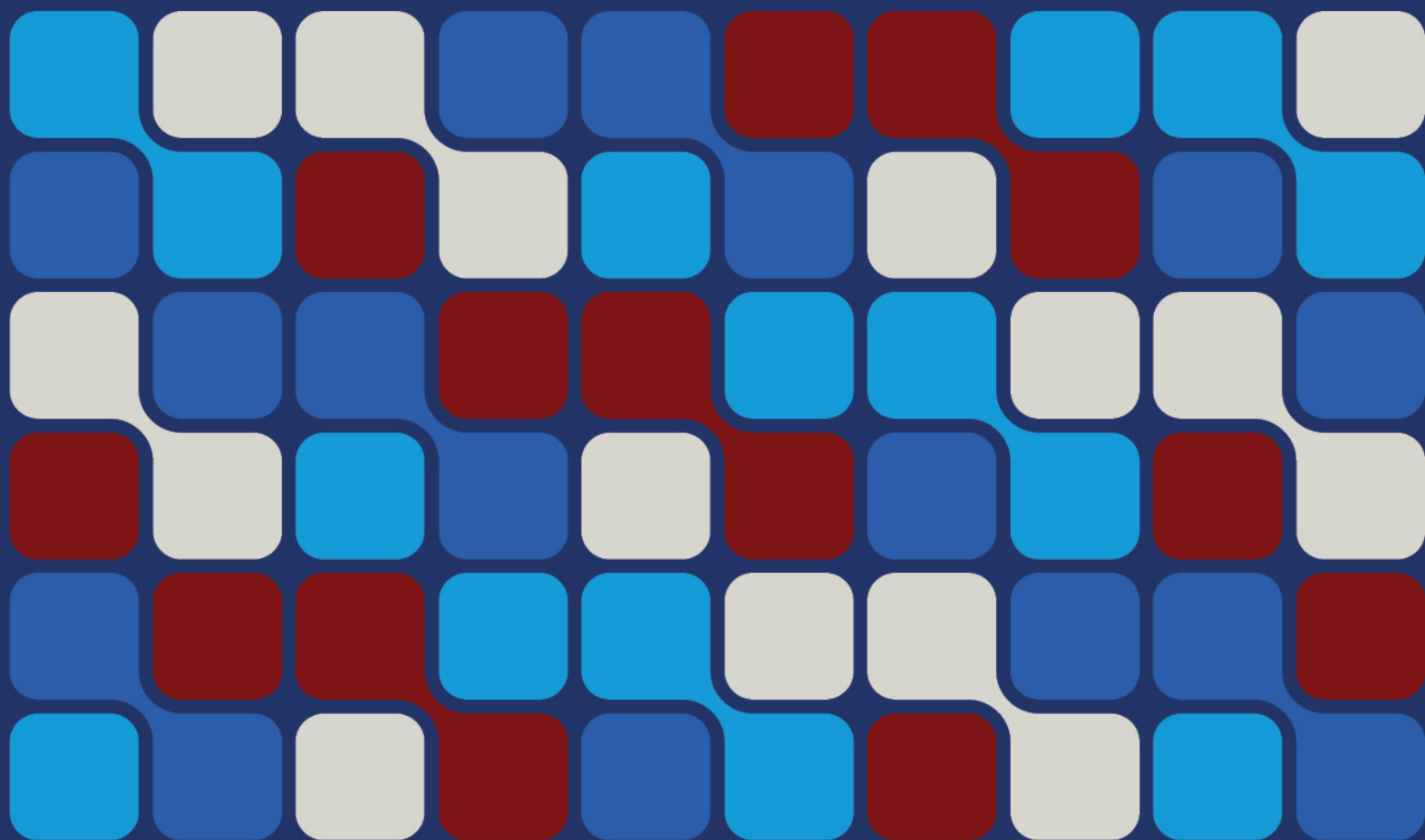**Lexi Matter**
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California's Prevention-Focused Continuous Quality Improvement (CQI) Evidence-Based Program (EBP) Contract Guidance

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Overview

This guidance helps counties embed prevention-focused CQI expectations in contracts with providers of Evidence-Based Programs (EBPs) under California's Family First Prevention Services (FFPS) program. It translates statewide CQI expectations into adaptable contract elements that fit county context and capacity. The primary audience is county teams drafting new agreements or amending existing ones for EBP providers serving Family First-eligible children, youth and families.

How to Use

- Use this document in full or in part to support:
    - New contracts with EBP providers
    - Amendments to existing agreements where CQI elements need strengthening or clarification
- Build contracts in three layers:
    - **Core clauses (Section 1: Foundational CQI Elements):** universal requirements that apply across all EBPs. Keep model-specific values out of the core. Insert county choices in {brackets}.
    - **EBP addenda (Section 2: EBP-Specific Contract Elements):** one short addendum per EBP to record purveyor-set standards and any county selections where the purveyor offers options. Do not repeat foundational clauses. Keep to 1–2 pages and name the model and version.
    - **Appendices:** technical and change-prone details. Include data element lists by domain, submission formats and calendars, export mappings, tool versions, training schedules, and documentation artifacts. Appendices may be updated administratively with written notice.
- Use the aids under each subsection to inform drafting:
    - **Core Decisions** highlight the choices counties need to make.
    - **Optional Considerations** flag add-ons counties may adopt if useful.
    - **Implementation Tips** offer practical advice to keep clauses workable.
- Align timelines so submissions, CQI meetings, training, supervision, fidelity cycles, monitoring, and invoicing line up.
- Reference EBP CQI Briefs and purveyor guidance rather than duplicating them.
- Avoid common pitfalls: do not hard-code tool versions or calendars in the core, do not restate purveyor rules, and do not scatter data fields across multiple clauses. Use cross-references to the addendum and appendices instead.

Organization of the Guidance

Each subsection uses the same structure: Sample Contract Language with {brackets} for county choices, followed by Core Decisions, Optional Considerations, and Implementation Tips.

1. **Section 1: Foundational CQI Contract Elements**
   Universal clauses for every prevention EBP contract. Covers data collection and reporting, measurement tools, staff qualifications and training, service delivery and caseload standards, provider CQI participation, and provider infrastructure for CQI.

2. **Section 2: EBP-Specific CQI Contract Elements**
   How to use short EBP addenda and appendices without repeating foundational clauses. Includes MI-specific sample language where MI functions as a distinct service.

3. **Section 3: Cross-Cutting Contract Elements**
   Contract topics that support CQI but are broader than CQI reporting. Includes IV-E compliance, claiming, documentation and privacy, communication and coordination, monitoring and oversight, optional CQI-linked corrective action, and county implementation requirements.

4. **Appendices**
   Reusable materials that change more often. Includes the EBP Addendum Template, EBP-specific CQI data and reporting specifications, training and certification expectations across EBPs, best-practice notes, and an optional CQI workgroup charter resource.

Important Notes

- This guidance focuses on CQI-related content. It does not provide legal language or address unrelated operational issues.

- Use is optional, but counties are encouraged to incorporate relevant components.

- Counties may contract directly with EBP service providers or indirectly through partner agencies (e.g., public health, mental health, First 5, or other departments) that hold agreements on behalf of one or more service providers. This guidance is designed to support both models. Contracts should clearly identify which entity is responsible for CQI participation, CARES use, data submission, and coordination with the Title IV-E agency, consistent with the county's administrative structure.

- Some CQI requirements require advance start-up work prior to full purveyor certification/affiliate status. Contracts should align effective dates and deliverable schedules to these dependencies and, where applicable, include a defined ramp period specifying required activities and milestones, the CQI/data entry/reporting requirements that apply during ramp-up, and expectations once certification/affiliate status is achieved. Counties may reference statewide planning resources, such as the Chapin Hall CQI Measurement Toolkit for EBPs, including EBP-specific worksheets that summarize training requirements, anticipated implementation timelines, and purveyor contact information, to inform ramp-up planning.

- Examples reflect current statewide expectations and may evolve as California's CQI system develops.

1. Foundational CQI Contract Elements

This section sets the baseline CQI expectations that belong in every prevention EBP provider contract under California's Family First Prevention Services plan. It covers the core requirements that make CQI work in practice: clear roles and participation in CQI, consistent data collection and disaggregation, use of validated measurement tools, staff qualifications and training, service delivery and caseload standards, and the provider infrastructure needed to carry the work.

The aim is consistency and equity across counties while staying aligned with EBP purveyor guidance and the EBP CQI Briefs. These elements support accountable, data-informed implementation, help identify and address disparities in reach and outcomes, and meet state and federal expectations.

Each subsection provides sample contract language, followed by Core Decisions for counties to make, Optional Considerations you may adopt, and Implementation Tips to keep contracts clear, feasible, and future proof. In this guidance, "service provider" refers to the entity delivering the EBP, while "contract holder" or "county-designated administrative entity" refers to an entity that may hold the agreement and/or fulfill CQI and system-related responsibilities on behalf of one or more service providers, consistent with the county's contracting structure.

1.1 Data Collection, Disaggregation & Reporting Requirements

County contracts should clearly outline expectations for what data providers must collect, how it should be disaggregated, and where and how it must be reported. These expectations ensure counties and CDSS can monitor service delivery, assess fidelity and outcomes, and meet state and federal reporting requirements. Child safety monitoring during the prevention period is addressed in Section 3.4. Providers must submit timely, complete, and accurate data across the four CQI Measurement Framework domains: Capacity, Reach, Outcomes, and Fidelity.

All providers must follow the data collection and reporting requirements outlined in the EBP CQI Briefs. These materials include definitions, data templates, submission timelines, and disaggregation requirements to support equity monitoring. Clear data expectations help ensure reliable information for strong prevention implementation.

Sample Contract Language

*The contracted agency shall collect and submit data for **{INSERT NAME OF SELECTED EBP}** in accordance with purveyor/model developer guidance and the EBP CQI Briefs.*

The contracted agency shall:

- *Track service delivery and utilization on an ongoing basis and enter monthly capacity and reach data into the CARES Provider Portal. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Submit individual-level fidelity and outcome data to the county on a quarterly basis using **{INSERT TEMPLATE TYPE: model-specific fidelity and outcomes template, county-specific template, or validated export from internal system}**.*

- *Submit aggregate-level fidelity and outcome data to CDSS and include the county CQI/CPP lead at the cadence specified in the EBP CQI Briefs. Ensure all required data elements are complete, accurate, and submitted on time. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Ensure all required individual-level submissions include disaggregation fields (race, ethnicity, age, gender) and any county-required fields.*

- *Coordinate with the county's designated CQI lead to address data quality issues, resolve discrepancies, and implement improvements.*

- *Correct identified data errors within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** and resubmit using **{INSERT COUNTY-SPECIFIED TEMPLATE OR SYSTEM}**.*

- *Comply with county privacy/consent and data-sharing requirements, including any required family consent or data-sharing agreements for individual-level or sensitive data **{INSERT COUNTY-SPECIFIED POLICY CITATION/AGREEMENT REFERENCE}**.*

- *Maintain and share child safety monitoring documentation and communications, as applicable, consistent with the county's child safety monitoring policy/protocol **{INSERT COUNTY-SPECIFIED POLICY/EXHIBIT REFERENCE}** and federal requirements outlined in PI-24-07, and*

> *the privacy/consent requirements cited in this contract. If requested by the county, contribute safety-monitoring information for county CQI learning and improvement activities (for example, aggregated trends or learning topics), consistent with the county's CQI process {INSERT COUNTY CQI PROCESS REFERENCE, IF APPLICABLE} and applicable privacy requirements.*
>
> - *Provide data directly to the county within {INSERT COUNTY-SPECIFIED TIMEFRAME} upon request if CARES data is delayed.*

Core Decisions

- Select the template/format providers must use to submit quarterly individual-level fidelity and outcome data to the county (e.g., state-standardized, county-specific, validated export).
- Specify any additional disaggregation fields beyond the baseline categories, if any.
- Determine whether family consent and/or a data-sharing agreement is required for individual-level or sensitive data, cite the governing policy, and insert the requirement in the contract.
- Establish the correction window and process for resolving data quality issues (identification, correction, resubmission).
- Reference applicable privacy and data-sharing policies and include the citations.
- Clarify whether validated purveyor/internal system exports are acceptable and how they will be verified.

Optional Considerations

- Decide whether to require providers to maintain a simple data dictionary/crosswalk if using internal systems.
- Decide whether to require periodic data quality audits or validation checks and, if adopted, insert the audit cadence and follow-up steps.
- Decide whether to require direct submission to the county if CARES or purveyor systems are delayed and, if adopted, insert the trigger and format.
- Decide whether to add county fields to support county CQI priorities (e.g., language, geography, referral source) and, if adopted, insert the fields.

Implementation Tips

- Keep operational details (templates, export mappings, calendars) in an appendix so updates don't require contract amendments.
- Align submission timing with the county CQI calendar and data review cadence so data is fresh for discussion.
- Use consistent field names and IDs across templates to reduce rework and errors.

1.2 Measurement Tools

County contracts should specify which outcome and fidelity tools providers are expected to use. Using consistent, validated tools allows for comparability across providers and aligns county data collection with purveyor and state reporting requirements. All providers must use tools consistent with the selected EBP model and as outlined in the [EBP CQI Briefs](). These resources include definitions, validated

screening tools, fidelity protocols, and documentation standards to support accuracy and equity monitoring.

Sample Contract Language

> *The contracted agency shall use measurement tools for **{INSERT NAME OF SELECTED EBP}** in alignment with purveyor/model developer guidance and the [EBP CQI Briefs](#).*
>
> *The contracted agency shall:*
>
> - *Use purveyor/model developer-required fidelity and outcome tools (or purveyor-approved alternatives).*

Core Decisions

- Identify the fidelity, outcome, and screening tools required for each EBP, based on purveyor guidance and the relevant [EBP CQI Brief](#).

Optional Considerations

- Decide whether to require provider participation in training or technical assistance on measurement tools and, if adopted, insert county expectations.
- Decide whether to require tool version control and update notifications when purveyors release revisions; if adopted, insert the expectation.

Implementation Tips

- Keep specific tool names/versions in an appendix so updates don't require contract amendments.
- Cross-check chosen tools against the EBP CQI Brief to avoid duplicating measures already captured elsewhere.

1.3 Staff Qualifications & Training

Provider contracts should include clear expectations for staff qualifications and training to ensure service quality and alignment with EBP-specific fidelity requirements. All EBPs in California's Prevention Plan require structured pre-service training and most require ongoing training, refresher sessions, or credential renewal to maintain fidelity. Embedding these expectations reinforces readiness, promotes fidelity, and helps ensure staff can deliver services effectively and equitably. All training and qualification requirements must align with purveyor/model developer guidance and the [EBP CQI Briefs](#). Additional information related to training and certification expectations are in [Appendix D](#).

Sample Contract Language

> *The contracted agency shall comply with staff qualifications and training requirements for **{INSERT NAME OF SELECTED EBP}** as specified in purveyor/model developer guidance and the [EBP CQI Briefs](#).*
>
> *The contracted agency shall:*

- *Ensure that all staff delivering services under this contract meet the qualification and training requirements for {INSERT NAME OF SELECTED EBP} as specified by the purveyor/model developer and the applicable [EBP CQI Brief](#). {INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}.*

- *Complete all required pre-service training before initiating service delivery {INSERT COUNTY-SPECIFIED ONBOARDING TIMELINE, IF APPLICABLE}.*

- *Support staff in completing ongoing training, booster sessions, or credential renewals as required by the purveyor/model developer and the [EBP CQI Briefs](#). {INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}.*

- *Maintain up-to-date documentation verifying training completion and, if applicable, certification or credentialing {INSERT COUNTY-SPECIFIED DOCUMENTATION TYPE: e.g., training logs, certificates, staff rosters} and provide documentation to the county upon request.*

- *Ensure supervisors and coaches complete role-specific training requirements {INSERT ADDITIONAL COUNTY-SPECIFIED EXPECTATIONS IF APPLICABLE}.*

- *Complete the following county-specific training {INSERT COUNTY-SPECIFIED TRAINING REQUIREMENTS} by {INSERT COUNTY-SPECIFIED MILESTONE: e.g., service initiation, billing start}.*

- *Participate in county or state training sessions when offered {INSERT COUNTY-SPECIFIED ATTENDANCE EXPECTATIONS, IF APPLICABLE}.*

Core Decisions

- Identify the purveyor/model developer training and certification requirements for each EBP and state any county adaptations that are allowed.
- Define the onboarding timeline for new/returning staff (pre-service completion and when service delivery may begin).
- Specify required documentation artifacts (e.g., rosters, certificates) and the cadence for submitting updates to the county.
- Identify role-specific expectations for supervisors/coaches and how they will be verified.
- Specify all county-required training beyond purveyor minimums (what modules, who must attend, completion deadlines) and how it will be scheduled/hosted (county-run vs. provider-arranged) and funded.

Optional Considerations

- Decide whether training completion is required before billing can begin, or whether service may start under supervision during a defined onboarding window.
- Decide whether to set minimum training hours or additional modules beyond purveyor minimums and, if adopted, add them.
- Decide whether to accept validated prior learning/credentials and, if adopted, define the verification steps.

- Decide whether to require participation in county or state centralized trainings when offered and state attendance expectations.

Implementation Tips

- Keep training lists, schedules, and any county modules in an appendix so updates don't require contract amendments.
- Align training timelines with fidelity expectations and CQI cycles so results from fidelity reviews inform booster/refresh needs.
- Coordinate access and equity: offer multiple formats (live/virtual/asynchronous), language access, and scheduling that fits provider operations.
- For multi-EBP providers, standardize documentation artifacts and submission cadence across EBPs where feasible.

1.4 Service Delivery[1] & Caseload Standards

Provider contracts should define expectations for how services will be delivered, including frequency, duration, modality, supervision, and caseload standards. For EBPs with prescriptive guidance from the purveyor/model developer, contracts must reflect those standards. For flexible models, counties should define county expectations that support fidelity, equity, and continuous improvement. Clear standards clarify responsibilities, support fidelity monitoring, and ensure consistent implementation. All service delivery expectations must align with purveyor/model developer guidance and the EBP CQI Briefs. Counties should ensure service delivery expectations align with the county's child safety monitoring and escalation requirements. To avoid duplicating requirements across multiple clauses, keep detailed child safety monitoring procedures together in a single contract location (for example, an exhibit, attachment, or designated contract subsection on safety monitoring/critical incidents), and reference that location from service-delivery clauses as needed. **Sample Contract Language**

> *The contracted agency shall deliver services for {INSERT NAME OF SELECTED EBP} in accordance with purveyor/model developer guidance and the EBP CQI Briefs.*
>
> *The contracted agency shall:*
>
> - *Maintain service frequency, duration, dosage, caseloads, and supervisor-to-practitioner ratios consistent with current purveyor/model guidance and the applicable EBP CQI Brief. Implement purveyor/model developer updates within {INSERT COUNTY-SPECIFIED TIMEFRAME} after county notice. {INSERT ADDITIONAL COUNTY REQUIREMENTS IF APPLICABLE}.*
>
> - *Provide services using approved modalities that support engagement and fidelity {INSERT COUNTY-SPECIFIC MODALITY RESTRICTIONS OR PREFERENCES, IF APPLICABLE}.*
>
> - *Implement supervision and oversight structures consistent with purveyor/model developer guidance. Where applicable, align supervision/oversight practices with the county's safety*

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[1]This guidance is not intended to prescribe how services should be delivered in every context. Rather, it identifies core components of service delivery that support effective CQI implementation. Counties are encouraged to tailor expectations based on local program design, workforce infrastructure, and system needs.

> *escalation expectations {INSERT COUNTY SAFETY-MONITORING POLICY/EXHIBIT REFERENCE, IF APPLICABLE}.*
>
> - *Notify the county within {INSERT COUNTY-SPECIFIED TIMEFRAME} if service delivery standards cannot be met due to staffing constraints or other challenges and submit a variance request and mitigation plan using {INSERT COUNTY-SPECIFIED FORMAT OR TEMPLATE}. If service disruptions raise safety concerns, follow the county's safety escalation and notification process {INSERT COUNTY SAFETY-MONITORING POLICY/EXHIBIT REFERENCE, IF APPLICABLE}.*

Core Decisions

- Determine whether the EBP has prescriptive service standards and specify any county adaptations when guidance is flexible.
- Set county minimums for encounter frequency and duration when purveyor guidance allows flexibility.
- Establish caseload caps and supervisor-to-practitioner ratios that align with program intensity and staffing realities.
- Specify the notification timeline and variance/mitigation process when service standards cannot be met.
- Identify the county policy/exhibit (or contract attachment) that governs child safety monitoring and escalation during the prevention period so service-delivery clauses can reference it without embedding detailed tools or reassessment frequency.

Optional Considerations

- Decide whether to require a continuity of operations plan (COOP) that addresses coverage during disruptions (e.g., turnover, emergencies) and define activation/notification steps.
- Decide whether to include expectations for warm hand-offs and coordination with complementary services and describe the workflow.
- Decide whether to recognize non-billable engagement contacts (e.g., outreach calls, text check-ins) as part of service delivery and set parameters.
- Decide whether to include service-delivery language access accommodations beyond county baseline (e.g., interpreter use in sessions, translated materials).
- Decide whether to include additional service-delivery coordination language for elevated safety concerns (e.g. key contacts and communication expectations), by referencing the county's existing safety monitoring/critical-incident approach rather than prescribing new procedures in the contract.

Implementation Tips

- Mirror this subsection's structure across EBPs to keep contracts readable; place county choices in {brackets} and push technical details to an appendix.
- Cross-check encounter frequency, modality, and supervision choices against purveyor guidance and the EBP CQI Brief to avoid conflicts.

- Align caseload and supervision ratios with workforce capacity and training timelines so expectations are achievable.
- Avoid duplicating data reporting mechanics here.
- Consider a short start-up "ramp" period with clearly defined expectations if the county anticipates phased implementation.
- Avoid duplicating child safety monitoring requirements in service-delivery clauses; keep tools, reassessment frequency, and templates in a county policy/exhibit or contract attachment that can be updated administratively, and reference that location where needed.

1.5 CQI Participation Requirements

County contracts should set clear expectations for CQI participation: who is expected to take part, how data (including equity-disaggregated data) are reviewed and used, how agreed actions are documented and followed through, and which roles have authority to do the work. These expectations enable shared problem-solving and steady improvement aligned with the California FFPS CQI Plan and applicable federal requirements.

Who participates in CQI may vary by county contracting structure. Often, the entity holding the EBP contract (or another county-designated administrative entity) participates in CQI on behalf of multiple service providers. Counties may also require direct service provider participation when useful (for example, during start-up or when addressing performance concerns). This subsection specifies participation behaviors and deliverables; resourcing and internal supports are addressed under Section 1.6 Provider Infrastructure for CQI. Counties may also choose to incorporate other learning inputs into CQI discussions (such as safety-monitoring trends), consistent with privacy requirements.

Sample Contract Language

The contracted agency shall ensure meaningful participation in county CQI for {INSERT NAME OF SELECTED EBP} in alignment with the California FFPS CQI Plan and the EBP CQI Brief.

The entity responsible for attending and participating in the CQI Workgroup (the contract holder or other county-designated administrative entity) shall:

- *Attend CQI workgroup meetings on {INSERT COUNTY-SPECIFIED FREQUENCY} and participate in {INSERT COUNTY-SPECIFIED CQI STRUCTURES, e.g., county CQI workgroup; regional PCC (if applicable)} as specified by the county. Participation may be fulfilled by the contract holder or another county-designated administrative entity representing one or more service providers.*

- *Review capacity, reach, fidelity, and outcomes data, including disaggregated data, from CARES and provider templates, and bring findings to CQI discussions. {INSERT ADDITIONAL COUNTY REQUIREMENTS IF APPLICABLE}.*

- *Support shared decision-making during CQI meetings and implement agreed improvement actions within {INSERT COUNTY-SPECIFIED TIMEFRAMES/PROCESS}.*

- *Assign {INSERT COUNTY-SPECIFIED REQUIRED ROLES, e.g., program lead, CQI/data staff, supervisor, etc.} and designate a CQI lead responsible for meeting attendance, coordination, and timely data submission. If CQI participation in fulfilled through a contract*

holder or county-designated administrative entity representing multiple providers, specify the designated CQI lead role within that entity.

- *Participate in technical assistance or training to strengthen CQI practices {INSERT COUNTY-SPECIFIED OFFERINGS OR PARTICIPATION EXPECTATIONS}.*

- *Engage in continuous improvement activities, including review of disaggregated data, to increase reach, improve family experience, and address inequities. {INSERT ADDITIONAL COUNTY PRIORITIES, IF APPLICABLE}*

- *Implement improvement actions agreed in CQI workgroups, use data (including disaggregated data) to assess impact, and report status through {INSERT COUNTY-SPECIFIED REPORTING MECHANISM—e.g., action tracker, written update, or CQI meeting}; {INSERT COUNTY-SPECIFIED REPORTING EXPECTATION, IF APPLICABLE}.*

- *Comply with applicable state and federal requirements related to CQI, including FFPSA and Title IV-E reporting expectations, as reflected in county procedures and this contract's CQI deliverables.*

- *Follow an escalation process if CQI participation or deliverables are missed, including notification within {INSERT COUNTY-SPECIFIED TIMEFRAME} and submission of a corrective action plan using {INSERT COUNTY-SPECIFIED TEMPLATE OR FORMAT}.*

- *If requested by the county, contribute safety-monitoring data for county CQI processes, consistent with the county's safety monitoring and escalation approach and applicable privacy requirements.*

Core Decisions

- Identify which entity will participate in the CQI Workgroup (for example, the contract holder, lead agency, county department, or another county-designated administrative entity).

- Determine whether, when, and how individual service providers will be required to participate directly in CQI activities versus participating through a designated administrative entity (for example, during start-up, targeted learning activities, or performance concerns).

- Define the CQI structures the county will require participation in (e.g., county workgroup, regional PCC if relevant) and set the participation frequency.

- Require the responsible entity to designate a CQI lead (and any additional required roles) with authority to represent the EBP(s) in CQI activities, coordinate data submission and quality follow-up, and ensure agreed improvement actions are implemented.

- Establish how data will be reviewed in CQI Workgroups (sources, disaggregation expectations, required artifacts or update formats) and name the required data sources/templates.

- Define how agreed improvement actions will be implemented, tracked between meetings, and reported back to the county (e.g., action tracker, written update, or status check during CQI check-ins as specified by the county).

- Set expectations for participation in county-provided TA/training (what, who, how often) to strengthen CQI practices.
- Define the escalation process and timelines when participation or deliverables are missed.
- Reference applicable state/federal CQI expectations ([FFPSA](#)/Title IV-E) and any county policy cross-references.
- Decide whether and how safety-monitoring information will be incorporated into county CQI learning (e.g., aggregated trends, learning topics), while keeping safety monitoring distinct from required CQI measurement and reporting.

Optional Considerations

- Decide whether to specify how CQI information, decisions, and improvement actions will be communicated from the designated CQI Workgroup participant (e.g., contract holders) to individual service providers, particularly when providers do not attend CQI meetings directly.
- Decide whether to require a minimum number of improvement cycles per year focused on barriers identified through capacity, reach, fidelity, and outcomes data, including equity gaps, and insert the minimum if adopted.
- Decide whether to require incorporation of family and youth voice in improvement activities (e.g., surveys, advisory groups, co-design sessions, exit interviews) and require summarizing findings in county-specified CQI artifacts or reports if adopted.
- Decide whether to require documentation of agreed CQI actions with progress updates using a county template and cadence.
- Decide whether to add a formal corrective action plan (CAP) for repeated misses, with clear triggers, timelines, and review cadence.
- Decide whether to include standard equity review prompts for CQI (e.g., disparities, language access, engagement barriers).
- Decide whether to differentiate expectations by implementation stage (e.g., more frequent meetings during start-up).

Decide whether to attach or reference a county CQI charter (see [Appendix F: Optional Resources – Workgroup Charter](#)) to clarify expectations, standing agenda items, roles, and artifacts.

Implementation Tips

- Align meeting cadence with your county CQI calendar and data refresh cycles so decisions use the most recent CARES data.
- Keep operational details (templates, calendars) in an appendix to reduce future contract amendments.
- If multiple providers deliver the same EBP, consider structuring CQI participation expectations so the designated CQI participant can represent multiple providers, while clearly specifying how CQI decisions and improvement actions are communicated back to providers.

- Ensure the designated CQI lead (whether at the contract-holder/administrative entity level or provider level, depending on the county's model) has authority to commit to improvements and to coordinate data corrections promptly.
- Encourage use of simple improvement tools (e.g., California 5-Step CQI Process, PDSA cycles, Root Cause Analysis (RAC)) and leverage purveyor/model developer coaching where applicable.

1.6 Infrastructure for CQI

Baseline infrastructure is needed to participate meaningfully in CQI. This includes assigning clear roles, allocating staff time, ensuring access to systems and data, and integrating CQI tasks into supervision and team routines. These expectations make CQI feasible and sustainable rather than add-on work.

Depending on county contracting structure, these infrastructure expectations may apply to the entity responsible for CQI Workgroup participation under the contract (for example, the contract holder or county-designated administrative entity) and/or to individual service providers when the county requires direct service provider participation. This subsection specifies the internal capacity and supports needed to meet the participation expectations described in provider contracts.

Sample Contract Language

*The contracted agency shall establish and maintain infrastructure to support CQI participation for **{INSERT NAME OF SELECTED EBP}** in alignment with the California FFPS CQI Plan, purveyor/model developer guidance, and the EBP CQI Briefs.*

The contracted agency shall:

- *Designate a primary CQI coordinator role (e.g., EBP CQI Coordinator or FFPS CQI Coordinator) responsible for coordinating CQI participation, data readiness, and follow-through on CQI improvement actions across the EBP(s) covered by the contract, consistent with the county's CQI participation model.*

- *If CQI participation is fulfilled through a contract holder or county-designated administrative entity representing multiple service providers, establish a process for communicating CQI priorities, decisions, and improvement actions to service providers and documenting provider follow-through, using **{INSERT COUNTY-SPECIFIED PROCESS/TOOL, IF APPLICABLE}**.*

- *Allocate sufficient time for the roles designated for CQI participation to fulfill CQI responsibilities **{INSERT COUNTY-SPECIFIED MINIMUM FTE OR HOURS PER MONTH, IF APPLICABLE}**.*

- *Ensure staff have access to required systems and data (e.g., CARES, purveyor/model developer systems, county dashboards) and maintain appropriate permissions within **{INSERT COUNTY-SPECIFIED TIMELINE}** of contract start or staff changes.*

- *Track each agreed improvement action with an assigned owner and due date using **{INSERT COUNTY-SPECIFIED TRACKER OR SYSTEM}**.*

- *Ensure language access and accessibility needs are addressed in CQI activities (e.g., translated materials, interpretation, scheduling across shifts) **{INSERT COUNTY-SPECIFIED EXPECTATIONS, IF APPLICABLE}**.*

Core Decisions

- Define minimum time expectations for CQI roles (FTE or hours/month) and the authority those roles must have to commit to actions.
- Decide whether the contract will require designation of an "EBP CQI Coordinator/FFPS CQI Coordinator" (or equivalent) and specify the scope of that role (e.g., one EBP, multiple EBPs, one provider, or multiple providers represented by an administrative entity).
- If CQI participation is carried by a contract holder/county-designated administrative entity on behalf of multiple providers, define expectations for how CQI information and improvement actions will be communicated to providers and how provider implementation/follow-through will be tracked.
- Identify required systems/data sources and timelines for provisioning and de-provisioning user access.
- Specify the tracker/location used for improvement actions (e.g., shared sheet/folder) and who maintains it.
- Set expectations for language access and accessibility within CQI activities.

Optional Considerations

- Decide whether to require provider internal CQI check-ins (e.g., a brief monthly huddle to review capacity, reach, fidelity, outcomes) and, if adopted, specify a simple cadence/template.
- Decide whether to require a basic CQI artifacts hub (shared folder/system for notes, data snapshots, tests of change, corrective actions) and name its location/structure if adopted.
- Decide whether to phase in time/access expectations or action-tracking for smaller or newly implementing providers and pair with technical assistance.
- Decide whether to require a light-touch internal coordination cadence when multiple providers are represented by an administrative entity (e.g., brief provider check-ins to gather updates and support follow-through) and, if adopted, specify a simple cadence/template.
- Decide whether to phase in CQI coordination expectations for newly implementing providers or new contract holders (e.g., start-up period with added TA and simplified artifacts) without changing CQI data submission requirements.

Implementation Tips

- If the county uses a model where an administrative entity represents multiple providers in a CQI Workgroup, keep the "how information flows" mechanics simple (e.g., one standard update template + one action tracker) and avoid creating parallel reporting requirements beyond what is already specified in Section 1.1.
- Keep operational specifics (folder structure, permissions, dashboard links) in an appendix so updates don't trigger contract amendments.
- Where possible, align any internal templates with those used in county CQI processes to reduce duplication.

2. EBP-Specific CQI Contract Elements

This section explains how to add model-specific CQI requirements to provider contracts without repeating foundational clauses. Counties use short EBP addenda to capture items that vary by model, such as service dosage, caseload and supervisor ratios, and required fidelity and outcome instruments, and to record county selections where a purveyor offers options. Technical details that change more often appear in the appendices, including data elements, formats, cadence, submission calendars, tool versions, and training schedules. Counties can implement this guidance by attaching the foundational CQI elements and EBP-specific requirements as a Scope of Work, exhibit, and/or addendum package to a county's standard agreement, rather than revising boilerplate contract terms.

Most EBPs are fully covered by the foundational language plus a one-to-two-page addendum and the relevant appendix. Motivational Interviewing is different because it functions as a distinct service. After the addendum guidance, you will find MI-specific sample language for training, fidelity monitoring, service delivery, and documentation.

2.1 EBP CQI Addenda & Appendices

The EBP CQI addenda let counties attach model-specific requirements without repeating foundational CQI clauses. Each addendum captures the fixed standards set by the purveyor or model developer and any county selections only where the purveyor offers options. County selections may exceed but not reduce purveyor minimums. Technical details that change frequently live in the appendices. The EBP CQI Addendum Template is provided in Appendix A.

For newly implementing providers, counties may also use the EBP addendum and/or appendices to define a certification or start-up ramp period, including required activities and anticipated milestones prior to full purveyor certification/affiliate status, and to clarify which CQI, data entry, and reporting requirements apply during the ramp period and after full certification is achieved.

Use one short addendum per EBP to record model specifics that may change over time, while keeping foundational CQI clauses in the main contract and technical specifications in the appendices. The main contract applies across all EBPs and cross-references each EBP addendum and the relevant appendices. It should not contain model-specific values. Each EBP addendum (one to two pages) names the model and version and lists purveyor-set requirements that vary by model, such as service dosage, caseload and supervisor ratios, and required fidelity and outcome instruments. Where a purveyor offers options, the county's selection is recorded in the addendum.

Foundational clauses in Section 1 should remain in the main contract for all EBPs. EBP CQI addenda are intended to add model-specific expectations and selections, not replace the core CQI clauses.

Appendices carry the technical specifications most likely to change, including the data and reporting specifications for each EBP (elements, level, format, cadence, disaggregation), submission calendars, templates, export mappings, measurement tool versions, training schedules, and required documentation artifacts. Appendices may be updated administratively with written notice to providers.

For clarity and structure, each EBP addendum and all appendices are incorporated by reference into the contract. If there is a conflict, purveyor or model developer guidance controls, followed by the EBP addendum, then the foundational clauses, and finally the appendices. When a purveyor updates requirements, the county updates the affected addendum or appendix administratively and provides written notice to the provider. The update is effective on the stated date without amending the main contract.

2.2 Motivational Interviewing (MI)

This section describes how Motivational Interviewing (MI) should be reflected in provider contracts when MI is delivered as a defined service by community-based or other contracted providers. It clarifies training, fidelity, data submission, service delivery, and documentation expectations so MI can be monitored through the CQI system.

For MI, counties should retain the core Staff Qualifications & Training (Section 1.3) and Service Delivery & Caseload Standards (Section 1.4) clauses in the main contract. The MI clauses in Sections 2.2.1 and 2.2.3 are intended as MI-specific additions that build on those core expectations. This section does not apply to county-employed staff using MI within standard casework; those expectations belong in internal practice standards and supervision policies.

2.2.1 Staff Qualifications & Training

Agencies delivering MI need a clear pathway for practitioner and supervisor preparation, ongoing learning, and verification. The FFPS Program MI Statewide Training Plan and the MI CQI Brief call for Foundational and Advanced training for practitioners, a supervisor-specific Advanced pathway, and ongoing skills maintenance. When fidelity results show performance below proficiency (e.g., below Competent/Proficient on MICA or below Good on MITI), booster training is required every six months; once proficiency is reached, annual refreshers are recommended to prevent skill drift. Counties should specify acceptable training sources per the State plan, how completion is verified, and how training connects to fidelity results. This subsection should be used together with Section 1.3 Staff Qualifications & Training.

Sample Contract Language

The contracted agency shall ensure that staff delivering MI meet training and qualification expectations consistent with the FFPS Program MI Statewide Training Plan and the MI CQI Brief.

The contracted agency shall:

- *Complete Foundational MI training for all practitioners and supervisors before initiating MI services {INSERT COUNTY-SPECIFIED TIMELINE}. Foundational training must meet the minimum content standards in the FFPS Program MI Statewide Training Plan.*

- *Complete Advanced Skills training for all practitioners and a supervisor-specific Advanced pathway for supervisors {INSERT COUNTY-SPECIFIED TIMELINE}. Advanced training must meet the FFPS Program MI Statewide Training Plan content standards.*

- *Complete booster training every six months for staff whose most recent fidelity score is below proficiency (per instrument thresholds) until proficiency is reached; resume routine cadence thereafter.*

- *Maintain training rosters and certificates and submit them to the county at **{INSERT COUNTY-SPECIFIED CADENCE}** and upon request.*

- *Establish an onboarding process for new or returning staff, including completion of Foundational and Advanced training within **{INSERT COUNTY-SPECIFIED TIMELINE}** and enrollment in the next available coaching/coding cycle.*

- *Training equivalency may be approved consistent with the FFPS Program MI Statewide Training Plan.*

Core Decisions

- Decide the deadline for completing Foundational and Advanced training for new and existing staff and insert the required timelines.

- Specify how the six-month booster requirement will operate for staff below proficiency, and describe how training, coding, and coaching cycles will coordinate.

- Select the acceptable training sources consistent with the FFPS Program MI Statewide Training Plan, and define the process the county will use to verify training equivalency.

- Establish onboarding timelines and steps for new or returning staff and insert those expectations.

- Identify which documentation artifacts (for example, rosters, certificates) providers must maintain and set the cadence for submitting them to the county.

Optional Considerations

- Decide whether to require supervisor preparation for reflective supervision or coaching and specify any role-specific expectations.

- Decide whether to set minimum training hours or additional modules beyond State minimums and insert the requirement if adopted.

- Decide whether to require participation in learning collaboratives or Communities of Practice when offered, and state the participation expectation consistent with the FFPS Program MI Statewide Training Plan.

Implementation Tips

- Align training timelines with 2.2.2 Fidelity Monitoring, Coding & Coaching so fidelity results trigger six-month boosters until proficiency, then inform refreshers.

- Keep clause text future-proof by referencing "State-approved" training options in the contract and listing current options in the MI appendix.

2.2.2 Fidelity Monitoring, Coding & Coaching

MI fidelity is demonstrated through periodic coding of practice using a State-approved tool, based on recorded sessions, live observation, or structured role-plays, paired with coaching that uses those

results to strengthen practice. Contracts should specify the fidelity monitoring tool, coding and coaching cadence, how proficiency is determined, what happens when practitioners fall below proficiency, and privacy/consent expectations. This subsection aligns with the FFPS Program MI Statewide Training Plan and the MI CQI Brief.

Sample Contract Language

The contracted agency shall implement MI fidelity monitoring, coding and coaching consistent with the FFPS Program MI Statewide Training Plan and the MI CQI Brief.

The contracted agency shall:

- *Use a State-approved and county-specified MI fidelity monitoring tool {INSERT STATE-APPROVED, COUNTY-SPECIFIED TOOL, e.g., MICA 3.2, MITI 4.2.1, OR LYSSN}.*

- *Conduct MI fidelity coding and coaching for each practitioner at the cadence set in the MI CQI Brief: every six (6) months when a practitioner is below proficiency and at least annually when a practitioner is at or above proficiency. Supervisors may increase frequency as needed. Acceptable supports include {INSERT COUNTY-SPECIFIED SUPPORT, e.g., Lyssn Learn & Practice skill practice; Lyssn QI brief role-plays; Regional Training Academy; county/external consultant}.*

Core Decisions

- Select one State-approved MI fidelity monitoring tool and insert the name.
- Identify who will deliver coaching (for example, county coach, provider supervisor, external vendor) and how coaching aligns with supervision.
- Decide whether to name acceptable supports for coding/coaching (for example, RTA, Lyssn Learn & Practice skill practice, Lyssn QI Brief role-plays, county/external consultant) and list them.

Optional Considerations

- Decide whether to add an escalation trigger (for example, two consecutive below-proficiency scores) that increases coding/coaching frequency above State minimums and insert the rule.
- Decide whether to adopt a ramp-up period during initial implementation with higher-than-minimum frequency and insert the schedule.

Implementation Tips

- Align coding/coaching cycles with supervision calendars so feedback is timely and action-oriented.
- Keep clause text future-proof by referencing "State-approved, county-defined fidelity monitoring tool" and listing current options in the MI appendix.
- Use a one-page improvement plan template that captures goal, tactic, planned practice reps, supports, and re-code date.

2.2.3 Service Delivery & Caseload Standards

Contracts should set clear, MI-specific expectations for how services are delivered by contracted providers. Define the program context, who is eligible, how often and in what formats MI contacts occur, basic safety/assessment expectations, staffing parameters, supervision structures, and referral workflow. These standards support fidelity and keep MI aligned with the county's CQI processes and the MI CQI Brief. This subsection should be used together with Section 1.4 Service Delivery & Caseload Standards.

Sample Contract Language

The contracted agency shall deliver MI in accordance with the MI CQI Brief.

The contracted agency shall:

- *Deliver MI as part of {INSERT PROGRAM OR SERVICE CONTEXT}, with the goal of {INSERT PROGRAM GOALS OR OBJECTIVES}.*

- *Provide MI to {INSERT ELIGIBLE PREVENTION POPULATION/REFERRAL PATHWAYS PER STATE PLAN AND COUNTY CPP}, consistent with {INSERT PROGRAM/EBP MODEL TARGET POPULATION CRITERIA}, including {INSERT ANY AGE, SYSTEM INVOLVEMENT, OR OTHER COUNTY CRITERIA}.*

- *Deliver MI at the frequency and duration specified by the county for MI {INSERT COUNTY-SPECIFIED MINIMUM ENCOUNTER FREQUENCY AND DURATION}.*

- *Provide MI using approved modalities that support engagement and fidelity, such as in-home, community-based, office-based, virtual, or phone sessions {INSERT COUNTY-SPECIFIED MODALITY RESTRICTIONS OR PREFERENCES}.*

- *Deliver MI in alignment with county safety protocols and integrate required screening or assessment processes where applicable {INSERT COUNTY-SPECIFIC POLICY/SOP AND ANY REQUIRED TOOLS}.*

- *Maintain caseloads and supervisor-to-practitioner ratios that support quality MI delivery and coaching {INSERT COUNTY-SPECIFIED CASELOAD CAP AND SUPERVISOR RATIO}.*

- *Implement supervision and oversight structures consistent with the MI CQI Brief, including {INSERT COUNTY-SPECIFIED FREQUENCY AND FORMAT OF SUPERVISION/CASE REVIEW}.*

- *Follow the county referral workflow and document referral disposition/status within {INSERT COUNTY-SPECIFIED TIMEFRAME} using {INSERT COUNTY-SPECIFIED SYSTEM OR TEMPLATE}.*

Core Decisions

- Define the program or service context where MI is used and state the primary goals; insert those expectations.
- Specify the eligible prevention population and referral pathways per the California Five-Year State Prevention Plan and county CPP, and confirm alignment with the linked program/EBP model's target criteria; insert the definitions.

- Set minimum encounter frequency and expected duration for MI and indicate when linked program requirements govern instead; insert the standards.
- Identify the approved service modalities for MI delivery and any restrictions or preferences; insert them.
- Reference the governing safety policies and list any required screenings or assessment tools that must be integrated with MI delivery; cite the policy/SOP.
- Establish caseload caps and supervisor-to-practitioner ratios that support MI quality and coaching; insert the numbers.
- Define the supervision structure for MI (for example, individual or group, case review format, frequency); insert the requirements.
- Set timelines and systems/templates for documenting referral disposition/status; insert the expectations.

Optional Considerations

- Decide whether to differentiate encounter frequency by population, acuity, or program phase and add any tiered standards if adopted.
- Decide whether to include expectations for warm hand-offs to complementary services and add those workflow steps if adopted.
- Decide whether to specify non-billable engagement contacts (for example, outreach calls, text check-ins) as part of MI delivery and add the rules if adopted.
- Decide whether to include language access accommodations within service delivery (for example, interpreter use in sessions, translated materials) beyond county baseline and add the specifics if adopted.

Implementation Tips

- Mirror Section 1 structure to keep contracts readable; use {brackets} for county choices and push technical detail to the MI appendix.
- Cross-check frequency, modality, and supervision choices against the MI CQI Brief to avoid conflicts and to support the coding/coaching cadence in 2.2.2: Fidelity Monitoring, Coding & Coaching.
- Keep caseload and supervision ratios realistic for the program context; coordinate with staffing and training timelines in 2.1.1: Staff Qualifications & Training.
- Avoid duplicating data reporting or waitlist tracking here; rely on 1.1: Data Collection, Disaggregation & Reporting for reporting mechanics and use this section solely to set delivery standards.

2.2.4 Documentation Standards

Accurate, timely documentation is essential to effective MI implementation. Counties have flexibility in how documentation is structured, but MI documentation is required and serves multiple purposes, including fidelity monitoring, CQI, and federal claiming/reporting. To ensure consistent, high-quality

practice, documentation expectations should be embedded across training, supervision, and CQI structures.

At a minimum, MI must be documented in both the Child-Specific Prevention Plan (CSPP) and the electronic case record/case note. Documentation should clearly indicate when and how MI was used, the purpose and content of the activity, and how it informed case planning and next steps. This applies to direct sessions and to other MI-related activities that influence the work (e.g., phone outreach, brief contacts, collateral coordination), and should align with county expectations, program design, and contract requirements.

Sample Contract Language

The contracted agency shall complete MI documentation accurately and on time to support fidelity monitoring, CQI, and federal/state requirements.

The contracted agency shall:

- *Use the county-defined structure for MI documentation in the Child-Specific Prevention Plan (CSPP) and in the electronic case record/case note {INSERT COUNTY-SPECIFIED MI NOTE TEMPLATE/STRUCTURE}.*

- *Enter MI documentation into CARES and complete all required MI fields {INSERT COUNTY-SPECIFIED FIELDS, IF APPLICABLE}.*

- *Complete MI documentation within {INSERT COUNTY-SPECIFIED TIMEFRAME} of the MI activity.*

- *Ensure MI documentation clearly indicates that MI was used and adheres to the county-defined required elements {INSERT COUNTY-SPECIFIC POLICY/TEMPLATE REFERENCE}.*

Core Decisions

- Designate the MI documentation structure/template and insert the reference.
- Define the required MI fields to be completed in CARES and list any county-specific fields.
- Set the documentation timeliness standard and insert the timeframe.
- Specify that documentation must indicate MI was used and point to the governing county template/policy for required elements.

Optional Considerations

- Decide whether to require periodic documentation quality review through supervision/case review and, if adopted, insert the review cadence and correction window.
- Decide whether to allow provider systems for county workflow in addition to CARES and, if adopted, specify any export/crosswalk expectations.
- Decide whether to capture additional encounter details (for example, modality or duration) and, if adopted, insert those requirements.

Implementation Tips

- Keep expectations template-driven to reduce variation and speed adoption.

- Align documentation requirements with [2.2.2: Fidelity Monitoring, Coding & Coaching](#) so notes support coding/coaching and CQI.

- Use the MI appendix for any technical lists (for example, specific CARES fields) rather than embedding them in the clause.

3. Cross-Cutting Contract Elements

This section covers contract provisions that support fidelity, compliance, and CQI readiness but are not part of CQI measurement or reporting. These elements apply across all EBPs and address administrative, fiscal, and coordination requirements that complement the foundational CQI clauses.

Add the clauses that fit your county policy. Do not duplicate CQI expectations already covered in Section 1: Foundational CQI Contract Elements; cross-reference them where needed.

3.1 Federal IV-E Compliance

Title IV-E compliance underpins federal claiming and audit readiness. Contracts should make clear who establishes and documents candidacy and service eligibility, how documentation is maintained, and how service providers and/or the contractor support audits. Getting these basics right keeps CQI data aligned with fiscal integrity so denominators, service counts, and outcomes reflect who was actually eligible and served. Keep detailed billing steps in your county fiscal manuals or exhibits, not in CQI clauses, and cross-reference them here.

Core Decisions

- Identify where IV-E requirements live: main contract, exhibit, or referenced county fiscal policy.
- Define the provider's role in audits and reviews, including a single point of contact and required artifacts.
- State record-retention periods and file organization standards that support audits.
- Reference allowable services and billing rules via a claiming guide rather than listing codes in the contract.

3.2 Candidacy Determination & Service Eligibility

Candidacy determination and service eligibility are the entry gates for prevention services and Title IV-E claiming. Treat CARES as the system of record for determinations and changes so CQI denominators, service counts, and outcomes reflect who was actually eligible and served. Keep detailed workflows in county policy or exhibits and cross-reference them here.

Core Decisions

- Cite CARES and the county fiscal policy/exhibit as the authoritative sources for candidacy and service-eligibility rules and documentation.
- Clarify provider responsibility to use CARES determinations when delivering services and reporting, without re-determining eligibility.
- Clarify how prevention period oversight connects to eligibility. Identify where the county's process for monitoring child safety during the prevention period is documented (policy/exhibit/contract attachment) and how providers and/or the contractor support that process (e.g., timely documentation and notifications), without embedding detailed assessment tools or frequencies in this subsection.

3.3 CARES System Requirements (FFPS)

The California Automated Response & Engagement System (CARES) is the new statewide child welfare data system and will support documentation and workflows for all child welfare functions, including FFPS. **Statewide CARES implementation is scheduled for October 2026. Counties should align contract language to current FFPS requirements and update referenced procedures as CARES guidance is finalized.** While CQI measurement and reporting requirements are addressed in Section 1: Foundational CQI Contract Elements, contracts should also clearly establish expectations for CARES use as part of the broader operating framework. Detailed system workflows, data specifications, and submission instructions should remain in CARES guidance or county policy and be incorporated by reference rather than restated in CQI contract language.

Core Decisions

- Establish CARES use as a contract requirement. State that the contractor and/or service providers (or a county-designated administrative entity, where applicable) are required to use CARES consistent with their role under the county's contracting structure and in accordance with FFPS and county requirements.
- Clarify the relationship between CARES and CQI. Specify that CARES supports FFPS eligibility and program documentation, while CQI measurement, fidelity, and outcome reporting requirements are addressed separately in Section 1 and EBP-specific addenda.
- Identify responsible parties. Where indirect contracting models are used, identify which entity is responsible for CARES access, data entry, and coordination on behalf of one or more service providers.
- Cross-reference, do not duplicate. Reference governing CARES guidance and county procedures as the authoritative sources for system requirements, and avoid duplicating CARES workflows or data elements elsewhere in the contract.

3.4 Monitoring Child Safety

Monitoring child safety during the prevention period is a federal requirement under the Title IV-E prevention program (see Children's Bureau Program Instruction PI-24-07) and supports effective prevention planning, oversight, and compliance. Contracts should establish how child safety is monitored throughout the 12-month prevention period, how elevated risk is addressed, and how the Title IV-E agency oversees safety while services are being delivered. Keep detailed tools, workflows, and frequencies in county policy or exhibits; in the contract language, cite those sources rather than restating details so that updates can be made expeditiously.

Core Decisions

- Identify where the safety-monitoring process is defined. Cite the county or state policy that describes the child safety and risk monitoring approach during the prevention period (including any assessment instruments or protocols) and incorporate it by reference rather than restate details in the contract. Where helpful, also cite the applicable federal requirement (e.g., PI-24-07) as the basis for the safety-monitoring requirement.

- Clarify who does what, and where it is documented. Specify who is responsible for conducting and/or documenting safety or risk assessments during the prevention period (county, provider, or shared model) and identify the system(s) of record used for documentation.

- Set expectations for escalation and communication. Define notification timelines and points of contact for elevated safety concerns, including when case conferencing/MDT review is expected` and how information is shared, consistent with the privacy standards cited in Sections 3.5: Claiming, Documentation & Data Privacy and 3.6: Communication & Coordination, and applicable county policy.

- Include the prevention plan re-examination trigger. State that if monitoring indicates the risk of foster care entry remains high despite the provision of prevention services, the prevention plan must be re-examined during the 12-month period in accordance with the governing procedure.

- Describe how the Title IV-E agency oversees safety during the prevention period. Identify the mechanisms used to oversee child safety while services are being delivered (for example, supervisory review, monitoring reviews, or structured case consultation), without duplication CQI reporting requirements in Section 1: Foundational CQI Contract Elements.

- Aligned with mandated reporter and critical-incident processes. Cross-reference the applicable mandated reporter and critical-incident policies, including required timelines and forms for notification and follow-up when safety threats cannot be mitigated through prevention services or safety planning.

- Specify whether and how safety-monitoring information will be incorporated into county CQI. Clarify that safety monitoring is a compliance/oversight requirement distinct from CQI measurement and reporting. Specify whether the county will request or require providers to contribute safety-monitoring information for county CQI processes (for example, aggregated trends or learning topics discussed in CQI workgroups), consistent with applicable privacy rules and the county's safety-monitoring policy/exhibit.

- Note how updates will be communicated and adopted. Specify how updates to the referenced safety-monitoring policies/exhibits (tools, workflows, frequencies) will be communicated to providers and when they take effect.

3.5 Claiming, Documentation & Data Privacy

Claiming, documentation, and data privacy form the fiscal backbone that supports CQI. Keep detailed billing workflows and code lists in official fiscal policy or exhibits and cross-reference them here. This subsection links fiscal integrity to CQI without repeating the data-reporting expectations in Section 1: Foundational CQI Contract Elements.

Core Decisions

- Reference the governing claiming guidance (state or county policy/exhibit, including any CARES guidance) as the authoritative source for allowable services, codes, rates, and forms, with administrative-update authority and written notice to the contractor.

- Point to the governing standard for fiscal documentation timeliness and state that those timelines apply to claiming, distinct from 1.1: Data Collection, Disaggregation & Reporting Requirements CQI data timelines.

- Incorporate by reference the required fiscal documentation artifacts and retention periods from the applicable policy, rather than re-listing them in the contract.

- Identify the system(s) of record for fiscal documentation per system guidance (for example, CARES and, if permitted, a provider system) and state that reconciliation follows the applicable procedures; do not restate CQI reporting mechanics.

- Reference the applicable privacy and security policy for handling PHI/PII used in fiscal processes; align to that policy rather than redefining standards here, including any safety-monitoring documentation or communications created or shared during the prevention period.

- Specify required data-sharing instruments when PHI/PII is exchanged. Identify whether a Business Associate Agreement (BAA), Data Use Agreement (DUA), or other county-required agreement is required for exchange of PHI/PII (including individual-level CQI submissions, where applicable), and incorporate the requirement by reference to the governing privacy/security policy.

- Reference the correction process for fiscal/documentation errors in the governing claiming guidance and note that it is separate from the CQI data-correction process in 1.1: Data Collection, Disaggregation & Reporting Requirements.

3.6 Communication & Coordination

Clear communication and coordination keep referrals moving, prevent gaps in service, and align day-to-day operations with CQI. Keep detailed workflows in county policy or exhibits and cross-reference them here. This subsection is about operational coordination and should not duplicate CQI participation requirements in Section 1.5.

Core Decisions

- Reference the governing referral workflow (source, intake, screening, assignment) and set response timelines by citing the applicable policy or exhibit.

- Identify if/when providers participate in case conferences or multidisciplinary meetings and how invitations, agendas, and summaries are shared.

- Define expectations for warm handoffs and information-sharing with other providers, consistent with privacy rules cited in 3.5: Claiming, Documentation & Data Privacy.

- Specify notification timelines and points of contact for barriers to engagement, missed appointments, or service disruptions.

- Clarify notification and coordination expectations when safety concerns arise during the prevention period (e.g., points of contact, required communications, and when case conferencing/Multi-Disciplinary Team (MDT) review is expected), by referencing the county's safety-monitoring/critical-incident approach and the contract's designated location for safety monitoring procedures.

- Incorporate language access and accessibility requirements for family communications by referencing the applicable county/state policy.
- Clarify coordination with purveyors/model developers (for example, TA requests, fidelity issues) by pointing to the applicable guidance rather than restating it in the contract.
- Note how updates to coordination procedures will be communicated and take effect (administrative update with provider notice).

3.7 Contract Monitoring & Oversight

Monitoring verifies contract compliance and complements CQI without replacing it. Use it to check adherence to terms (documentation quality, privacy/security, eligibility evidence, staff credentials), share findings, and track required fixes through the county's monitoring process. Keep detailed protocols in county policy or an exhibit and cross-reference them here so you can update methods and tools administratively.

Core Decisions

- Cite the county's monitoring policy/exhibit as the authoritative source for methods, sampling, tools, and reporting.
- Set the review cadence and scope (for example, annual comprehensive review with targeted interim reviews) and allow administrative updates with written notice.
- Specify required artifacts available for review (case files, staff credentials/rosters, privacy/security attestations, eligibility evidence, and safety monitoring documentation/communication as applicable, consistent with the county's safety monitoring/critical incident approach), avoiding duplicate submissions of data already provided under 1.1: Data Collection, Disaggregation & Reporting Requirements.
- Define how findings are communicated (written summary format, delivery timeline, and provider response window) and where final artifacts are stored.
- Clarify how monitoring interacts with CQI: findings may inform CQI discussions and learning priorities, but corrective steps and timelines follow the monitoring policy.
- Point to the county corrective-action policy for escalation thresholds and remedies, rather than embedding enforcement terms here.
- Set access logistics (onsite or remote review, secure file-transfer standards, minimum notice period) and name points of contact for coordination.

3.8 Optional CQI-Linked Corrective Action

Counties may choose to connect CQI trend data to their formal corrective-action process when performance gaps persist. Use this to move from learning and testing in CQI to time-bound remediation under your monitoring framework. Keep CQI as a collaborative space; when thresholds are crossed, initiate corrective action through the county's existing policy rather than rewriting enforcement terms here.

Core Decisions

- Reference the county corrective-action policy or exhibit as the authority and state that sustained CQI performance issues may trigger it.
- Define objective triggers using data you already collect in [Section 1: Foundation CQI Contract Elements](#) (for example, repeated late or incomplete submissions, fidelity below threshold for consecutive cycles, or sustained outcome underperformance).
- Set the initiation steps: who issues notice, the provider response window, and required plan components (root cause, actions, supports, timelines, and measures).
- Clarify how progress is reviewed and where artifacts live: status reviews may inform CQI discussions and learning priorities, while approvals and deadlines follow the corrective-action policy.
- Identify county-supported assistance the provider can access during the plan period (technical assistance, coaching) and how uptake is documented.
- Establish exit criteria tied to the same indicators that triggered the plan and include a short sustainment check after closure.
- Allow administrative updates to benchmarks or thresholds with written notice so changes in state guidance can be adopted without amending the contract.

3.9 County Implementation Requirements

This subsection points to the county's standing policies that the contractor and/or service providers must follow for day-to-day operations that sit outside CQI data and reporting. Keeping these expectations in policy or exhibits (and cross-referencing them here) preserves consistency across contracts and allows updates without revising CQI clauses, while ensuring providers are implementation-ready in areas that affect access, equity, safety, and system use.

Core Decisions

- Reference the county's onboarding and clearance requirements for provider staff (background checks, credentials, mandatory reporter status) and where those rules live (policy/exhibit).
- Point to the IT access and security standards providers must follow for all systems they use (acceptable use, MFA, encryption, incident response) and the process for provisioning/de-provisioning accounts.
- Cite language access and cultural responsiveness standards that apply to outreach, scheduling, service delivery, and written materials, including interpreter use and translated content.
- Reference critical-incident and complaints/grievance policies, with required timelines and forms for notification and follow-up.
- Identify required participation in county coordination structures that are not CQI (for example, referral hubs, MDT/case conferencing) and where the workflows are documented.
- Link to any county learning collaboratives or shared trainings that are required outside of EBP-specific training and note how attendance is tracked.
- Specify the location of administrative update language for these policies/exhibits so changes can be adopted with written notice rather than contract amendment.

3.10 Contracting with Tribes & Tribal Sovereignty

Tribes are sovereign governments. When a county partners with a Tribe to deliver prevention services, agreements should respect that status, avoid conditioning participation on any waiver of sovereign immunity, and set up government-to-government collaboration that still supports CQI, data sharing, and fiscal integrity.

Core Decisions

- State in the agreement that the county is contracting on a government-to-government basis and that no waiver of sovereign immunity is required.

- Use an intergovernmental agreement or MOU that incorporates foundational CQI clauses by reference, with EBP specifics in an addendum and technical details in appendices.

- Specify a consultation and meet-and-confer process for disputes, with any further steps (such as mediation or agreed forum) identified only by mutual consent.

- Define data governance in a way that honors Tribal law and federal/state rules, including ownership, permitted uses, de-identification, and small-cell suppression for equity analyses.

- Clarify how the Tribe will access and use CARES for CQI submissions and what consents or authorizations are needed, limited to the minimum data necessary for CQI and claiming.

- Identify points of contact for both governments, the cadence for CQI participation, and how improvement actions and findings will be documented and shared.

- Describe reasonable notice and scope for any monitoring or file review tied to CQI or fiscal verification, aligned to each party's record-retention policies and without implying broader jurisdiction over the Tribe.

- Address handling of information under public-record laws and protect culturally sensitive materials from disclosure unless expressly authorized.

Appendix A: EBP CQI Addendum Template

Use this template for each EBP. Refer to [Appendix B](#), [Appendix C](#) and [Appendix D](#) for model-specific details to populate these fields.

EBP CQI Addendum: *{INSERT EBP NAME}*

A. Purpose of this Addendum

This addendum captures model-specific CQI requirements for *{INSERT EBP NAME}* and should be read alongside the foundational CQI clauses and cross-cutting contract elements. It is not intended to restate cross-cutting provisions that the county may address elsewhere in the agreement or exhibits. Counties should attach it to provider contracts to complement the general CQI expectations. Content reflects purveyor/model developer guidance and the EBP CQI Brief for *{INSERT EBP NAME}*.

B. Data Collection, Disaggregation & Reporting Requirements

a. Required data elements: See the *{INSERT EBP NAME}* CQI Brief

b. Disaggregation: race, ethnicity, age, gender

c. Individual-level data for county CQI: *{INSERT RESPONSIBLE REPORTING ENTITY (E.G., SERVICE PROVIDER, CONTRACT HOLDER, OR COUNTY-DESIGNATED ADMINISTRATIVE ENTITY), SYSTEM/TEMPLATE, CADENCE}*

d. Aggregate data to CDSS: *{INSERT RESPONSIBLE REPORTING ENTITY (PROVIDER, PURVEYOR/MODEL DEVELOPER, OR SHARED), TEMPLATE TYPE, CADENCE (FOR EXAMPLE, BIANNUAL; ANNUAL FOR PAT)}*

e. If shared reporting responsibility:

    i. Responsible reporting entity submits: *{INSERT TEMPLATE TYPE & CADENCE}*;

    ii. Purveyor/Model Developer submits: *{INSERT TEMPLATE TYPE & CADENCE}*

C. Measurement Tools

a. Fidelity tools: See the *{INSERT EBP NAME}* CQI Brief

b. Outcome tools: See the *{INSERT EBP NAME}* CQI Brief

c. Special completion expectations (if applicable): *{INSERT DETAILS}*

D. Training & Qualifications

a. Pre-service: *{INSERT TRAINING/CERTIFICATION REQUIREMENTS}*

b. Ongoing/booster: *{INSERT FREQUENCY OR TRIGGERS}*

c. Role-specific: *{INSERT SUPERVISOR/COACH REQUIREMENTS}*

E. Service Delivery & Caseload Standards

a. Frequency and duration: *{INSERT EBP DOSAGE OR MINIMUM STANDARDS}*

b. Modality: ***{INSERT APPROVED FORMATS: IN-HOME, VIRTUAL, COMMUNITY-BASED, CLINIC-BASED}***

c. Caseload and supervision ratio: ***{INSERT EBP-SPECIFIC LIMITS/RATIOS}***

d. Waitlist handling (if applicable): ***{INSERT TRACKING/METRICS/CADENCE}***

F. Start-Up / Implementation Ramp-Up Period (if applicable)

Use this section when the provider/contractor is newly implementing the EBP, expanding a to new site/team, or otherwise requires time to complete purveyor onboarding/training steps prior to achieving full purveyor certification/affiliate status.

a. Purveyor certification/affiliate status and timeline: ***{INSERT THE REQUIRED CERTIFICATION/AFFILIATE STATUS (OR EQUIVALENT) AND EXPECTED TIMEFRAME TO ACHIEVE/MAINTAIN IT}***

b. Ramp-up requirements: ***{INSERT ONBOARDING/TRAINING STEPS, INITIAL FIDELITY/QA ACTIVITIES, AND INTERIM CQI/DATA ENTRY/REPORTING EXPECTATIONS DURING RAMP-UP}***

c. If purveyor certification/affiliate status is delayed or not achieved: ***{INSERT COUNTY APPROACH (E.G., REVISED TIMELINE WITH CORRECTIVE ACTION, LIMITS ON NEW REFERRALS, SUSPENSION OF CLAIMING/BILLING AS APPLICABLE, OR CONTRACT REMEDIES PER COUNTY POLICY)}***

G. References

a. EBP CQI Brief: ***{INSERT LINK OR CITATION FOR THIS EBP}***

Appendix B: EBP-Specific CQI Data & Reporting Requirements

Each subsection points you to the relevant EBP CQI Brief. The briefs identify measures, data elements, disaggregation, submission level, format, cadence, and fidelity expectations. Use the brief to complete the EBP Addendum and to follow CARES and reporting calendars.

Brief Strategic Family Therapy (BSFT)

See the [BSFT CQI Brief](#) for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the BSFT Addendum and align county reporting with purveyor standards.

Family Check-Up

See the [FCU CQI Brief](#) for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the FCU Addendum and align county reporting with purveyor standards.

Functional Family Therapy, LLC (FFT, LLC)

See the [FFT LLC CQI Brief](#) for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the FFT LLC Addendum and align county reporting with purveyor standards.

Functional Family Therapy, Partners (FFT, Partners)

See the [FFT Partners CQI Brief](#) for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the FFT Partners Addendum and align county reporting with purveyor standards.

Healthy Families America (HFA)

See the [HFA CQI Brief](#) for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the HFA Addendum and align county reporting with purveyor standards.

HOMEBUILDERS

See the [HOMEBUILDERS CQI Brief](#) for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the HOMEBUILDERS Addendum and align county reporting with purveyor standards.

Multisystemic Therapy (MST)

See the [MST CQI Brief](#) for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the MST Addendum and align county reporting with purveyor standards.

Nurse Family Partnership (NFP)

See the NFP CQI Brief for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the NFP Addendum and align county reporting with purveyor standards.

Parents as Teachers (PAT)

See the PAT CQI Brief for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the PAT Addendum and align county reporting with purveyor standards.

Parent-Child Interaction Therapy (PCIT)

See the PCIT CQI Brief for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the PCIT Addendum and align county reporting with purveyor standards.

Motivational Interviewing (MI)

See the MI CQI Brief for the full set of capacity, reach, fidelity, and outcome expectations, including data elements, submission level, format, and cadence. Use it to complete the MI Addendum and align county reporting with purveyor standards.

Appendix C: EBP-Specific Fidelity & Outcomes Report Templates

This appendix provides links to model-specific Fidelity & Outcomes Report Templates for collecting individual-level fidelity and outcome data from providers. Counties may adopt these templates for quarterly submissions to support local CQI activities, or they may require a county template or accept a validated export from a provider's internal system, as specified in contract language.

These templates are separate from the aggregate-level provider fidelity and outcome templates used for CDSS reporting on a biannual schedule (or annual for PAT); use this appendix only for individual-level CQI data collection to the county.

Brief Strategic Family Therapy (BSFT)

Use the [BSFT Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Family Check-Up

Use the [FCU Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Functional Family Therapy LLC (FFT LLC)

Use the [FFT LLC Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Functional Family Therapy Partners (FFT Partners)

Use the [FFT Partners Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Healthy Families America (HFA)

Use the [HFA Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

HOMEBUILDERS

Use the [HOMEBUILDERS Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Multisystemic Therapy (MST)

Use the [MST Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Nurse-Family Partnership (NFP)

Use the [NFP Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Parents as Teachers (PAT)

Use the [PAT Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Parent-Child Interaction Therapy (PCIT)

Use the [PCIT Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Motivational Interviewing (MI)

Use the [MI Fidelity & Outcomes Report Template](#) to collect individual-level fidelity and outcome data, with quarterly submissions to a county CQI Workgroup devoted to reviewing and monitoring FFPS data.

Appendix D: EBP-Specific Training & Certification Expectations

All EBPs included in California's FFPS Prevention Plan have staff training or certification requirements that align with fidelity expectations and purveyor/model developer guidance. While the content and structure of training differ by model, expectations typically include pre-service training, model-specific certification, and documentation of completion.

The table below summarizes key expectations.

EBP	SUMMARY OF TRAINING/CERTIFICATION EXPECTATIONS
PAT	Required certification and caseload caps for supervisors
NFP	Pre-service and ongoing nurse home visitor training
HFA	Pre-service training and required follow-up training
HOMEBUILDERS	Structured training and in-service coaching model
MST	MST therapist certification and team consultation
FFT (LLC & PARTNERS)	Certification and ongoing consultation/supervision
MI	Foundational and advanced training, booster training linked to fidelity
BSFT	Role-specific training and certification (therapist, coach)
FCU	Prescribed therapist and site lead training
PCIT	Therapist certification required by national model

For detailed training and supervision guidance, counties should review the applicable EBP CQI Brief and/or purveyor/model developer guidance when establishing contract requirements.

Appendix E: Consolidated Sample Contract Language (Examples)

This appendix consolidates sample contract language included throughout this guidance document into a single location for ease of reference and use. The examples are drawn directly from the "Sample Contract Language" sections in the main body of the guidance and are provided as examples to illustrate how foundational CQI clauses, EBP-specific addenda, and service-specific provisions can be structured in contracts.

Two examples are provided from EBPs approved in California's FFPS Prevention Plan that counties may implement under FFPS: **Parents as Teachers (PAT) and Motivational Interviewing (MI).** County-specific decision points, timelines, and parameters remain intentionally bracketed. This appendix is intended to support drafting efficiency and consistency and does not replace the guidance, decision considerations, or implementation context provided in the main body of this document.

Example 1: Parents as Teachers (PAT)

Data Collection, Disaggregation, & Reporting Requirements

*The contracted agency shall collect and submit data for **Parents as Teachers (PAT)** in accordance with purveyor/model developer guidance and the [EBP CQI Briefs](#).*

The contracted agency shall:

- *Track service delivery and utilization on an ongoing basis and enter monthly capacity and reach data into the CARES Provider Portal. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Submit individual-level fidelity and outcome data to the county on a quarterly basis using **{INSERT TEMPLATE TYPE: model-specific fidelity and outcomes template, county-specific template, or validated export from internal system}**.*

- *Submit aggregate-level fidelity and outcome data to CDSS and include the county CQI/CPP lead at the cadence specified in the [EBP CQI Briefs](#). Ensure all required data elements are complete, accurate, and submitted on time. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Ensure all required individual-level submissions include disaggregation fields (race, ethnicity, age, gender) and any county-required fields.*

- *Coordinate with the county's designated CQI lead to address data quality issues, resolve discrepancies, and implement improvements.*

- *Correct identified data errors within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** and resubmit using **{INSERT COUNTY-SPECIFIED TEMPLATE OR SYSTEM}**.*

- *Comply with county privacy/consent and data-sharing requirements, including any required family consent or data-sharing agreements for individual-level or sensitive data **{INSERT COUNTY-SPECIFIED POLICY CITATION/AGREEMENT REFERENCE}**.*

- *Maintain and share child safety monitoring documentation and communications, as applicable, consistent with the county's child safety monitoring policy/protocol **{INSERT COUNTY-SPECIFIED POLICY/EXHIBIT REFERENCE}** and federal requirements outlined in PI-24-07, and the privacy/consent requirements cited in this contract. If requested by the county, contribute safety-monitoring information for county CQI learning and improvement activities (for example, aggregated trends or learning topics), consistent with the county's CQI process **{INSERT COUNTY CQI PROCESS REFERENCE, IF APPLICABLE}** and applicable privacy requirements.*

- *Provide data directly to the county within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** upon request if CARES data is delayed.*

Measurement Tools

*The contracted agency shall use measurement tools for **Parents as Teachers (PAT)** in alignment with purveyor/model developer guidance and the EBP CQI Briefs.*

The contracted agency shall:

- *Use purveyor/model developer-required fidelity and outcome tools (or purveyor-approved alternatives).*

Staff Qualifications & Training

*The contracted agency shall comply with staff qualifications and training requirements for **Parents as Teachers (PAT)** as specified in purveyor/model developer guidance and the EBP CQI Briefs.*

The contracted agency shall:

- *Ensure that all staff delivering services under this contract meet the qualification and training requirements for **Parents as Teachers (PAT)** as specified by the purveyor/model developer and the applicable EBP CQI Brief. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Complete all required pre-service training before initiating service delivery **{INSERT COUNTY-SPECIFIED ONBOARDING TIMELINE, IF APPLICABLE}**.*

- *Support staff in completing ongoing training, booster sessions, or credential renewals as required by the purveyor/model developer and the EBP CQI Briefs. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Maintain up-to-date documentation verifying training completion and, if applicable, certification or credentialing **{INSERT COUNTY-SPECIFIED DOCUMENTATION TYPE: e.g., training logs, certificates, staff rosters}** and provide documentation to the county upon request.*

- *Ensure supervisors and coaches complete role-specific training requirements **{INSERT ADDITIONAL COUNTY-SPECIFIED EXPECTATIONS IF APPLICABLE}**.*

- *Complete the following county-specific training **{INSERT COUNTY-SPECIFIED TRAINING REQUIREMENTS}** by **{INSERT COUNTY-SPECIFIED MILESTONE: e.g., service initiation, billing start}**.*

- *Participate in county or state training sessions when offered **{INSERT COUNTY-SPECIFIED ATTENDANCE EXPECTATIONS, IF APPLICABLE}**.*

Service Delivery & Caseload Standards

*The contracted agency shall deliver services for **Parents as Teachers (PAT)** in accordance with purveyor/model developer guidance and the [EBP CQI Briefs](.).*

The contracted agency shall:

- *Maintain service frequency, duration, dosage, caseloads, and supervisor-to-practitioner ratios consistent with current purveyor/model guidance and the applicable [EBP CQI Brief](.). Implement purveyor/model developer updates within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** after county notice. **{INSERT ADDITIONAL COUNTY REQUIREMENTS IF APPLICABLE}**.*

- *Provide services using approved modalities that support engagement and fidelity **{INSERT COUNTY-SPECIFIC MODALITY RESTRICTIONS OR PREFERENCES, IF APPLICABLE}**.*

- *Implement supervision and oversight structures consistent with purveyor/model developer guidance. Where applicable, align supervision/oversight practices with the county's safety escalation expectations **{INSERT COUNTY SAFETY-MONITORING POLICY/EXHIBIT REFERENCE, IF APPLICABLE}**.*

- *Notify the county within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** if service delivery standards cannot be met due to staffing constraints or other challenges and submit a variance request and mitigation plan using **{INSERT COUNTY-SPECIFIED FORMAT OR TEMPLATE}**. If service disruptions raise safety concerns, follow the county's safety escalation and notification process **{INSERT COUNTY SAFETY-MONITORING POLICY/EXHIBIT REFERENCE, IF APPLICABLE}**.*

CQI Participation Requirements

*The contracted agency shall ensure meaningful participation in county CQI for **Parents as Teachers (PAT)** in alignment with the [California FFPS CQI Plan](.) and the [EBP CQI Brief](.).*

The entity responsible for attending and participating in the CQI Workgroup (the contract holder or other county-designated administrative entity) shall:

- *Attend CQI workgroup meetings on **{INSERT COUNTY-SPECIFIED FREQUENCY}** and participate in **{INSERT COUNTY-SPECIFIED CQI STRUCTURES, e.g., county CQI workgroup; regional PCC (if applicable)}** as specified by the county. Participation may be fulfilled by the contract holder or another county-designated administrative entity representing one or more service providers.*

- *Review capacity, reach, fidelity, and outcomes data, including disaggregated data, from CARES and provider templates, and bring findings to CQI discussions. **{INSERT ADDITIONAL COUNTY REQUIREMENTS IF APPLICABLE}**.*

- *Support shared decision-making during CQI meetings and implement agreed improvement actions within {INSERT COUNTY-SPECIFIED TIMEFRAMES/PROCESS}.*

- *Assign {INSERT COUNTY-SPECIFIED REQUIRED ROLES, e.g., program lead, CQI/data staff, supervisor, etc.} and designate a CQI lead responsible for meeting attendance, coordination, and timely data submission. If CQI participation in fulfilled through a contract holder or county-designated administrative entity representing multiple providers, specify the designated CQI lead role within that entity.*

- *Participate in technical assistance or training to strengthen CQI practices {INSERT COUNTY-SPECIFIED OFFERINGS OR PARTICIPATION EXPECTATIONS}.*

- *Engage in continuous improvement activities, including review of disaggregated data, to increase reach, improve family experience, and address inequities. {INSERT ADDITIONAL COUNTY PRIORITIES, IF APPLICABLE}*

- *Implement improvement actions agreed in CQI workgroups, use data (including disaggregated data) to assess impact, and report status through {INSERT COUNTY-SPECIFIED REPORTING MECHANISM—e.g., action tracker, written update, or CQI meeting}; {INSERT COUNTY-SPECIFIED REPORTING EXPECTATION, IF APPLICABLE}.*

- *Comply with applicable state and federal requirements related to CQI, including FFPSA and Title IV-E reporting expectations, as reflected in county procedures and this contract's CQI deliverables.*

- *Follow an escalation process if CQI participation or deliverables are missed, including notification within {INSERT COUNTY-SPECIFIED TIMEFRAME} and submission of a corrective action plan using {INSERT COUNTY-SPECIFIED TEMPLATE OR FORMAT}.*

- *If requested by the county, contribute safety-monitoring data for county CQI processes, consistent with the county's safety monitoring and escalation approach and applicable privacy requirements.*

Infrastructure for CQI

*The contracted agency shall establish and maintain infrastructure to support CQI participation for **Parents as Teachers (PAT)** in alignment with the [California FFPS CQI Plan](#), purveyor/model developer guidance, and the [EBP CQI Briefs](#).*

The contracted agency shall:

- *Designate a primary CQI coordinator role (e.g., EBP CQI Coordinator or FFPS CQI Coordinator) responsible for coordinating CQI participation, data readiness, and follow-through on CQI improvement actions across the EBP(s) covered by the contract, consistent with the county's CQI participation model.*

- *If CQI participation is fulfilled through a contract holder or county-designated administrative entity representing multiple service providers, establish a process for communicating CQI priorities, decisions, and improvement actions to service providers and documenting provider follow-through, using {INSERT COUNTY-SPECIFIED PROCESS/TOOL, IF APPLICABLE}.*

- *Allocate sufficient time for the roles designated for CQI participation to fulfill CQI responsibilities {INSERT COUNTY-SPECIFIED MINIMUM FTE OR HOURS PER MONTH, IF APPLICABLE}.*

- *Ensure staff have access to required systems and data (e.g., CARES, purveyor/model developer systems, county dashboards) and maintain appropriate permissions within {INSERT COUNTY-SPECIFIED TIMELINE} of contract start or staff changes.*

- *Track each agreed improvement action with an assigned owner and due date using {INSERT COUNTY-SPECIFIED TRACKER OR SYSTEM}.*

- *Ensure language access and accessibility needs are addressed in CQI activities (e.g., translated materials, interpretation, scheduling across shifts) {INSERT COUNTY-SPECIFIED EXPECTATIONS, IF APPLICABLE}.*

EBP CQI Addendum: *Parents as Teachers (PAT)*

A. Purpose of this Addendum

This addendum captures model-specific CQI requirements for **Parents as Teachers (PAT)** and should be read alongside the foundational CQI clauses and cross-cutting contract elements. It is not intended to restate cross-cutting provisions that the county may address elsewhere in the agreement or exhibits. Counties should attach it to provider contracts to complement the general CQI expectations. Content reflects purveyor/model developer guidance and the EBP CQI Brief for *Parents as Teachers (PAT)*.

B. Data Collection, Disaggregation & Reporting Requirements

  a. Required data elements: See the Parents as Teachers (PAT) CQI Brief
  b. Disaggregation: race, ethnicity, age, gender
  c. Individual-level data for county CQI: *{INSERT RESPONSIBLE REPORTING ENTITY (E.G., SERVICE PROVIDER, CONTRACT HOLDER, OR COUNTY-DESIGNATED ADMINISTRATIVE ENTITY), SYSTEM/TEMPLATE, CADENCE}*
  d. Aggregate data to CDSS: *{INSERT RESPONSIBLE REPORTING ENTITY (PROVIDER, PURVEYOR/MODEL DEVELOPER, OR SHARED), TEMPLATE TYPE, CADENCE (FOR EXAMPLE, BIANNUAL; ANNUAL FOR PAT)}*
  e. If shared reporting responsibility:
     i. Responsible reporting entity submits: *{INSERT TEMPLATE TYPE & CADENCE}*;
     ii. Purveyor/Model Developer submits: *{INSERT TEMPLATE TYPE & CADENCE}*

C. Measurement Tools

  a. Fidelity tools: See the Parents as Teachers (PAT) CQI Brief
  b. Outcome tools: See the Parents as Teachers (PAT) CQI Brief
  c. Special completion expectations (if applicable): *{INSERT DETAILS}*

D. Training and Qualifications

  A. Pre-service: *{INSERT TRAINING/CERTIFICATION REQUIREMENTS}*
  b. Ongoing/booster: *{INSERT FREQUENCY OR TRIGGERS}*
  c. Role-specific: *{INSERT SUPERVISOR/COACH REQUIREMENTS}*

E. Service Delivery & Caseload Standards

a. Frequency and duration: ***{INSERT EBP DOSAGE OR MINIMUM STANDARDS}***

b. Modality: ***{INSERT APPROVED FORMATS: IN-HOME, VIRTUAL, COMMUNITY-BASED, CLINIC-BASED}***

c. Caseload and supervision ratio: ***{INSERT EBP-SPECIFIC LIMITS/RATIOS}***

d. Waitlist handling (if applicable): ***{INSERT TRACKING/METRICS/CADENCE}***

F. References

a. [Parents as Teachers (PAT) CQI Brief](#)

Example 2: Motivational Interviewing (MI)

Data Collection, Disaggregation & Reporting Requirements

*The contracted agency shall collect and submit data for **Motivational Interviewing (MI)** in accordance with the [MI CQI Brief](#).*

The contracted agency shall:

- *Track service delivery and utilization on an ongoing basis and enter monthly capacity and reach data into the CARES Provider Portal. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Submit individual-level fidelity and outcome data to the county on a quarterly basis using **{INSERT TEMPLATE TYPE: model-specific fidelity and outcomes template, county-specific template, or validated export from internal system}**.*

- *Submit aggregate-level fidelity and outcome data to CDSS and include the county CQI/CPP lead at the cadence specified in the [MI CQI Brief](#). Ensure all required data elements are complete, accurate, and submitted on time. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Ensure all required individual-level submissions include disaggregation fields (race, ethnicity, age, gender) and any county-required fields.*

- *Coordinate with the county's designated CQI lead to address data quality issues, resolve discrepancies, and implement improvements.*

- *Correct identified data errors within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** and resubmit using **{INSERT COUNTY-SPECIFIED TEMPLATE OR SYSTEM}**.*

- *Comply with county privacy/consent and data-sharing requirements, including any required family consent or data-sharing agreements for individual-level or sensitive data **{INSERT COUNTY-SPECIFIED POLICY CITATION/AGREEMENT REFERENCE}**.*

- *Maintain and share child safety monitoring documentation and communications, as applicable, consistent with the county's child safety monitoring policy/protocol **{INSERT COUNTY-SPECIFIED POLICY/EXHIBIT REFERENCE}** and federal requirements outlined in PI-24-07, and the privacy/consent requirements cited in this contract. If requested by the county, contribute safety-monitoring information for county CQI learning and improvement activities (for example,*

*aggregated trends or learning topics), consistent with the county's CQI process **{INSERT COUNTY CQI PROCESS REFERENCE, IF APPLICABLE}** and applicable privacy requirements.*

- *Provide data directly to the county within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** upon request if CARES data is delayed.*

Staff Qualifications & Training

The contracted agency shall ensure that staff delivering MI meet training and qualification expectations consistent with the [FFPS Program MI Statewide Training Plan](#) and the [MI CQI Brief](#).

The contracted agency shall:

- *Complete Foundational MI training for all practitioners and supervisors before initiating MI services **{INSERT COUNTY-SPECIFIED TIMELINE}**. Foundational training must meet the minimum content standards in the [FFPS Program MI Statewide Training Plan](#). **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Complete Advanced Skills training for all practitioners and a supervisor-specific Advanced pathway for supervisors **{INSERT COUNTY-SPECIFIED TIMELINE}**. Advanced training must meet the [FFPS Program MI Statewide Training Plan](#) content standards. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Complete booster training every six months for staff whose most recent fidelity score is below proficiency (per instrument thresholds) until proficiency is reached; resume routine cadence thereafter. **{INSERT ADDITIONAL COUNTY-SPECIFIED REQUIREMENTS IF APPLICABLE}**.*

- *Maintain training rosters and certificates and submit them to the county at **{INSERT COUNTY-SPECIFIED CADENCE}** and upon request.*

- *Establish an onboarding process for new or returning staff, including completion of Foundational and Advanced training within **{INSERT COUNTY-SPECIFIED TIMELINE}** and enrollment in the next available coaching/coding cycle.*

- *Training equivalency may be approved consistent with the [FFPS Program MI Statewide Training Plan](#).*

- *Complete the following county-specific training **{INSERT COUNTY-SPECIFIED TRAINING REQUIREMENTS}** by **{INSERT COUNTY-SPECIFIED MILESTONE: e.g., service initiation, billing start}**.*

- *Participate in county or state training sessions when offered **{INSERT COUNTY-SPECIFIED ATTENDANCE EXPECTATIONS, IF APPLICABLE}**.*

Fidelity Monitoring, Coding & Coaching

The contracted agency shall implement MI fidelity monitoring, coding and coaching consistent with the [FFPS Program MI Statewide Training Plan](#) and the [MI CQI Brief](#).

The contracted agency shall:

- *Use a State-approved and county-specified MI fidelity monitoring tool **{INSERT STATE-APPROVED, COUNTY-SPECIFIED TOOL, e.g., MICA 3.2, MITI 4.2.1, OR LYSSN}**.*

- *Conduct MI fidelity coding and coaching for each practitioner at the cadence set in the MI CQI Brief: every six (6) months when a practitioner is below proficiency and at least annually when a practitioner is at or above proficiency. Supervisors may increase frequency as needed. Acceptable supports include **{INSERT COUNTY-SPECIFIED SUPPORT, e.g., Lyssn Learn & Practice skill practice; Lyssn QI brief role-plays; Regional Training Academy; county/external consultant}**.*

Service Delivery & Caseload Standards

*The contracted agency shall deliver services for **Motivational Interviewing (MI)** in accordance with the MI CQI Brief.*

The contracted agency shall:

- *Deliver MI as part of **{INSERT PROGRAM OR SERVICE CONTEXT}**, with the goal of **{INSERT PROGRAM GOALS OR OBJECTIVES}**.*

- *Provide MI to **{INSERT ELIGIBLE PREVENTION POPULATION/REFERRAL PATHWAYS PER STATE PLAN AND COUNTY CPP}**, consistent **with {INSERT PROGRAM/EBP MODEL TARGET POPULATION CRITERIA}**, including **{INSERT ANY AGE, SYSTEM INVOLVEMENT, OR OTHER COUNTY CRITERIA}**.*

- *Deliver MI at the frequency and duration specified by the county for MI **{INSERT COUNTY-SPECIFIED MINIMUM ENCOUNTER FREQUENCY AND DURATION}**.*

- *Provide MI using approved modalities that support engagement and fidelity, such as in-home, community-based, office-based, virtual, or phone sessions **{INSERT COUNTY-SPECIFIED MODALITY RESTRICTIONS OR PREFERENCES}**.*

- *Deliver MI in alignment with county safety protocols and integrate required screening or assessment processes where applicable **{INSERT COUNTY-SPECIFIC POLICY/SOP AND ANY REQUIRED TOOLS}**.*

- *Maintain caseloads and supervisor-to-practitioner ratios that support quality MI delivery and coaching **{INSERT COUNTY-SPECIFIED CASELOAD CAP AND SUPERVISOR RATIO}**.*

- *Implement supervision and oversight structures consistent with the MI CQI Brief, including **{INSERT COUNTY-SPECIFIED FREQUENCY AND FORMAT OF SUPERVISION/CASE REVIEW}**.*

- *Follow the county referral workflow and document referral disposition/status within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** using **{INSERT COUNTY-SPECIFIED SYSTEM OR TEMPLATE}**.*

- *Notify the county within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** if service delivery standards cannot be met due to staffing constraints or other challenges and submit a variance request and mitigation plan using **{INSERT COUNTY-SPECIFIED FORMAT OR TEMPLATE}**. If service disruptions raise safety concerns, follow the county's safety escalation and notification process **{INSERT COUNTY SAFETY-MONITORING POLICY/EXHIBIT REFERENCE, IF APPLICABLE}**.*

Documentation Standards

The contracted agency shall complete MI documentation accurately and on time to support fidelity monitoring, CQI, and federal/state requirements.

The contracted agency shall:

- *Use the county-defined structure for MI documentation in the Child-Specific Prevention Plan (CSPP) and in the electronic case record/case note **{INSERT COUNTY-SPECIFIED MI NOTE TEMPLATE/STRUCTURE}**.*

- *Enter MI documentation into CARES and complete all required MI fields **{INSERT COUNTY-SPECIFIED FIELDS, IF APPLICABLE}**.*

- *Complete MI documentation within **{INSERT COUNTY-SPECIFIED TIMEFRAME}** of the MI activity.*

- *Ensure MI documentation clearly indicates that MI was used and adheres to the county-defined required elements **{INSERT COUNTY-SPECIFIC POLICY/TEMPLATE REFERENCE}**.*

CQI Participation Requirements

*The contracted agency shall ensure meaningful participation in county CQI for **Motivational Interviewing (MI)** in alignment with the [California FFPS CQI Plan](#) and the [MI CQI Brief](#).*

The entity responsible for attending and participating in the CQI Workgroup (the contract holder or other county-designated administrative entity) shall:

- *Attend CQI workgroup meetings on **{INSERT COUNTY-SPECIFIED FREQUENCY}** and participate in **{INSERT COUNTY-SPECIFIED CQI STRUCTURES, e.g., county CQI workgroup; regional PCC (if applicable)}** as specified by the county. Participation may be fulfilled by the contract holder or another county-designated administrative entity representing one or more service providers.*

- *Review capacity, reach, fidelity, and outcomes data, including disaggregated data, from CARES and provider templates, and bring findings to CQI discussions. **{INSERT ADDITIONAL COUNTY REQUIREMENTS IF APPLICABLE}**.*

- *Support shared decision-making during CQI meetings and implement agreed improvement actions within **{INSERT COUNTY-SPECIFIED TIMEFRAMES/PROCESS}**.*

- *Assign **{INSERT COUNTY-SPECIFIED REQUIRED ROLES, e.g., program lead, CQI/data staff, supervisor, etc.}** and designate a CQI lead responsible for meeting attendance, coordination, and timely data submission. If CQI participation in fulfilled through a contract holder or county-designated administrative entity representing multiple providers, specify the designated CQI lead role within that entity.*

- *Participate in technical assistance or training to strengthen CQI practices **{INSERT COUNTY-SPECIFIED OFFERINGS OR PARTICIPATION EXPECTATIONS}**.*

- *Engage in continuous improvement activities, including review of disaggregated data, to increase reach, improve family experience, and address inequities. **{INSERT ADDITIONAL COUNTY PRIORITIES, IF APPLICABLE}***

- *Implement improvement actions agreed in CQI workgroups, use data (including disaggregated data) to assess impact, and report status through {INSERT COUNTY-SPECIFIED REPORTING MECHANISM—e.g., action tracker, written update, or CQI meeting}; {INSERT COUNTY-SPECIFIED REPORTING EXPECTATION, IF APPLICABLE}.*

- *Comply with applicable state and federal requirements related to CQI, including FFPSA and Title IV-E reporting expectations, as reflected in county procedures and this contract's CQI deliverables.*

- *Follow an escalation process if CQI participation or deliverables are missed, including notification within {INSERT COUNTY-SPECIFIED TIMEFRAME} and submission of a corrective action plan using {INSERT COUNTY-SPECIFIED TEMPLATE OR FORMAT}.*

- *If requested by the county, contribute safety-monitoring data for county CQI processes, consistent with the county's safety monitoring and escalation approach and applicable privacy requirements.*

Infrastructure for CQI

The contracted agency shall establish and maintain infrastructure to support CQI participation for Motivational Interviewing (MI) in alignment with the [California FFPS CQI Plan](#) and the [MI CQI Brief](#).

The contracted agency shall:

- *Designate a primary CQI coordinator role (e.g., EBP CQI Coordinator or FFPS CQI Coordinator) responsible for coordinating CQI participation, data readiness, and follow-through on CQI improvement actions across the EBP(s) covered by the contract, consistent with the county's CQI participation model.*

- *If CQI participation is fulfilled through a contract holder or county-designated administrative entity representing multiple service providers, establish a process for communicating CQI priorities, decisions, and improvement actions to service providers and documenting provider follow-through, using {INSERT COUNTY-SPECIFIED PROCESS/TOOL, IF APPLICABLE}.*

- *Allocate sufficient time for the roles designated for CQI participation to fulfill CQI responsibilities {INSERT COUNTY-SPECIFIED MINIMUM FTE OR HOURS PER MONTH, IF APPLICABLE}.*

- *Ensure staff have access to required systems and data (e.g., CARES, purveyor/model developer systems, county dashboards) and maintain appropriate permissions within {INSERT COUNTY-SPECIFIED TIMELINE} of contract start or staff changes.*

- *Track each agreed improvement action with an assigned owner and due date using {INSERT COUNTY-SPECIFIED TRACKER OR SYSTEM}.*

- *Ensure language access and accessibility needs are addressed in CQI activities (e.g., translated materials, interpretation, scheduling across shifts) {INSERT COUNTY-SPECIFIED EXPECTATIONS, IF APPLICABLE}.*

EBP CQI Addendum: Motivational Interviewing (MI)

A. Purpose of this Addendum
This addendum captures model-specific CQI requirements for **Motivational Interviewing (MI)** and should be read alongside the foundational CQI clauses and cross-cutting contract elements. It is not intended to restate cross-cutting provisions that the county may address elsewhere in

the agreement or exhibits. Counties should attach it to provider contracts to complement the general CQI expectations. Content reflects guidance and the EBP CQI Brief for Motivational Interviewing (MI).

B. Data Collection, Disaggregation & Reporting Requirements

    a. Required data elements: See the Motivational Interviewing (MI) CQI Brief

    b. Disaggregation: race, ethnicity, age, gender

    c. Individual-level data for county CQI: *{INSERT RESPONSIBLE REPORTING ENTITY (E.G., SERVICE PROVIDER, CONTRACT HOLDER, OR COUNTY-DESIGNATED ADMINISTRATIVE ENTITY), SYSTEM/TEMPLATE, CADENCE}*

    d. Aggregate data to CDSS: *{INSERT RESPONSIBLE REPORTING ENTITY (PROVIDER, PURVEYOR/MODEL DEVELOPER, OR SHARED), TEMPLATE TYPE, CADENCE (FOR EXAMPLE, BIANNUAL; ANNUAL FOR PAT)}*

    e. If shared reporting responsibility:

        i. Responsible reporting entity submits: *{INSERT TEMPLATE TYPE & CADENCE};*

        ii. Purveyor/Model Developer submits: *{INSERT TEMPLATE TYPE & CADENCE}*

C. Measurement Tools

    a. Fidelity tools: See the Motivational Interviewing (MI) CQI Brief and the FFPS Program MI Statewide Training Plan

    b. Outcome tools: See the Motivational Interviewing (MI) CQI Brief and the FFPS Program MI Statewide Training Plan

    c. Special completion expectations (if applicable): *{INSERT DETAILS}*

D. Training and Qualifications

    a. Pre-service: See the FFPS Program MI Statewide Training Plan; *{INSERT ADDITIONAL COUNTY-SPECIFIC TRAINING/CERTIFICATION REQUIREMENTS, IF APPLICABLE}*

    b. Ongoing/booster: See the FFPS Program MI Statewide Training Plan; *{INSERT ADDITIONAL COUNTY-SPECIFIC FREQUENCY OR TRIGGERS, IF APPLICABLE}*

    c. Role-specific: See the FFPS Program MI Statewide Training Plan; *{INSERT ADDITIONAL COUNTY-SPECIFIC SUPERVISOR/COACH REQUIREMENTS, IF APPLICABLE}*

E. Service Delivery & Caseload Standards

    a. Frequency and duration: *{INSERT COUNTY-SPECIFIED MINIMUM ENCOUNTER FREQUENCY AND DURATION FOR MI}*

    b. Modality: *{INSERT APPROVED MODALITIES (E.G., IN-HOME, COMMUNITY-BASED, OFFICE-BASED, VIRTUAL, PHONE) AND ANY COUNTY RESTRICTIONS OR PREFERENCES}*

    c. Caseload and supervision ratio: *{INSERT COUNTY-SPECIFIED CASELOAD CAP AND SUPERVISOR-TO-PRACTITIONER RATIO FOR MI}*

    d. Waitlist handling (if applicable): *{INSERT TRACKING/METRICS/CADENCE}*

F. References

   a. Motivational Interviewing (MI) CQI Brief

   b. FFPS Program MI Statewide Training Plan

Appendix F: Optional Resource–Workgroup Charter

This optional resource provides a sample structure for a county/Tribal CQI workgroup. Counties/Tribes may use or adapt this resource to clarify roles, participation expectations, and standard CQI artifacts.

{INSERT WORKGROUP} Charter

This Charter creates a clear and mutually agreeable definition of the *{INSERT JURISDICTION AND WORKGROUP}* role and purpose. The Charter may be revised as better ways of functioning emerge and will be reviewed annually or when major changes to the group's structure or function occur to ensure relevance and appropriateness to the work.

I. Purpose & Importance

A. Scope

It is intended that the *{INSERT WORKGROUP}* leverage the experiences, expertise, and insight of key individuals and organizations committed to building comprehensive child welfare system. Members provide leadership and guidance on **{INSERT EXAMPLES}**. The charge of the *{INSERT WORKGROUP}* is to communicate, manage, advise and serve as a formal stakeholder in the development and enhancement of the strategic vision for *{INSERT JURISDICTION}* children and families.

The *{INSERT WORKGROUP}* reports to *{INSERT TEAM}*. See the attached Implementation Structure.

> **Questions to Consider**
> - What is the purpose of this group?
> - How will the team focus its efforts?
> - What falls within the boundaries of the collaboration? What is outside the boundaries of this collaboration?

B. Goals

The *{INSERT WORKGROUP}* will develop strategies and monitor progress of the following:

1. *{INSERT INFORMATION}*

> **Questions to Consider**
> - What is the group charged with accomplishing?
> - Are the goals closely aligned with the results the group seeks to improve or influence?
> - Are the goals feasible and easily understood?

II. Membership

> **Questions to Consider**
> - What stakeholder voices/perspectives must be represented?
> - What is the process for adding new members? How are new members on-boarded?

A. Member List

Each member will serve on the *{INSERT WORKGROUP}* which consists of the following members:

Name/Agency	Role/Title	Contact Information

New members can be recommended for consideration pending approval of the *{INSERT WORKGROUP}*. If there is consensus among the workgroup, the recommendation will be submitted to leadership for review and approval. New members will be formally invited to join the workgroup by *{INSERT NAME}*. They will be provided the Charter as well as a brief history of the workgroup, including a review of the Implementation Structure and any materials produced by the group.

B. Role of a workgroup member

The roles of an *{INSERT WORKGROUP}* member include, but are not limited to, the following activities:

- *{INSERT EXAMPLES}*

> **Questions to Consider**
> - What are the roles and responsibilities of team members?
> - What are the team members expected to contribute?
> - What is the anticipated time commitment?

III. Deliverables, Outputs, Work Products

> **Questions to Consider**

- What are the deliverables and work products the group is responsible for creating and disseminating in order to be successful?
- What are the milestones and deadlines that will inform this work?
- Are there major organizational cycles (e.g. budget cycle, annual planning) that should be taken into consideration?

The *{INSERT WORKGROUP}* will produce the following deliverables:

- *{INSERT INFORMATION}*

IV. Decision-Making

A. Recommendations and Consensus Building

{INSERT WORKGROUP} needs experienced input and guidance around key decisions and proposals affecting *{INSERT JURISDICTION}* children. The expertise, experience and insight that members bring to the workgroup will play a role in all recommendations. Building consensus around recommendations will be an important aspect of the workgroup. All recommendations and work products that are agreed upon by the workgroup, using a consensus building process, will be taken to *{INSERT TEAM}*.

Questions to Consider
- How will this group make decisions?
- Does this group make recommendations that are considered by another leadership group or executive leadership for acceptance?

V. Meetings

A. Meeting Schedule and Process

Meetings will be held *{INSERT MEETING INFORMATION}*.

B. Attendance

Regular participation and attendance during the *{INSERT WORKGROUP}* are critical for *{INSERT JURISDICTION}* to move towards building a more comprehensive child welfare system with improved outcomes. Participation in meetings, in person or virtually, is encouraged. If a core committee member misses a meeting, they should review the notes available after the meeting.

C. Meeting Documentation

Meeting documentation, including notes, action items and decisions, will be recorded and distributed to all members prior to each meeting.

Action items are followed up on by placing them in the next meeting' agenda. A meeting reminder will be sent out prior to the meeting with materials attached so that members can come prepared.

VI. Communication and Sustainability

A. Communication and Accountability

The *{INSERT WORKGROUP}* reports to the *{INSERT TEAM}*. A work plan will be used to communicate the progress of the group and any emerging issues.

> **Questions to Consider**
> - Is there a work plan or other report that members will be responsible for developing or contributing in order to communicate progress, challenges, or other key information?
> - Are there other groups that need to receive regular information about the work of this team? What will be the platforms and processes for communication with these groups?

B. Duration and Sustainability

The *{INSERT WORKGROUP}* will continue to function as long as it is meeting its original purpose and contributes to efforts to improve outcomes for *{INSERT JURISDICTION}* families. The work processes and products developed by this committee will continue until deemed otherwise, at which point they will become part of other sustainable structures.

> **Questions to Consider**
> - Does this group have a sunset?
> - How will the efforts of this group be sustained beyond the duration of this implementation team?