



California Family First
Prevention Services

Continuous Quality Improvement Click here to enter text. Implementation Plan

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Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of California's Department of Social Services.

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Introduction

Turning the CQI Plan into Action:
Implementing the CQI framework using EBP data and strengthening coordination across counties and systems

California's Family First Prevention Services (FFPS) Continuous Quality Improvement (CQI) Implementation Plan builds on the state's commitment to strengthening prevention services through equity-driven, data-informed strategies. Developed to support the implementation of [California's approved Title IV-E Prevention Plan](#), this document provides a clear roadmap for how counties, IV-E Tribes, Tribal Representatives, Tribal Advocates, lived experts, providers, communities, and state leaders can put [California's FFPS CQI Plan](#) into practice.

This Implementation Plan supports delivery of Family First-aligned prevention services described in both the California Prevention Plan and local Comprehensive Prevention Plans (CPPs). As outlined in [All County Letter \(ACL\) 22-23](#), County and Tribal Title IV-E agencies are responsible for selecting and delivering evidence-based programs (EBPs), establishing referral and service pathways, and monitoring implementation in collaboration with local partners. CPPs are expected to reflect not only what services will be offered and to whom, but also how jurisdictions will track performance and engage in CQI efforts to strengthen service quality and outcomes over time.

The federal Family First Prevention Services Act requires states to develop a CQI strategy for monitoring implementation of evidence-based prevention programs. This includes tracking fidelity, reach, and effectiveness to ensure programs are delivered as intended and benefit the families they're designed to support. California's statewide FFPS CQI Plan fulfills this requirement by defining a shared framework and core measures for prevention-focused CQI efforts across jurisdictions.

This CQI Implementation Plan builds on this foundation, translating the vision of the CQI Plan into actionable, coordinated activities, tools, and supports that promote continuous learning and improvement at the local level. To support this work, the [FFPS EBP CQI Briefs](#) provide program-specific summaries of expectations related to reach, capacity, fidelity, and outcomes for each evidence-based program included in California's Prevention Plan.

To put the statewide CQI Plan into action, this Implementation Plan provides structured activities, tools, and guidance to help counties, IV-E Tribes and providers embed CQI in their CPP implementation. This Plan promotes the use of local data and subject matter expertise to track progress, identify improvements, and adjust service delivery.

Activities include:

- Training,
- Technical assistance,
- Contract and data guidance, and

- Regional Prevention CQI Collaboratives (PCCs)—all aimed at strengthening local CQI infrastructure and aligning efforts with state and federal goals.

The plan reflects the input and leadership of the [FFPS Advisory Structure](#) and all subcommittees—specifically, the CQI, Training and Technical Assistance, Community Pathway, and Title IV-E Advisory groups. These contributors helped identify what is needed to make CQI implementation manageable, relevant, and sustainable across different local contexts.

CQI Implementation Plan

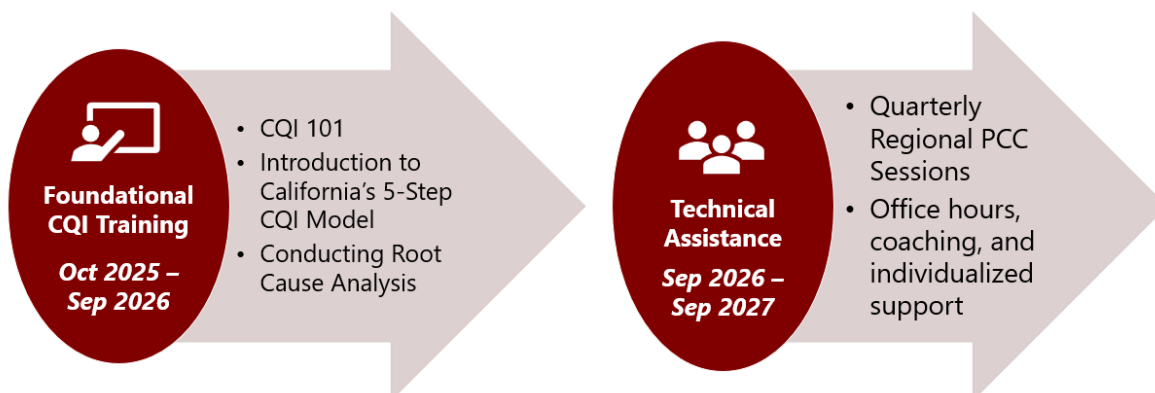
To support consistent and meaningful CQI practice statewide, the CQI Implementation Plan outlines a two-phase strategy (see Figure 1 below) for building local and statewide capacity aligned with FFPS efforts.

Phase 1, beginning in October 2025 and continuing through September 2026, focuses on foundational CQI training. This phase includes the development and refinement of CQI training content, introduces core CQI concepts and terminology, provides orientation to California’s 5-Step CQI Model, and builds shared understanding, foundational skills, and team building across counties and providers.

Phase 2, running from October 2026 through September 2027, centers on technical assistance. It includes continued support through quarterly regional PCCs, as well as office hours, coaching, and individualized guidance to help counties apply and refine CQI practices while supporting ongoing team building within their local contexts.

Together, these phases establish a clear structure for embedding CQI into CPP implementation and help local teams engage in meaningful, data-informed decision-making over time. The figure below displays the phases and how the two-year implementation timeline will be structured. Each element within the phases includes key activities that are detailed in tables throughout the Implementation Plan. A complete list of all activities is provided in [Appendix A](#), and [Appendix B](#) includes a consolidated workplan outlining activities for counties and IV-E Tribes in one consolidated location.

Figure 1: CQI Capacity Building



CQI Training Development & Review

To support the implementation of California’s FFPS CQI Plan, **required training will be provided for county CPP/CQI leads and state partners**. County CQI teams, data teams, and CFSR reviewers are also encouraged to participate to help build a shared foundation and promote alignment across all roles involved. The training will be delivered as micro-learning modules and designed to build the knowledge and skills needed to effectively engage in CQI activities.

Chapin Hall is leading the development and refinement of the training curriculum in partnership with subject matter experts. The content will draw from existing materials where appropriate, with new resources created or adapted as needed. Training content is outlined in two areas:

Table 1. Foundational CQI Training Content

Domain	Learning Components
CQI Concepts	<ul style="list-style-type: none">• CQI 101• Introduction to California’s 5-Step CQI Model• Conducting Root Cause Analysis
Applying the FFPS CQI Plan	<ul style="list-style-type: none">• Overview of the FFPS CQI Plan• EBP Measurement Framework• Developing or Refining Local CQI Implementation Workgroups

Existing CQI Training Inventory

Existing training materials will be collected and reviewed by Chapin Hall. The goal of the review is to identify existing training content that can be used, or adapted and aligned with FFPS prevention goals and CQI priorities.

The review will focus on a range of training sources, including materials developed by state agencies, CalAcademies, and other sources that reflect current CQI practices and align with FFPS implementation goals. This includes materials shared through existing CQI-related initiatives that reflect broader CQI principles or approaches.

Each existing training will be reviewed through a structured assessment process using five criteria: **Delivery, Format, Content, Accessibility, and Modifications Needed**. This assessment is not intended to evaluate the quality of the training itself. Instead, it is designed to determine how well each training aligns with the needs of FFPS CQI implementation and whether it can be adapted or integrated into the training approach outlined in this plan.

Delivery refers to who developed and delivered the training, its intended audience, whether it is currently being offered, whether it is required or optional, how often it occurs, the last date it was used, and how broadly it has been shared (e.g., nationally, statewide, or with specific counties).

Format focuses on how the training is delivered (in-person, online, or hybrid), whether it is self-paced, the number and length of sessions, and the availability of supporting materials such as training reports and satisfaction surveys. Each training will also be given a format rating on a scale of 1-5 based on how suitable the current format is for statewide use.

Content will be assessed to determine whether the training covers foundational CQI topics—such as the CQI cycle, partner roles, data use, root cause analysis, and evaluation strategies. Each training will be rated by content level (introductory, intermediate, or advanced) and assigned an overall content rating on a scale of 1-5 based on its readiness to support FFPS CQI implementation.

Accessibility and Engagement examines whether training materials are freely available or require payment, and whether they include elements like case studies, exercises, transcripts, facilitator guides, or quizzes that aid engagement with the curriculum. Trainings will be evaluated for clarity, adaptability, and overall accessibility (how easy or difficult it is to access the content).

Modifications Needed will be assessed using an overall rating scale of 1 to 5, (1 = minimal, 5 = extensive, or NA if the training cannot be reviewed). The review will document the types of modifications required, such as adding FFPS-specific content, updating general CQI content, adjusting the format, or improving accessibility. A final summary rating will be calculated based on all criteria.

CQI Training Curriculum Design

A curriculum development working group, led by Chapin Hall, composed of representatives from the CalAcademies, CQI Subcommittee, Training & TA Subcommittee, and Title IV-E Advisory Committee will support the curriculum design process. Draft materials, including facilitator guides, training slide decks, handouts, etc., will be shared with FFPS subcommittees, and a joint session may be held to review and discuss the curriculum together.

Training content will be developed or adapted to support implementation of the FFPS CQI Plan. The design will be modular and flexible to meet the needs of different audiences, including county CPP/CQI leads and state prevention leads. Training will align with the five-step CQI process and support application of prevention data for improvement efforts.

The development process will follow the ADDIE model (Analyze, Design, Develop, Implement, Evaluate) offering a structured and iterative approach to building and refining high-quality training content. This model supports continuous refinement based on feedback and allows for adjustments throughout the development cycle.

Curriculum development will follow these phases:

- **Analysis:** clarify the instructional problem, analyze the required resources, and identify the goals to be met. Understand the audience and their characteristics, delivery options, timeline, etc.
- **Design:** document the instructional and visual strategy, define specific, measurable learning objectives that will enable learners to fulfill the instructional goals, and create a prototype.
- **Development:** create and assemble the content that was created during the Design phase.
 - Initial curriculum drafting and content creation,
 - Team review.
 - Partner review from county CPP/CQI leads, CPOC, CalAcademies, FFPS CQI Subcommittee, Title IV-E Advisory Committee, and the Training & TA Subcommittee.
 - Pilot the curriculum via Training of Trainers.
 - Finalization of curriculum and development of full rollout plan.
- **Implementation:** implement the statewide rollout plan for CQI training.
- **Evaluation:** assess the effectiveness of the new or adjusted CQI training(s) and discuss what could have been done differently to improve outcomes. Incorporate the Kirkpatrick Model as a framework for evaluating the effectiveness of the training(s) and measuring behavioral change and organizational impact.

Figure 2: CQI Training Development Timeline



Training materials will be stored in a centralized library that is accessible to trainers. To support ease of use, materials will be organized by topic area (e.g., root cause analysis or general CQI) and tagged for different audiences such as CPP/CQI Leads or community-based providers. A searchable index will also be developed to help users locate relevant content efficiently.

Adapting Existing CQI Training for Community Providers

Foundational CQI training will be required for county CPP/CQI and state prevention leads, but additional tailored content is needed to support the distinct roles and learning needs of providers who are delivering services outside of child welfare agencies, probation, and IV-E Tribes. This section outlines plans to adapt CQI training materials to build prevention-related CQI capacity among community-based providers (CBOs) delivering EBPs.

Although there is some overlap with the foundational CQI training developed for county CPP/CQI leads and state partners, this curriculum is designed specifically for community-based providers. It reflects differences in roles, learning needs, and how CQI is applied in the context of service delivery. Developing a tailored curriculum allows for greater flexibility in delivery, ensures alignment with the day-to-day realities of community-based practice, and creates opportunities for providers to engage with the content in ways that are responsive to their organizational context.

Chapin Hall will lead the development of a provider-facing curriculum that aligns with the California FFPS CQI Plan and Measurement Framework. The curriculum will be adaptable to both virtual and in-person environments.

The curriculum will include the following key training components:

- **Overview of the FFPS CQI Plan and Prevention Outcomes**, providing foundational understanding of how the CQI Plan supports the broader FFPS implementation.
- **EBP Measurement Framework**, introducing the definitions, uses, and reporting structures for tracking reach, capacity, fidelity, and outcomes in EBP delivery.
- **Introduction to the Five-Step CQI Process**, with emphasis on how each step applies to the prevention context.
- **Conducting Root Cause Analysis**, including use of descriptive and comparative analyses to identify systemic barriers and inform improvement strategies.

A module on *Using Child Welfare Specialist-California Automated Response & Engagement System (CWS-CARES) Provider Portal* may be included at a later stage in collaboration with the CWS-CARES team, depending on feasibility and timing.

To guide development, Chapin Hall will engage a small group of CBOs to review early curriculum drafts and provide structured feedback on clarity, relevance, and applicability. To ensure the curriculum reflects a wide range of provider perspectives, the group will include CBOs of varying sizes and structures, including smaller or grassroots organizations, and from various regions throughout the state. Counties will be engaged to support identification of a diverse group of CBOs for review, leveraging existing provider contracts and coordinating with CPP leads and Tribal Representatives and Tribal Advocates across relevant departments as appropriate.

The revised curriculum will then be shared with the FFPS Leadership Team and CQI Subcommittee to gather additional input. Subsequent drafts may also be shared with other subcommittees, such as the Training and TA, the Community Pathway, the Title IV-E subcommittee, and the FFPS Advisory committee, to gather targeted feedback before finalization. Once finalized, the curriculum will be disseminated to counties, CalAcademies, California Training Institute (CalTrin), and the California Alliance for Children and Family Services.

The curriculum will include slide decks, facilitator guides, and supplemental materials such as handouts or worksheets. These materials are intended to support consistent delivery of standardized content, while giving counties and Title IV-E Tribes flexibility in how training is structured. If all modules are offered in full, the curriculum may take 8 to 12 hours (approximately 2 to 3 hours per module). Counties may shorten modules (for

example, condensing to 1 to 2 hours) or adjust the format to fit local needs, as long as the core learning objectives are covered. Chapin Hall will not deliver the training to counties or Title IV-E Tribes. Counties and Title IV-E Tribes may use the ready-to-use training package and may adapt the format, structure, or examples to fit local context. Counties may also choose to partner with CalAcademies to co-lead training sessions or coordinate delivery. Other delivery partners, such as CalTrin or the California Alliance for Children and Family Services, may also be leveraged to support statewide or regional implementation. Final delivery roles and responsibilities will be refined in coordination with CDSS and relevant partners to support a broad and effective rollout.

Counties may tailor select portions of the curriculum to reflect local structures, provider roles, or implementation strategies, for example, by incorporating county-specific examples or workflows. Core content, such as the California 5-Step CQI Process and other foundational concepts, must remain unchanged to ensure alignment with FFPS CQI requirements. Guidance for appropriate adaptations will be included in the facilitator's guide, though no formal review or approval process will be established.

This strategy is intended to ensure that community-based providers have access to relevant and actionable CQI training content that supports meaningful participation in prevention-related CQI activities. Counties and Title IV-E Tribes may want to consider integrating the training requirement into contract agreements to ensure participation.

1	Training Review & Development	Start (Quarter)	End (Quarter)
1.1	Coordinate with partners to establish the process for gathering and reviewing existing CQI training curricula,	FFY2025 Q4 Jul 2025	FFY2025 Q4 Sept 2025
1.2	Review existing CQI trainings to identify relevant content and assess gaps that require new or adapted materials.	FFY2025 Q4 Jul 2025	FFY2025 Q4 Sept 2025
1.3	Design the CQI training curriculum to build foundational knowledge and applied skills aligned with the FFPS CQI Plan. (Design content for CPP/CQI & state leads while also adapting for CBOs).	FFY2025 Q1 Oct 2025	FFY2025 Q1 Dec 2025
1.4	Engage partners to review and provide feedback on draft materials to ensure relevance, clarity, and alignment with field needs. (Different partners will review different content e.g., CBOs will review CBO content).	FFY2026 Q2 Jan 2026	FFY2026 Q2 Feb 2026
1.5	Conduct training-of-trainers (ToT) to test and refine the CPP/CQI curriculum before finalization. (Trainers still to be determined).	FFY2026 Q2 Mar 2026	FFY2026 Q2 Mar 2026
1.6	Finalize the training content and disseminate for CPP/CQI & state leads as well as content for CBOs.	FFY2026 Q3 Apr 2026	FFY2026 Q3 Apr 2026
1.7	Training delivered. (Trainers still to be determined).	FFY2026 Q3 May 2026	FFY2026 Q4 Sept 2026

1	Training Review & Development	Start (Quarter)	End (Quarter)
1.8	County CPP/CQI Leads participate in CQI training.	FFY2026 Q3 May 2026	FFY2026 Q4 Sept 2026

Prevention CQI Collaborative (PCC)

The PCC brings counties, CPP/CQI leads, EBP providers, lived experts, Tribal Representatives and Tribal Advocates together to strengthen their CQI practice through a consistent structure that supports shared learning and practical application. The design of each session is grounded in California's Five-Step CQI Model and tailored to promote collaboration at both the local and regional levels.

Session Structure and Improvement Focus

The PCC serves as the central technical assistance vehicle for building local capacity to carry out CQI activities that support Family First Prevention Services efforts. Each session begins with structured training to reinforce core CQI concepts and continues with peer learning that helps counties, providers, lived experts, Tribal Representatives and Tribal Advocates apply those concepts to improve implementation of EBPs.

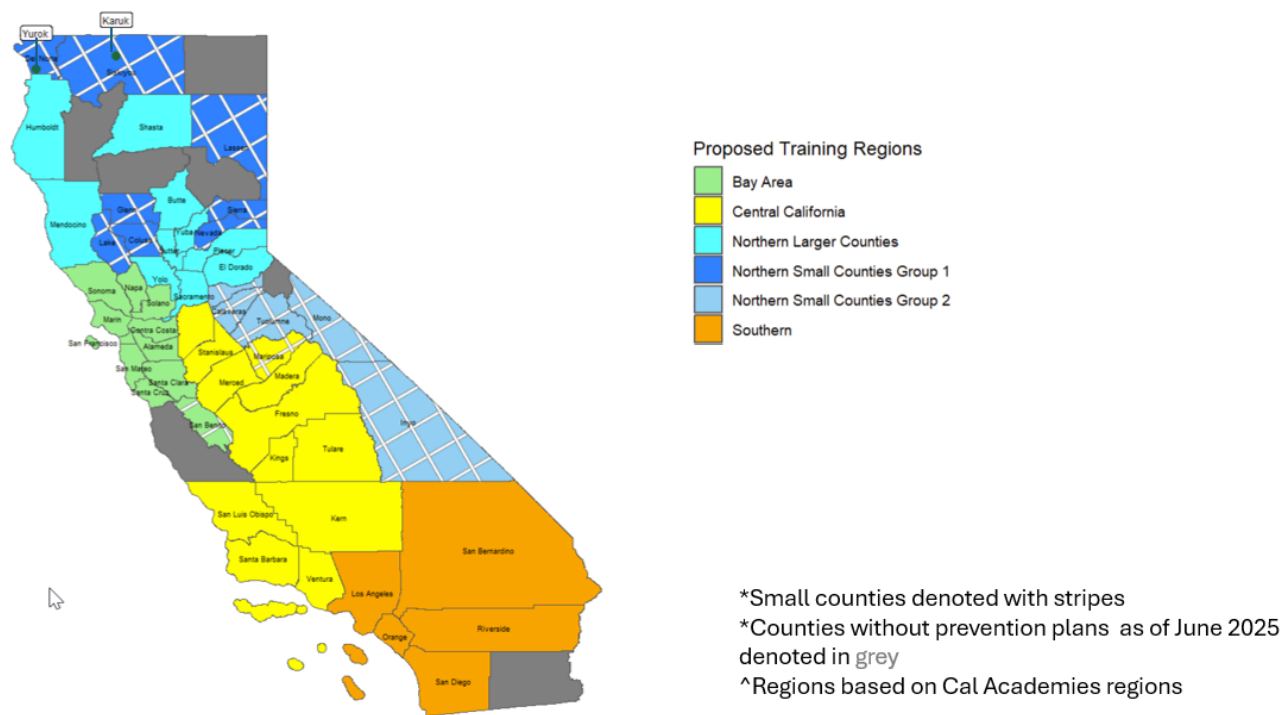
Each four-hour session follows California's Five-Step CQI Model:

1. Identify and understand the problem
2. Develop and implement solutions
3. Monitor and evaluate outcomes
4. Apply findings to practice and system improvements
5. Review and revise the process

Counties are grouped into six regions listed below and displayed in Figure 3:

- Bay Area
- Central California
- Northern Region
- Small County Region 1
- Small County Region 2
- Southern Region

Figure 3: Regional Map for the Prevention Services CQI Collaborative



Sessions occur **quarterly from October 2026 through September 2027**, with each regional group meeting once per quarter. County teams will gather in person locally and join the four-hour session virtually with their region. This hybrid format encourages internal collaboration while enabling shared learning across counties.

PCC teams should include representatives from the county CQI workgroups, including CQI and CPP leads, contracted EBP providers, and compensated Tribal Representatives and Tribal Advocates and lived and community experts. Counties are encouraged to include individuals they are already working with in Tribal Representative or Advocate roles to provide compensation for participating in PCCs.

Each PCC session is intentionally designed to move counties through an improvement cycle using their own EBP implementation data. The structure reflects national best practices for regional quality improvement collaboratives, including shared learning environments, peer-driven problem-solving, and iterative cycles of data use and feedback.

PCCs will follow a two-part structure:

- **First hour:** Standardized curriculum presented by Chapin Hall to build shared capacity across the region. These sessions may include instruction on interpreting data dashboards, using equity-informed CQI tools, and applying methods such as the 5 Whys or fishbone diagrams for root cause analysis. This aligns with national CQI collaborative models, where initial sessions provide structured, skill-building content to ensure a common foundation across diverse teams.
- **Next three hours:** 2–3 county teams will present data and experiences related to their EBP implementation with facilitation support from Chapin Hall. Presentations will be anchored in the EBP Measurement Framework—focusing on reach, capacity, fidelity, or outcome data—and will include:

Local to Regional Learning: County CQI workgroups feed real-time data and insights into PCC for shared learning and problem-solving.

- A clearly defined problem statement using local data (e.g., low referral volume, delayed enrollment, fidelity concerns).
- A county-led root cause analysis to identify contributing factors and guide targeted improvements.
- A collaborative discussion to explore potential strategies or changes to test, considering equity and local context.

This structure is grounded in implementation science, with a particular emphasis on peer learning as a strategy to accelerate improvement and support the use of evidence-based practices. PCC sessions are designed for county teams to share challenges, analyze data through an equity-focused lens, and co-develop solutions in a collaborative setting. These inclusive and equity-focused discussions create a professional learning community that supports shared

understanding and continuous improvement (Gotham et al., 2023).

Facilitation and Pre-Session Preparation with Counties

Chapin Hall will facilitate robust pre-session planning to maximize the value of each session. This includes:

- **Developing a data sharing schedule with counties:** A quarterly schedule will be created to identify presenting counties in advance, ensuring adequate planning and a diversity of EBP types and county sizes across sessions.
- **Convening preparatory calls with presenting county teams:** Prior to each PCC, Chapin Hall will meet with each presenting county to:
 - Review recent CWS-CARES dashboard data or provider-submitted EBP metrics
 - Support development of a concise, data-informed problem statement
 - Select and prepare a root cause analysis tool (e.g., 5 Whys worksheet, fishbone diagram template)
 - Finalize presentation materials and clarify facilitation roles for the session – Chapin Hall will support presenting counties by co-facilitating discussion, as needed, during the session itself.
- **Ensuring inclusivity and accessibility:** Counties will submit materials at least two weeks in advance to allow for translation and formatting. Facilitators will also encourage county teams to include voices from diverse roles and lived experience in pre-session planning, including EBP providers, Tribal Representatives & Tribal Advocates, and impacted families or youth. These inclusive practices reflect national recommendations for equity-focused quality improvement and are essential for meaningful data interpretation and strategy development.

While the PCC sessions follow a standard structure to support consistency across the state, IV-E Tribes and counties retain flexibility in how they prepare and engage, based on their data and team structure.

Chapin Hall will coordinate logistics, ensure preparation is standardized across IV-E Tribes and counties, and provide coaching as needed to help teams feel confident and ready to co-lead a region-wide discussion. Preparation is designed not only to clarify logistics but to reinforce Step 1 of the CQI process—ensuring that presenting teams arrive with a well-defined problem and relevant data in hand.

Post-Session Documentation and Progress Monitoring

To support sustainability and accountability, each PCC will include a formal follow-up and monitoring process:

- Session debriefs and documentation:** Chapin Hall will prepare a standardized summary for each session, which will be shared with the presenting counties and, with their consent, may also be shared with other counties across the state to support cross-county learning. Each summary will include:
 - County problem statements and associated data
 - Key root causes identified
 - Suggested strategies or changes to test
 - Follow-up actions or requests for technical assistance
- Ongoing progress monitoring:** Presenting counties will receive templates for documenting next steps and can opt in to brief monthly check-ins. These check-ins will track progress on strategy implementation and support counties in monitoring changes using local data.
- Revisiting progress at future PCCs:** Counties will be encouraged to share results of their change strategies at future PCC meetings, in alignment with Steps 4 and 5 of the CQI cycle. CWS-CARES dashboards and EBP provider reports will serve as the foundation for monitoring progress across sessions.

Post-session analysis will emphasize equity by encouraging counties to disaggregate data and assess how improvements are impacting different populations. **Regional insights will also be shared with CDSS to inform statewide learning and future technical assistance.**

This cycle—of shared learning, inclusive planning, and structured follow-up—is modeled after successful national CQI collaboratives and tailored to California’s Five-Step CQI Model and EBP implementation goals. The approach ensures that county teams move from data to action, supported by tools, peers, and a sustained structure for continuous learning and improvement.

2	Prevention CQI Collaborative (PCC)	Start (Quarter)	End (Quarter)
2.1	Develop the session format, presentation structure, and tools to support use of the Five-Step CQI Process.	FFY2026 Q3 April 2026	FFY2026 Q3 Sep 2026
2.2	Coordinate with counties throughout the year to prepare data, problem statements, and presentation materials.	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027

2	Prevention CQI Collaborative (PCC)	Start (Quarter)	End (Quarter)
2.3	Participate in regional quarterly PCC sessions to share local EBP data, analyze challenges, and identify strategies.	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027
2.4	Document and disseminate session takeaways and support counties in tracking progress on identified strategies.	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027
2.5	<i>Counties prepare local data, problem statements, and presentation materials with technical assistance support from Chapin Hall.</i>	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027
2.6	<i>Counties determine members who will participate in quarterly PCC sessions.</i>	FFY2026 Q3 June 2026	FFY2026 Q3 Oct 2026
2.7	<i>Counties participate in regional quarterly PCC sessions to share local EBP data, analyze challenges, and identify strategies.</i>	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027

Recruit, Hire, and Support Expert Consultants, Tribal Representatives, and Tribal Advocates

To help ensure services in California are equitable and inclusive, CDSS is committed to centering the voices of lived expertise in the planning and implementation of FFPS. Chapin Hall will serve as the backbone organization responsible for administering and supporting the engagement of up to 174 individuals with lived expertise and Tribal Representatives and Tribal Advocates to participate in California’s Family First Prevention Services CQI efforts. Counties will identify, recruit, and recommend individuals to serve in these roles, with final contracting and onboarding facilitated by Chapin Hall. While the initial implementation is structured to support participation from up to three individuals per county, the actual number may vary based on local context, interest, and capacity. In addition to Tribal representatives or Tribal Advocates, participants may include people with lived child welfare or probation experience, individuals with experience receiving and community-based services, and grassroots community members. Counties will have flexibility in identifying and engaging lived experts to join their work based on local needs and availability. Collectively, these individuals will be referred to as Expert Consultants or Tribal Representatives and Tribal Advocates.

Prior to recruiting the Expert Consultants, Tribal Representatives and Tribal Advocates, Chapin Hall will conduct a research review on best practices regarding supporting these individuals in on-going CQI work. The research

review will include a review of the CPP survey results to better understand the number of Expert Consultants, Tribal Representatives, and Tribal Advocates involved in the development of the CPPs and any challenges the counties experienced recruiting these individuals and supporting their collaboration. Additionally, Chapin Hall will consult with their own Expert Consultants on staff at Chapin Hall and colleagues who have experience in this area. Finally, the team will review outside research including briefs, white papers, and peer-reviewed articles.

174 Expert Consultants and Tribal Representatives and Tribal Advocates:

Engaged in county CQI workgroups and PCC with structured support and compensation.

Chapin Hall will serve as the administrative and fiscal lead, responsible for supporting county recruitment, hiring, and funding of Expert Consultants, Tribal Representatives, and Tribal Advocates, including establishing payment processes and ensuring timely compensation. The primary goal of this centralized approach is to minimize the administrative burden for all involved (counties,

Expert Consultants, Tribal Representatives, and Tribal Advocates) while maintaining clear, consistent, and efficient processes. The administrative infrastructure being designed by Chapin Hall will support the scale and diversity of the Expert Consultants, Tribal Representatives, and Tribal Advocates while reinforcing equity and accessibility across prevention-focused CQI activities. The infrastructure will support the consistent implementation across counties while remaining attentive to practical needs that may emerge during rollout.

Expert Consultants may have relevant experience in one or more of the following categories. Counties are encouraged to invite individuals they are already working with in these roles to participate in prevention-focused CQI activities as compensated Expert Consultants.

Expert Consultants are lived experts and community experts. Lived Experts are individuals with personal or family experience in California's child welfare or juvenile probation systems. This may include experience as a child, youth, parent, or caregiver involved in foster care, court-ordered services, or community-based diversion programs. These individuals bring critical insight into how systems function and how they can be improved to better support families. **Community Experts** are individuals with strong knowledge of their communities and first-hand experience supporting families' connection to prevention and intervention services. They may be grassroots leaders, trusted community members, parent partners, or Advocates who help families navigate local systems. Community Experts offer valuable perspectives—especially those from communities that have historically been excluded from decision-making roles.

Tribal Representatives or Tribal Advocates are individuals affiliated with Tribes located in California, whether federally or non-federally recognized. These individuals bring deep understanding of the experiences, rights, and histories of Tribal communities in relation to child welfare and juvenile probation. Counties may already be working with individuals in formal Tribal Representative roles or as Tribal Advocates through prevention or

broader system improvement efforts. Counties are encouraged to invite those individuals to participate in CQI efforts as compensated for their work with FFPS CQI.

Expert Consultants, Tribal Representatives, and Tribal Advocates will be engaged in two core areas: participation in county CQI workgroups and participation in PCC sessions. They will participate in orientation, training, and can opt-in to weekly office hours for learning, support, and technical assistance. While participation expectations may vary slightly across counties, the standard structure anticipates involvement in county CQI workgroups and quarterly regional PCC sessions. Overall, Chapin Hall will develop the infrastructure needed to provide logistical, language, and support to ensure Expert Consultants, Tribal Representatives and Tribal Advocates are able to fully participate in these activities.

Recruitment and Hiring

County CPP/CQI leads will identify and recruit individuals, in consultation with local Tribes, to serve in the Expert Consultant and Tribal Representative or Tribal Advocate roles. Counties may already be working with individuals who bring Tribal expertise to their prevention efforts, including those formally designated as Tribal Representatives or engaged as Tribal Advocates. Counties are encouraged to invite these individuals to review the recruitment flyer and, if interested, respond and connect with CPP Leads to learn more about the role and process for being onboarded as a compensated Expert Consultant. Recruitment strategies will be deployed, including recruiting those individuals who may already be involved in a county's system improvement efforts. The criteria for eligibility will be finalized and a job description and application will be developed along with recruitment materials. After recruitment materials are disseminated broadly to key partners, counties will invite their identified Expert Consultants, Tribal Representatives and Tribal Advocates to information sessions to learn more about the opportunity and obtain answers to questions. To be eligible for this opportunity, everyone will need a tax ID (social security number) and a bank account/use of Cash App™ to be compensated. Finally, individuals will be selected by County CPP/CQI leads and hired by Chapin Hall as Independent Contractors for the role of Expert Consultant and Tribal Representative or Tribal Advocate.

Expert Consultants, Tribal Representatives, and Tribal Advocates will receive structured administrative support to ensure timely onboarding and payment for their time. Chapin Hall will provide standardized tools to collect required information, such as banking details or alternate payment methods, tax identification, and invoicing details prior to participation. Expert Consultants, Tribal Representatives, and Tribal Advocates will submit invoices using a simplified, standardized process. A monthly payment distribution is anticipated to support timely and predictable compensation, but the exact frequency is still being finalized. Chapin Hall will develop an internal process for reviewing and approving invoices and tracking the Expert Consultants and Tribal Representatives and Tribal Advocates' participation in county CQI meetings and PCC meetings. Expert Consultants, Tribal Representatives, and Tribal Advocates who earn more than \$600 a year will receive 1099 tax forms in alignment with IRS reporting requirements.

Engagement and Support Strategies

Several engagement and support strategies will be deployed to ensure that the Expert Consultants, Tribal Representatives and Tribal Advocates 1) understand their role and expectations for participation in county CQI meetings and PCC meetings; 2) have the necessary knowledge and skills to meaningfully engage in CQI prevention activities; and 3) feel valued and supported in their participation.

The success of these strategies will rely on strong coordination between Chapin Hall and county CPP/CQI leads, including ongoing collaboration to ensure Expert Consultants and Tribal Representatives and Tribal Advocates are meaningfully integrated into local structures and receive the necessary support at the county level.

Orientation and Training

Chapin Hall will work with county CQI CPP/CQI leads to ensure the Expert Consultants, Tribal Representatives and Tribal Advocates have the knowledge and skills to effectively and meaningfully participate in CQI activities. In addition to providing a formal orientation to the role, Chapin Hall will develop and deliver a comprehensive curriculum covering a variety of topic areas, including training on FFPS, child welfare services, probation services, strategic sharing, and communication styles. Chapin Hall will also lead the development and delivery of a general orientation and training curriculum, while counties will be responsible for providing a local orientation that introduces Expert Consultants, Tribal Representatives and Tribal Advocates to their CPP, any evidence-based models being implemented, and other participants involved in the local CQI process. Finally, Expert Consultants, Tribal Representatives and Tribal Advocates will receive training on CQI more broadly and an orientation to the FFPS CQI Plan.

Translation Services

Ongoing Support & Language Access:
Orientation, training, interpretation, and weekly office hours ensure participants are equipped and supported throughout their CQI involvement.

To facilitate meaningful participation in California's prevention-focused CQI activities, language access is essential. To ensure inclusive engagement, Chapin Hall will coordinate interpretation and translation services for Expert Consultants, Tribal Representatives and Tribal Advocates who identify language access needs. Supports will include live interpretation for orientation, training, county CQI meetings, PCC sessions, and other key touchpoints, as well as translation of core materials such as meeting agendas, training content, and follow-up communications.

Translation and interpretation services will be secured through a competitive request for proposal due to the anticipated size and scope of need. Services are expected to roll out beginning in February 2026, starting with recruitment and orientation materials, followed by support for training, county CQI

workgroups, and PCC sessions. Chapin Hall will manage language access requests for all activities it directly coordinates, such as orientation/training and PCC sessions. For county-led CQI workgroups, counties may need to coordinate translation needs directly with the vendor to ensure materials are prepared in advance. Roles and responsibilities for coordinating translation and interpretation services will be defined in collaboration with CDSS and communicated to counties during implementation planning. Ensuring that Expert Consultants, Tribal Representatives and Tribal Advocates who need translation can fully participate in workgroups will require that written materials are made available ahead of time in their preferred language.

Virtual Office Hours

To support the individual needs of Expert Consultants, Tribal Representatives and Tribal Advocates, Chapin Hall will offer optional weekly virtual office hours. These one-hour sessions will provide space to ask questions, receive invoicing support, prepare for or debrief county CQI workgroup meetings or PCC sessions, and occasionally engage in microlearning opportunities. This strategy is intended to offer timely technical assistance, promote retention, and strengthen feedback loops between Expert Consultants, Tribal Representatives and Tribal Advocates, and their county partners.

3	Recruit, Train, and Support Expert Consultants	Start (Quarter)	End (Quarter)
3.1	Develop Chapin Hall infrastructure to orient, train, and support Expert Consultants, Tribal Representatives, and Tribal Advocates.	Present	FFY2026 Q1 Dec 2025
3.2	Secure translation services to ensure language needs of Expert Consultants, Tribal Representatives, and Tribal Advocates.	Present	FFY Q12026 Dec 2025
3.3	Review research and CPP/CQI survey results to ensure the practices deployed to engage, train, and support Expert Consultants, Tribal Representatives, and Tribal Advocates are informed by evidence.	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.4	Finalize job description and recruitment materials for the Expert Consultant and Tribal Representative positions.	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.5	Disseminate materials broadly to key partners.	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.6	Convene information sessions for potential applicants and collaborate with the county CPP/CQI leads to select consultants.	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
3.7	Finalize orientation and training curriculum for Expert Consultants, Tribal Representatives, and Tribal Advocates.	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
3.8	Orient and train Expert Consultants, Tribal Representatives, and Tribal Advocates.	FFY2026 Q3 May 2026	FFY2026 Q3 July 2026

3	Recruit, Train, and Support Expert Consultants	Start (Quarter)	End (Quarter)
3.9	Expert Consultants, Tribal Representatives, and Tribal Advocates join and participate in CQI Workgroups.	FFY2026 Q4 Jul 2026	FFY2027 Q4 Sept 2027
3.10	Identify supports counties may require to successfully engage Expert Consultants, Tribal Representatives, and Tribal Advocates and develop strategies to address their needs.	FFY2026 Q2 Jan 2026	FFY2026 Q3 Sep 2026
3.11	Finalize the approach to the weekly office hours, including micro-learning opportunities.	FFY2026 Q2 Jan 2026	FFY2026 Q3 Sep 2026
3.12	<i>Counties disseminate the job description and recruitment materials for the Expert Consultants, Tribal Representatives, and Tribal Advocates roles broadly to key partners and potential applicants, including individuals who may already be engaged in system improvement work. Counties are encouraged to share the flyer with Tribal Representatives or Advocates they currently work with, if those individuals may be interested in serving as compensated consultants.</i>	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.13	<i>CPP/CQI Leads confirm interest from individuals—including those already working with counties in Tribal Representative or Advocate roles—and notify Chapin Hall of those who would like to move forward as compensated Expert Consultants.</i>	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
3.14	<i>Counties orient and train Expert Consultants and Tribal Representatives and Tribal Advocates in county-specific information.</i>	FFY2026 Q3 Apr 2026	FFY2026 Q3 Jun 2026

Data Collection Tools & Case Review Instruments

Chapin Hall will work with CDSS, the CQI Subcommittee, and IV-E Advisory Committee to review and enhance draft data collection tools and processes to monitor ongoing FFPS implementation to inform CQI efforts. This includes monitoring key aspects of EBP service delivery, child welfare and probation case work practices, and systemic factors that support positive outcomes. Chapin Hall has developed tools and processes for collecting, analyzing and reporting reach, capacity, fidelity and outcomes data for each EBP in California's Prevention Plan utilizing Chapin Hall's Prevention Services Measurement Framework. As part of this implementation plan, new tools will be developed and/or existing tools and processes enhanced for use by counties and CDSS to monitor prevention-related child welfare casework practices, including child safety and the timeliness and quality of child specific prevention plans as required in the FFPS legislation. California's Child and Family Services Review (C-CFSR) process will be explored as the vehicle for monitoring required case work practices and key systemic factors that promote safety and wellbeing.

Chapin Hall will work with C-CFSR leadership to examine the C-CFSR process to identify enhancement needs, such as adjusting the sampling criteria to ensure aggregate fidelity and outcomes data for all FFPS EBP is collected and reviewed in county CQI activities. Chapin Hall will engage with contract holders and IV-E agencies and Tribes to identify the need for new or enhanced review processes and contract monitoring tools. Any new data collection requirements would be communicated through adjustments to contract language, developed in coordination with counties and providers. A business process will also be developed to outline logistics around communicating case review and monitoring results to County CPP and CDSS FFPS teams.

4	Data Collection Tools & Case Review Instruments	Start (Quarter)	End (Quarter)
4.1	Meet with C-CFSR leaders to examine the C-CFSR process and identify adjustments needed to collect data on key case work practices and systemic factors for system involved FFPS families	FFY2026 Q2 Jan 2026	FFY2026 Q3 Jun 2026
4.2	Meet with contract holders (IV-E agencies, Tribes and community providers) to examine existing monitoring and/or case review processes that could be adjusted to monitor providers serving community pathway families.	FFY2026 Q2 Jan 2026	FFY2026 Q3 June 2026
4.3	Develop an outline and timeline of the process for developing and refining data collection tools and case review processes.	FFY2026 Q2 Jan 2026	FFY2026 Q3 June 2026
4.4	Co-develop enhanced contract language and contract monitoring tools with contract holders.	FFY2026 Q2 Jan 2026	FFY2026 Q3 June 2026

CARES Backend Data Collection and Analysis

Chapin Hall has created Excel templates which providers may use to collect and submit outcome and fidelity data. These templates have been incorporated into the EBP briefs and the CQI plan. Version 1 of CWS-CARES will require county leads or purveyors (see figure 4) to submit fidelity and outcomes data biannually (annually for Parents As Teachers) in a standard format to the CDSS FFPS team to be uploaded into CWS-CARES by CDSS. This data will also be reviewed by county and Tribal CQI workgroups to support CQI processes on a quarterly basis.

Figure 4: Fidelity and Outcomes Reporting Responsibility by EBP

Providers Only	Purveyors Only	Providers and Purveyors
<ul style="list-style-type: none"> • BSFT • FCU • HFA • MI • PAT • PCIT 	<ul style="list-style-type: none"> • FFT LLC • FFT Partners • NFP 	<ul style="list-style-type: none"> • Homebuilders <ul style="list-style-type: none"> ○ Providers and purveyors provide fidelity reports ○ Purveyor provides an outcomes report • MST <ul style="list-style-type: none"> ○ Providers and purveyors provide fidelity reports ○ Purveyor provides an outcomes report

Between July and September 2026, Chapin Hall will review the CWS-CARES data visualizations and consult on the analytic tools for data review, visualization, and performance tracking. Additionally, the team will develop standard operating procedures to support CDSS FFPS leads performance monitoring and decision-making processes.

5	CWS-CARES Backend Data Analysis	Start (Quarter)	End (Quarter)
5.1	Provide consultation on standardized FFPS data analytics to support state and county CQI activities.	FFY2026 Q4 Jul 2026	FFY2026 Q4 Sep 2026
5.2	Develop Standard Operating Procedures (SOP) and provide training to CDSS FFPS leads on utilizing data tools effectively to support performance monitoring and data-driven decision-making.	FFY2026 Q4 Jul 2026	FFY2026 Q4 Sep 2026
5.3	<i>Counties participate in consultation with Chapin Hall related to standardized FFPS data analytics to support county CQI activities.</i>	FFY2026 Q4 Jul 2026	FFY2026 Q4 Sep 2026

EBP Provider Contract Guidelines

Chapin Hall will develop contract guidance focused specifically on CQI-related expectations for counties to consider when contracting with EBP providers. The goal is to support alignment between provider contracts and California’s FFPS CQI system. Provider contracts serve as a key mechanism for ensuring that data reporting, fidelity monitoring, completion of training, and participation in county-level CQI activities are clearly defined and consistently implemented.

The guidance is intended to bridge the gap between federal and state CQI expectations and local contracting practices. It will promote consistency across counties while allowing flexibility to accommodate local context and model-specific requirements. The guidance will offer a flexible framework that counties can adapt to their needs, including sample language, decision points, and distinctions between required, recommended, and locally determined CQI elements. These examples are meant to support contract development and illustrate key expectations. The guidance will not include prescriptive or legal boilerplate language, nor will it address operational topics unrelated to the California CQI Plan, the Measurement Framework, or Title IV-E monitoring.

Counties are encouraged to incorporate the elements outlined in this guidance to the extent feasible. Recognizing that many contracts may already be in place by the time the guidance is finalized, counties can use it to strengthen implementation over time through future amendments, renewals, or internal process improvements. The guidance is intended to support both new provider contracts and amendments to existing agreements, offering a flexible framework that can be adapted based on local context and contract structure.

This section outlines the approach and timeline for drafting, reviewing, and disseminating the guidance, which is expected to be developed in late 2025 and finalized in Spring 2026.

Development of EBP Provider Contract Requirements

To support consistency and flexibility in how counties embed CQI expectations into provider contracts, the guidance will be organized into three domains: foundational CQI contract elements, EBP-specific elements, and cross-cutting implementation considerations. These categories are informed by the California CQI Plan and were developed to support translation of statewide expectations into contract language that balances consistency and local flexibility.

The table below outlines the core components within each domain that will be addressed in the guidance.

Table 2: Proposed Domains and Components of CQI Contract Guidance

Domain	Definition	Proposed Components
Foundational CQI Contract Elements	Applicable to all EBP providers and establishes a baseline for participation in county FFPS CQI activities.	<ul style="list-style-type: none"> • CQI participation expectations (county workgroup(s) and PCC) • Data submission and sharing requirements • Use of measurement tools and data quality standards • Fidelity monitoring and coaching • Infrastructure and staffing supports • CBO CQI Training participation • CQI-driven improvement and remediation processes
EBP-Specific Contract Elements	Addresses model-specific fidelity, staffing, and reporting needs aligned with federal and purveyor guidance.	<ul style="list-style-type: none"> • Required CQI data elements • Reporting formats and cadence • Staff qualifications and training • Service delivery and caseload standards • EBP-specific tool requirements • State CQI reporting scope
Cross-Cutting Implementation Considerations	These elements are not directly tied to CQI reporting but support contract readiness and oversight functions.	<ul style="list-style-type: none"> • IV-E compliance • Claiming and documentation protocols in CWS-CARES provider portal • Interagency communication and coordination • Contract monitoring and oversight • Local implementation requirements • ICPM practice measures (engagement, assessment, and teamwork).

Model-specific guidance for Motivational Interviewing (MI) will be developed separately due to its distinct implementation structure, which relies on locally determined training and fidelity monitoring processes, as well

as unique expectations for data collection and reporting. This guidance may differ in scope and format from other EBP guidance but will align with the overarching CQI principles and expectations outlined in the CQI Plan.

The contract guidance will be grounded in the California CQI Plan (including the Measurement Framework), CWS-CARES data system infrastructure, Title IV-E claiming requirements, and the Integrated Core Practice Model (ICPM) and Child Welfare Core Practice Model (CPM). The core ICPM and CPM principles—such as teaming, engagement, and culturally responsive planning—reinforce the values that should guide how CQI activities are implemented in practice. The guidance will emphasize the importance of articulating not only what CQI-related expectations apply to providers, but also how those expectations should be implemented in alignment with the state’s practice values.

To inform development, Chapin Hall will seek examples of provider contracts, memoranda of understanding (MOU), or amendments from a range of counties where available. This review will help identify how CQI expectations are currently being addressed and where additional clarity or support may be needed.

This process will also consider how contract guidance can accommodate local variation in provider structures, interagency agreements, and coordination across county departments and systems. The guidance is intended for use by any entity responsible for holding EBP contracts, including but not limited to county child welfare agencies, probation agencies, Tribes, behavioral health departments, and public health departments.

The guidance will retain flexibility to reflect differences while promoting consistency in how CQI expectations are operationalized across the state. This approach aims to provide counties with a practical and adaptable resource that supports alignment with the state’s CQI framework while respecting local implementation structures.

The final dissemination format remains under consideration and may be informed by existing resources used to support EBP implementation. Chapin Hall will also coordinate with the CDSS contract guidance team to determine the most effective format for communicating expectations to counties and providers. The goal is to create a centralized, accessible resource that aligns with existing FFPS contract guidance. As part of this effort, Chapin Hall may also choose to enhance the existing EBP briefs by incorporating CQI-specific contracting content. Recognizing that many counties may be mid-contract when this guidance is released, the content will be structured to support both upcoming contract cycles and future amendments to existing agreements.

Partner Engagement and Feedback

To support the development of contract guidance and ensure that it reflects a range of perspectives, the best practice recommendation is to engage key partners, including both subject matter experts and contract holders, to gather their perspectives, expertise, and feedback. This is essential to ensuring consistency and alignment with existing contract requirements and identifying potential challenges, while developing comprehensive and consistent guidance that supports effective service delivery, fidelity monitoring, and participation in CQI activities and processes.

The drafting of the full contract guidance will occur from late Q4 FFY2025 into early Q1 FFY2026. After the draft is completed, the contract guidance will move through a staggered review process during Q1 FFY2026. In the first phase, drafts will be shared with the FFPS Leadership Team and the Prevention Services CQI Subcommittee, and their feedback will be incorporated into revisions. In the second phase, a revised draft will be shared with the FFPS Advisory Committee, the Training and Technical Assistance Subcommittee, the Community Pathway Subcommittee, and the IV-E Advisory Subcommittee. As part of this process, the IV-E Advisory Subcommittee will also bring the guidance back to their county, region and providers for additional review and input. Feedback from across these groups will be incorporated into the final draft of the contract guidance, with finalization and dissemination planned for Q2 FFY2026.

The membership of these committees and subcommittees includes representation across different sectors such as child welfare, probation, behavioral health, mental health, public health, and provider communities. This cross-sector representation ensures that the contract guidance reflects a broad set of perspectives and is responsive to on-the-ground implementation needs.

6	EBP Provider Contract Guidelines	Start (Quarter)	End (Quarter)
6.1	Draft CQI contract guidance organized by foundational, EBP-specific, and cross-cutting elements.	FFY2025 Q4 Aug 2025	FFY2026 Q1 Oct 2026
6.2	Implement multi-phase review process with Leadership Team, CQI Subcommittee, FFPS Advisory Committee, the Training and Technical Assistance Subcommittee, the Community Pathway Subcommittee, and the IV-E Advisory Subcommittee.	FFY2026 Q1 Oct 2026	FFY2026 Q1 Dec 2026
6.3	Disseminate final drafts of all three components of contract guidance across the state.	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
6.4	<i>Counties review and incorporate EBP contract guidance into new and/or existing contracts.</i>	FFY2026 Q2 Jan 2026	FFY2026 Q3 Sep 2026

CQI Sustainability

Sustaining continuous quality improvement efforts over time is essential to ensuring that Family First prevention strategies remain effective, responsive, and aligned with evolving community needs. A sustainability plan will be developed in July-August 2027 to support the long-term integration of CQI practices into statewide prevention work and maintain momentum beyond initial implementation.

The plan will be grounded in findings and feedback gathered throughout implementation, including input from the PCC and other learning activities. It will outline revised roles and responsibilities, updated performance metrics, and strategies for ongoing data collection and reporting. Lessons learned, challenges encountered, and successful strategies will be documented to inform future improvements. Once developed, the sustainability plan

will be disseminated September 2027 to relevant partners to support continued capacity-building and system improvement.

7	Sustainability	Start (Quarter)	End (Quarter)
7.1	Draft CQI sustainability plan addressing lessons learned, challenges encountered, and successful strategies.	FFY2027 Q4 Jul 2027	FFY2027 Q4 Aug 2027
7.2	Disseminate the CQI sustainability plan across the state.	FFY2027 Q4 Sept 2027	FFY2027 Q4 Sept 2027

Conclusion

The activities outlined in this CQI Implementation Plan represent the full scope of California’s efforts to operationalize the Family First Prevention Services CQI Plan from September 2025 through September 2027. This work is designed to support counties, providers, Tribes, Tribal Representatives, Tribal Advocates, lived experts, and communities in building strong local CQI systems that are aligned with state and federal expectations.

Over the next two years, implementation efforts will include:

- Delivering training for county and provider audiences
- Integrating Tribal Representatives and Tribal Advocates—including individuals already engaged in local prevention work— alongside lived experts and community experts into CQI structures
- Supporting county-level CQI workgroups
- Launching and facilitating regional PCC sessions
- Supporting data collection, case review processes, and backend CARES integration
- Finalizing and sharing contract guidance to align provider agreements with CQI expectations
- Planning for long-term sustainability

This work is grounded in collaboration, shared responsibility, and continuous learning. As counties and Tribal Representatives and Tribal Advocates &/or Members begin using the tools and processes outlined in this plan, ongoing coordination and feedback will be essential. Together, these efforts will promote equity, improve data use, and drive better prevention service outcomes for children, families, and communities across California.

References

California Department of Social Services. (2023). *California Family First Prevention Services Act Title IV-E Prevention Plan*. <https://www.cdss.ca.gov/inforesources/ffpsa/title-iv-e-prevention-program>

Capacity Building Center for States. (2019). *Change and implementation in practice: Implementation planning and capacity building*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Children's Bureau, U.S. Department of Health and Human Services. (2023). *Technical bulletin #2. Title IV-E prevention program data submission timelines*. https://acf.gov/sites/default/files/documents/cb/technical-bulletin-two-final-revision_0.pdf

Children's Bureau, U.S. Department of Health and Human Services. (2025). *Technical bulletin #1: Title IV-E prevention program data elements (Revised)*. https://acf.gov/sites/default/files/documents/cb/technical-bulletin-revision_0.pdf

Gotham, H.J., Paris Jr., M., & Hoge, M.A. (2023). *Learning collaboratives: A strategy for quality improvement and implementation in behavioral health*. *Journal of Behavioral Health Services & Research*.

Metz, A., Naoom, S. F., Halle, T., & Bartley, L. (2015). *A Practice Guide to Supporting Implementation: What Competencies Do We Need?* National Implementation Research Network. <https://nirn.fpg.unc.edu/resources/practice-guide-supporting-implementation>.

National Implementation Research Network. (n.d.). *Active Implementation Frameworks: Overview*. University of North Carolina at Chapel Hill, FPG Child Development Institute. <https://nirn.fpg.unc.edu/module-1/active-implementation-frameworks-overview>.

O'Brien, J., Matter, L., Keefe, J., Green-Rogers, Y., Barr, A., Barounis, K. (2025). *California Family First Prevention Services Continuous Quality Improvement Plan*. California Department of Social Services & Chapin Hall.

Appendix

Appendix A: CQI Implementation Plan Activities

1	Training Review & Development	Start (Quarter)	End (Quarter)
1.1	Coordinate with partners to establish the process for gathering and reviewing existing CQI training curricula.	FFY2025 Q4 Jul 2025	FFY2025 Q4 Sept 2025
1.2	Review existing CQI trainings to identify relevant content and assess gaps that require new or adapted materials.	FFY2025 Q4 Jul 2025	FFY2025 Q4 Sept 2025
1.3	Design the CQI training curriculum to build foundational knowledge and applied skills aligned with the FFPS CQI Plan. (Design content for CPP/CQI & state leads while also adapting for CBOs).	FFY2025 Q1 Oct 2025	FFY2025 Q1 Dec 2025
1.4	Engage partners to review and provide feedback on draft materials to ensure relevance, clarity, and alignment with field needs. (Different partners will review different content e.g., CBOs will review CBO content).	FFY2026 Q2 Jan 2026	FFY2026 Q2 Feb 2026
1.5	Conduct training-of-trainers (ToT) to test and refine the CPP/CQI curriculum before finalization. (Trainers still to be determined).	FFY2026 Q2 Mar 2026	FFY2026 Q2 Mar 2026
1.6	Finalize the training content and disseminate for CPP/CQI & state leads as well as content for CBOs.	FFY2026 Q3 Apr 2026	FFY2026 Q3 Apr 2026
1.7	Training delivered. (Trainers still to be determined).	FFY2026 Q3 May 2026	FFY2026 Q4 Sept 2026
1.8	<i>County CPP/CQI Leads participate in CQI training.</i>	<i>FFY2026 Q3 May 2026</i>	<i>FFY2026 Q4 Sept 2026</i>
2	Prevention CQI Collaborative (PCC)	Start (Quarter)	End (Quarter)
2.1	Develop the session format, presentation structure, and tools to support use of the Five-Step CQI Process.	FFY2026 Q3 April 2026	FFY2026 Q3 Sep 2026
2.2	Coordinate with counties throughout the year to prepare data, problem statements, and presentation materials.	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027
2.3	Participate in regional quarterly PCC sessions to share local EBP data, analyze challenges, and identify strategies.	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027

2.4	Document and disseminate session takeaways and support counties in tracking progress on identified strategies.	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027
2.5	<i>Counties prepare local data, problem statements, and presentation materials with technical assistance support from Chapin Hall.</i>	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027
2.6	<i>Counties determine members who will participate in quarterly PCC sessions.</i>	FFY2026 Q3 June 2026	FFY2026 Q3 Oct 2026
2.7	<i>Counties participate in regional quarterly PCC sessions to share local EBP data, analyze challenges, and identify strategies.</i>	FFY2027 Q1 Oct 2026	FFY2027 Q4 Sep 2027

3	Recruit, Train, and Support Expert Consultants	Start (Quarter)	End (Quarter)
3.1	Develop Chapin Hall infrastructure to orient, train, and support Expert Consultants, Tribal Representatives, and Tribal Advocates.	Present	FFY2026 Q1 Dec 2025
3.2	Secure translation services to ensure language needs Expert Consultants, Tribal Representatives, and Tribal Advocates.	Present	FFY Q12026 Dec 2025
3.3	Review research and CPP/CQI survey results to ensure the practices deployed to engage, train, and support Expert Consultants, Tribal Representatives, and Tribal Advocates are informed by evidence.	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.4	Finalize job description and recruitment materials for the Expert Consultants, Tribal Representatives, and Tribal Advocates positions.	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.5	Disseminate materials broadly to key partners.	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.6	Convene information sessions for potential applicants and collaborate with the county CPP/CQI leads to select consultants.	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
3.7	Finalize orientation and training curriculum for Expert Consultants, Tribal Representatives, and Tribal Advocates.	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
3.8	Orient and train Expert Consultants, Tribal Representatives, and Tribal Advocates.	FFY2026 Q3 April 2026	FFY2026 Q3 Jun 2026
3.9	Expert Consultants, Tribal Representatives, and Tribal Advocates join and participate in County CQI Workgroups.	FFY2026 Q4 Jul 2026	FFY2027 Q4 Sept 2027

3.10	Identify supports counties may require to successfully engage Expert Consultants, Tribal Representatives, and Tribal Advocates and develop strategies to address their needs.	FFY2026 Q2 Jan 2026	FFY2026 Q3 Sep 2026
3.11	Finalize the approach to the weekly office hours, including micro-learning opportunities.	FFY2026 Q2 Jan 2026	FFY2026 Q3 Sep 2026
3.12	<i>Counties disseminate the job description and recruitment materials for the Expert Consultant and Tribal Representative or Tribal Advocate roles broadly to key partners and potential applicants, including individuals who may already be engaged in system improvement work. Counties are encouraged to share the flyer with Tribal Representatives or Advocates they currently work with, if those individuals may be interested in serving as compensated consultants.</i>	FFY2026 Q1 Oct 2025	FFY2026 Q1 Dec 2025
3.13	<i>CPP/CQI Leads confirm interest from individuals—including those already working with counties in Tribal Representative or Advocate roles—and notify Chapin Hall of those who would like to move forward as compensated Expert Consultants.</i>	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
3.14	<i>Counties orient and train Expert Consultants, Tribal Representatives, and Tribal Advocates in county-specific information.</i>	FFY2026 Q3 Apr 2026	FFY2026 Q3 Jun 2026
4	Data Collection Tools & Case Review Instruments	Start (Quarter)	End (Quarter)
4.1	Meet with C-CFSR leaders to examine the C-CFSR process and identify adjustments needed to collect data on key case work practices and systemic factors for system involved FFPS families and community pathway families.	FFY2026 Q2 Jan 2026	FFY2026 Q3 Jun 2026
4.2	Meet with contract holders to examine existing monitoring and/or case review processes that could be adjusted to monitor providers serving community pathway families.	FFY2026 Q2 Jan 2026	FFY2026 Q3 June 2026
4.3	Develop an outline and timeline of the process for developing and refining data collection tools and case review processes.	FFY2026 Q2 Jan 2026	FFY2026 Q3 June 2026
4.4	Co-develop enhanced contract language and contract monitoring tools with contract holders.	FFY2026 Q2 Jan 2026	FFY2026 Q3 June 2026
5	CWS-CARES Backend Data Analysis	Start (Quarter)	End (Quarter)
5.1	Provide consultation on standardized FFPS data analytics to support state and county CQI activities.	FFY2026 Q4 Jul 2026	FFY2026 Q4 Sep 2026

5.2	Develop Standard Operating Procedures (SOP) and provide training to CDSS FFPS leads on utilizing data tools effectively to support performance monitoring and data-driven decision-making.	FFY2026 Q4 Jul 2026	FFY2026 Q4 Sep 2026
5.3	<i>Counties participate in consultation with Chapin Hall related to standardized FFPS data analytics to support county CQI activities.</i>	FFY2026 Q4 Jul 2026	FFY2026 Q4 Sep 2026
6	EBP Provider Contract Guidelines	Start (Quarter)	End (Quarter)
6.1	Draft CQI contract guidance organized by foundational, EBP-specific, and cross-cutting elements.	FFY2025 Q4 Aug 2025	FFY2026 Q1 Oct 2026
6.2	Implement multi-phase review process with Leadership Team, CQI Subcommittee, FFPS Advisory Committee, the Training and Technical Assistance Subcommittee, the Community Pathway Subcommittee, and the IV-E Advisory Subcommittee.	FFY2026 Q1 Oct 2026	FFY2026 Q1 Dec 2026
6.3	Disseminate final drafts of all three components of contract guidance across the state.	FFY2026 Q2 Jan 2026	FFY2026 Q2 Mar 2026
6.4	<i>Counties review and incorporate EBP contract guidance into new and/or existing contracts.</i>	FFY2026 Q2 Jan 2026	FFY2026 Q3 Sep 2026
7	Sustainability	Start (Quarter)	End (Quarter)
7.1	Draft CQI sustainability plan addressing lessons learned, challenges encountered, and successful strategies.	FFY2027 Q4 Jul 2027	FFY2027 Q4 Aug 2027
7.2	Disseminate the CQI sustainability plan across the state.	FFY2027 Q4 Sept 2027	FFY2027 Q4 Sept 2027

