



Family Check-Up (FCU)

Key Continuous Quality Improvement (CQI) Considerations

CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

INTRODUCTION

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

This policy brief guides counties and providers in applying continuous quality improvement (CQI) activities to support the effective implementation of FCU under [California's Five-Year State Prevention Plan](#). It outlines requirements for data collection, reporting, and review to meet both **federal CQI requirements under the Family First Prevention Services Act (FFPSA)** and **state expectations for CQI activities outlined in California's CQI Plan**. Together, these activities support real-time program monitoring, data-driven decision-making, and compliance with IV-E reimbursement standards.



Counties and agencies delivering FCU should use this brief as a guide for measuring the success of FCU in their local context, applying required CQI activities, and ensuring implementation meets federal IV-E reimbursement requirements. This brief supports local discussions, outlines the data tracking and sharing requirements established in the CQI Plan, and establishes feedback loops that inform program delivery and continuous improvement. The CQI prompts are designed to support reflection on program effectiveness, address implementation challenges, and guide data-driven decision-making to better meet the needs of children and families.

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

Key Terms

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

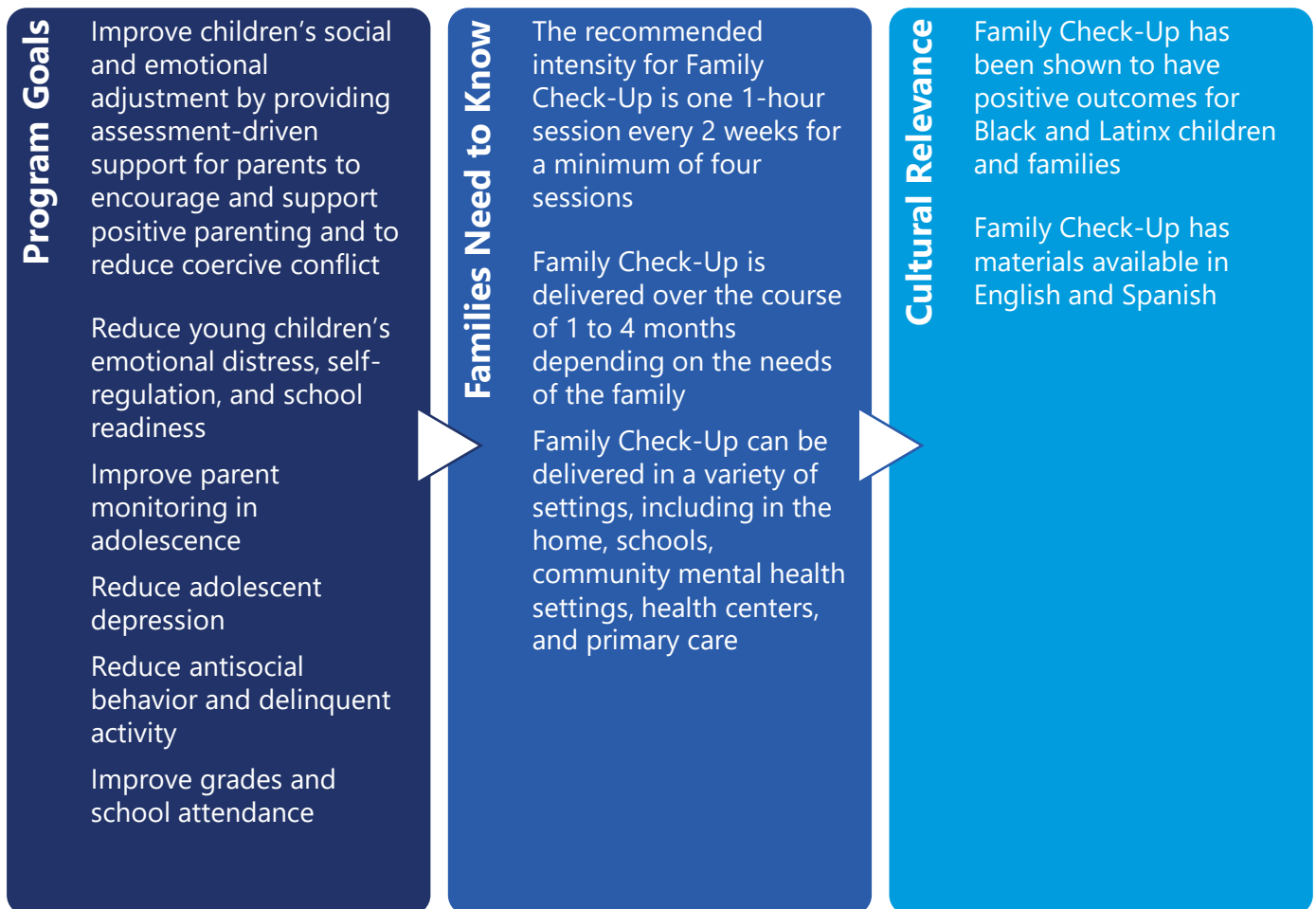
Provider: The individual or organization delivering the EBP services directly to children and families.

FAMILY CHECK-UP PROGRAM OVERVIEW

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

Who is Eligible?

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



DATA REQUIREMENTS FOR CQI

CQI is a critical part of implementing EBPs as part of California's Family First Prevention Services (FFPS) Prevention Plan. The California CQI Plan outlines expectations for counties and EBP providers to collect, analyze, and use data to monitor program delivery and support continuous improvement.

To guide this work, the CQI Plan identifies four core categories of data collection, each essential to understanding implementation and driving progress.

Key Metrics for Continuous Quality Improvement (CQI)

To support continuous improvement and federal IV-E compliance, agencies delivering evidence-based programs (EBPs) must regularly collect and review data across four core categories:

- 1 Capacity** – Measures the staffing, infrastructure, and resources required to deliver services effectively. Capacity data tracks the number of trained staff, supervisors, and service sites, helping counties and providers assess whether programs are adequately resourced to meet the needs of families.
- 2 Reach** – Tracks the extent to which eligible children, youth, and families are identified, referred, and engaged in services. Reach data helps ensure services are accessible and equitably distributed, identifying gaps in engagement or disparities in service delivery.
- 3 Outcomes** – Captures the impact of services on children, youth, and families, including measures of engagement, behavior change, and safety outcomes. Outcome data helps counties and providers understand whether services are achieving their intended goals and where additional support or adjustments may be needed.
- 4 Fidelity** – Monitors whether services are delivered as intended, using approved fidelity monitoring tools or guidelines. Fidelity data helps ensure staff are meeting competency standards and following model expectations, which is critical for achieving desired outcomes and maintaining IV-E compliance.

These metrics provide a comprehensive view of program effectiveness and should be used to guide local CQI activities and inform state-level monitoring.

More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

Together, these categories form the foundation for EBP-related CQI activities. Regularly reviewing data across these areas helps counties and EBP providers assess performance, surface barriers, and make informed adjustments to better support children and families.

Detailed definitions, indicators, and reporting expectations for each category specific to FCU are provided in [Appendix A](#).

FCU-SPECIFIC DATA REQUIREMENTS

The [FCU Measurement Framework](#) outlines how counties and EBP providers delivering FCU should collect and use data across the four CQI domains – capacity, reach, fidelity, and outcomes. **Counties and EBP providers are expected to track data regularly across all domains to ensure timely, complete, and accurate information is available to support both local and state-level CQI activities.**

The California CQI Plan emphasizes the importance of both local and state-level CQI processes to promote continuous learning and accountability. **At the county level, data is used to assess implementation progress, identify barriers, and inform continuous improvement.** Counties are encouraged to partner with providers—ideally through CQI teams—to review and apply data to local decision-making. County CQI Team leads will pull relevant reports from CARES on a regular basis: monthly for site-level capacity and individual-level reach data, quarterly for individual-level fidelity and outcomes data, and biannually for aggregate-level dashboards.

At the state level, the CDSS uses data submitted through the CARES Provider Portal, the standardized FCU template, and standardized provider templates to monitor program performance, generate Tableau dashboards, and fulfill Title IV-E reporting requirements under FFPSA. Federal reimbursement is contingent on meeting the requirements outlined in California’s Five-Year Prevention Plan (see pages 27, 39, and 52).

Appendices [A](#) and [B](#) outline the required measures, data elements, and templates used for FCU data collection across all four domains.

Data Collection and Use

Child Welfare agencies and Community-Based Organizations (CBOs) delivering FCU should track utilization daily.

Site-Level Capacity Data

- **Collection:** Entered into the CARES Provider Portal by FCU providers and CBOs for families receiving FCU services. Elements collected are listed in **Table 1** of [Appendix A](#).
- **Use:** CARES capacity reports will be pulled monthly by County CQI Team leads in preparation for their county CQI Teams and by the CDSS for statewide monitoring.

Individual-Level Reach Data

- **Collection:** Entered into CARES for child welfare-involved families and into the CARES Provider Portal for Family First community pathway candidate families who are not involved with child welfare or probation. Elements collected are listed in **Table 2** of [Appendix A](#).
- **Use:** CARES reach reports will be pulled monthly by County CQI Team leads and by the CDSS for statewide monitoring.

Individual-Level Fidelity and Outcomes Data

- **Collection:** Collected by FCU providers and CBOs using a standardized provider template ([Appendix B](#)) or pulled from a site’s own database management system or spreadsheets. Elements are listed in [Appendix C](#).

- **Use:** FCU providers and CBOs will prepare and share this data quarterly with the County CQI Team leads, using either the standardized template or exports from their own database management system or spreadsheets.

Aggregate-Level Fidelity and Outcomes Data

- **Collection:** FCU providers will upload aggregate fidelity and outcomes data biannually via the FFPSA portal in CARES.
- **Use:** County CQI Team leads will access aggregate-level fidelity and outcomes Tableau dashboards in CARES every six months for use in county CQI Teams.

For a full list of required FCU measures and indicators, see [Appendix A](#).

CQI TRAINING

To support the implementation of California’s FFPS CQI Plan and the FCU program, required training will be provided to county FFPS leads and FCU providers. This training will be delivered over the course of up to three days and is designed to build the knowledge and skills needed to effectively engage in CQI activities. Additional information about the required CQI training is available in the [California Family First Prevention Services Continuous Quality Improvement Implementation Plan](#).

RESOURCES

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

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

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

You can also submit additional questions to the FFPS Inbox at FFPSAPreventionServices@dss.ca.gov

STAY CONNECTED!

The [California Family First Prevention Services Continuous Quality Improvement \(CQI\) Plan](#) was developed with input from the CDSS leadership, counties, and advisory subcommittees across the state. It outlines core CQI structures, guidance, and tools to support counties and providers.

California will continue to build on this work through the [CQI Implementation Plan](#) and other prevention resources. Check for updates at [Prevention Resources – Child and Family Policy Institute of California](#), and reach out to FFPSAPreventionServices@dss.ca.gov to share questions, experiences, or lessons learned.

REFERENCES

Chapin Hall at the University of Chicago. (n.d.). Measurement framework.

<https://www.chapinhall.org/research/measurement-framework>

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

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

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APPENDIX A: FCU MEASUREMENT FRAMEWORK

This appendix outlines the data elements, indicators, reporting expectations, and CQI prompts for each of the four core measurement domains: capacity, reach, fidelity, and outcomes. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

Capacity

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

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

Table 1. Description of FCU Capacity Data Elements

Measure	Indicator	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Staffing	Total # of provider agency sites	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of full-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of part-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of supervisors	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Supervisor / Practitioner Ratio	NA	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Caseload	N/A	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Service Duration	4-16 weeks	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Capacity CQI Prompts:

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

Reach

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

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

Table 2. Description of Standardized Reach Data Elements

Measure	Indicator	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Eligible Child Welfare & Probation Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of FM/VFM/602 youth who come to the attention of the agency ¹	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First candidate <ul style="list-style-type: none"> • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition² 	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First pregnant or parenting youth in care (PPY)	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # not identified as a candidate	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
Eligible Community Pathway Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of community pathway children granted IV-E agency candidacy approval	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> • Reason for denial <ul style="list-style-type: none"> ○ MH, SA, or PS imminent risk/need not identified ○ Child outside of age range of the recommended EBP 	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Referrals to Providers	Total # candidates referred to an EBP provider	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

¹ Total number of referrals to Probation (inclusive of citations and arrests)

² Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition.

	Total # candidates who started the EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Uptake	Total # candidates who did not start the EBP						
	• Reason did not start the EBP						
	○ No action taken; referral still in process						
	○ Placed on waitlist; median days on waitlist	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	○ Provider rejected referral						
	○ Provider unable to contact or engage with the family						
	○ Family did not consent, etc.						
	○ Other						
	Total # candidates who completed the full EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Completion	Total # candidates who did not complete the full EBP						
	• Reason did not complete the full EBP						
	○ Provider unable to contact or engage with family	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	○ Family withdrew						
	○ Family no longer eligible						
	○ Provider capacity issues						
	○ Other						

Reach CQI Prompts:

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

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

Outcomes

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

Table 3 outlines the key outcome measures needed to monitor and evaluate program success. **FCU providers will use a standardized template to upload outcome data biannually via the FFPSA portal in CARES.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of FCU Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Improved Child Behavioral Functioning	At service completion, % of cases with improved scores on items related to child behavioral functioning on the Youth Adjustment Domain.	85%	FCU Questionnaires: • CB Caregiver Report on Child (age 2-5)	Assessed before intervention and again at completion	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Improved Child Emotional Functioning	At service completion, % of cases with improved scores on items related to child emotional functioning on the Youth Adjustment Domain.	85%	• CB Caregiver Report on Child (age 6-11)		Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Increased Positive Parenting Practices	At service completion, % of cases with improved scores on items related to positive parenting practices in the Parenting and Family Management Domain.	85%	• CB Caregiver Report on Child (age 11-17) • CB Child Self Report (age 11-17)		Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

Outcomes CQI Prompts:

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

Fidelity

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

Table 4 outlines the fidelity measures required to assess program adherence. **FCU providers will use a standardized template to upload fidelity data biannually via the FFPSA portal in CARES.** Counties should review outcome data and conduct CQI activities quarterly.

Table 4. Description of FCU Fidelity Data Elements

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

Fidelity CQI Prompts:

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

APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. FCU providers will either pull all of the fidelity and outcome data fields depicted in the tables below from their own systems or spreadsheets on a quarterly basis for review during county CQI Team meetings, or complete the FCU Fidelity and Outcomes Report Template, which can be downloaded from the Child and Family Policy Institute of California (CFPIC) website at [this link](#).

The standardized template can be used to examine differences in the indicators by gender, race, and ethnicity as defined in Technical Bulletin #1 which is necessary for identifying potential disparities in program outcomes and addressing them through the county CQI Team.

Below are sample screenshots of a portion of the outcome and fidelity data captured at the individual level in the standardized template.

Fidelity			
Agency Name:		Site Name:	
Staff Identifier	Provider Received & Maintained Required Training		Consistent Use of Core Tools for Implementing the FCU Model
Provider First and Last Name	Has the provider completed all required eLearning courses?	Has the provider completed interactive skills training?	Does the provider use core materials with the family?

Outcomes											
Agency Name:			Site Name:								
Child Identifier											
DCFS/Probation Unique Identifier	Model Child ID	Child Date of Birth	Child Sex	Child Hispanic or Latino Ethnicity	Child Race: White	Child Race: Black or African American	Child Race: Asian	Child Race: Native Hawaiian or Other Pacific Islander	Child Race: American Indian or Alaska Native	Child Race: Declined	Child Race: Unknown

Outcomes		
Improved Child Behavioral Functioning	Improved Child Emotional Functioning	Increased Positive Parenting Practices
At service completion, did the child have improved scores on items related to child behavioral functioning on the Youth Adjustment Domain?	At service completion, did the child have improved scores on items related to child emotional functioning on the Youth Adjustment Domain?	At service completion, did the caregiver have improved scores on items related to positive parenting practice in the Parenting and Family Management Domain?

APPENDIX C: PROVIDER OUTCOME & FIDELITY TEMPLATES

Providers will complete the aggregate fidelity and outcome templates provided below. Providers are responsible for uploading their own model fidelity and outcomes documentation biannually via the FFPSA portal in CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

FCU Outcome Measures

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

FCU Fidelity Measures

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