

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 HOMEBUILDERS®,** 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 HOMEBUILDERS® 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 HOMEBUILDERS® should use this brief as a guide for measuring the success of HOMEBUILDERS® 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 the HOMEBUILDERS® purveyor, California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, IV-E Subcommittee, and the Institute for Family Development.

Key Terms

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

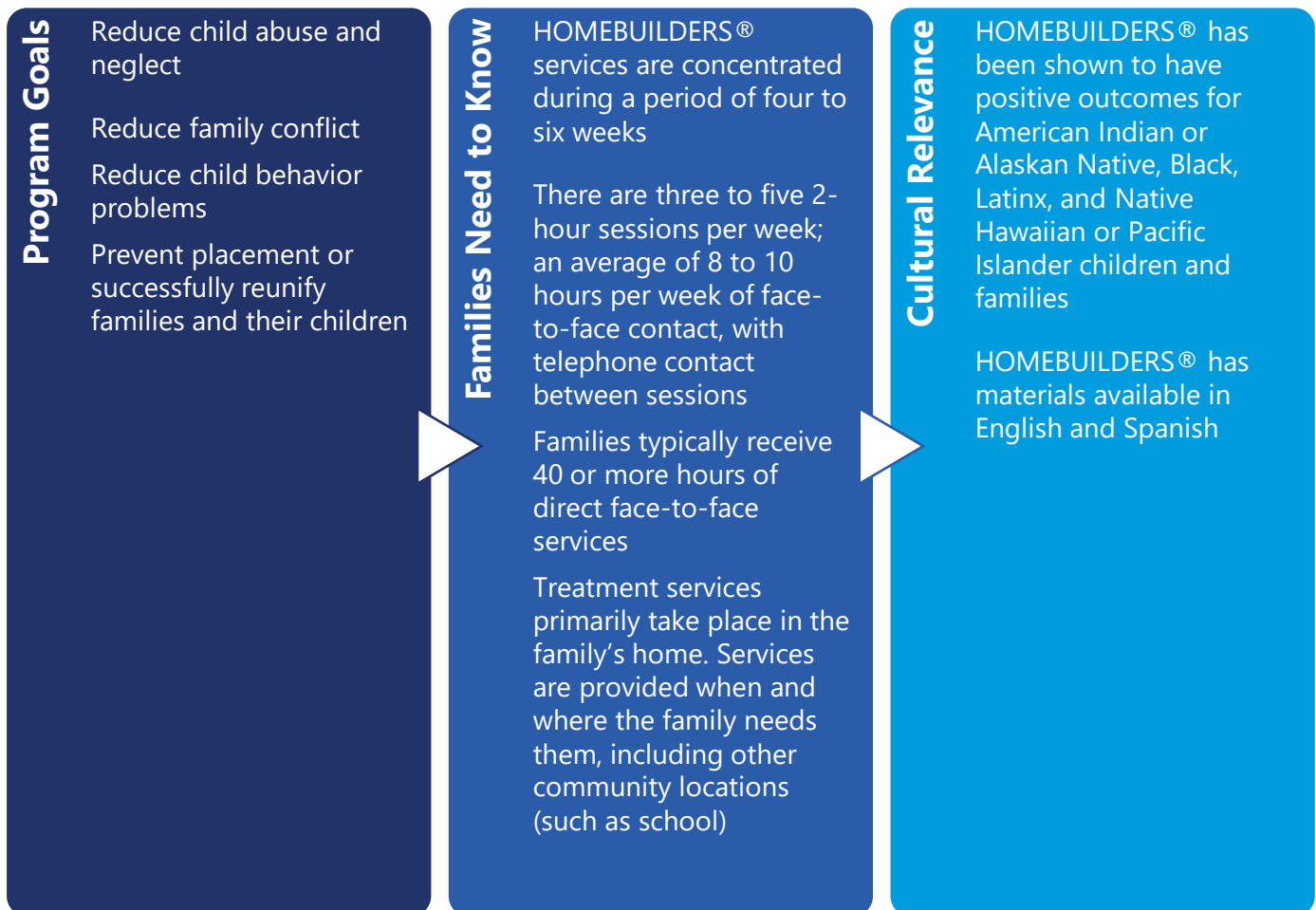
Provider: The individual or organization delivering the EBP services directly to children and families.

HOMEBUILDERS® PROGRAM OVERVIEW

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

Who is Eligible?

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



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 HOMEBUILDERS® are provided in [Appendix A](#).

HOMEBUILDERS®-SPECIFIC DATA REQUIREMENTS

The [HOMEBUILDERS® Measurement Framework](#) outlines how counties and EBP providers delivering HOMEBUILDERS® 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 and HOMEBUILDERS®'s Exponent Case Manager 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). The CDSS is also working with the HOMEBUILDERS® developer/purveyor to ensure biannual completion of the aggregate fidelity and outcomes templates ([Appendix D](#)) for upload into CARES.

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

Data Collection and Use

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

Site-Level Capacity Data

- **Collection:** Entered into the CARES Provider Portal by HOMEBUILDERS® providers and CBOs for families receiving HOMEBUILDERS® 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 HOMEBUILDERS® providers and CBOs using a standardized template ([Appendix B](#)) or pulled from the HOMEBUILDERS® Exponent Case Manager.
- **Use:** HOMEBUILDERS® providers and CBOs will prepare and share this data quarterly with the County CQI Team leads, using either the standardized template or exports from the HOMEBUILDERS® Exponent Case Manager.

Aggregate-Level Fidelity and Outcomes Data

- **Collection:** Fidelity data reporting is split between HOMEBUILDERS® providers and the developer/purveyor. HOMEBUILDERS® providers will use the template in [Appendix C](#) to upload some fidelity data biannually via the FFPSA portal in CARES. The CDSS is in the process of contracting with the HOMEBUILDERS® developer/purveyor to complete the biannual purveyor templates ([Appendix D](#)) and submit them to the CDSS for upload into 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 HOMEBUILDERS® measures and indicators, see [Appendix A](#).

CQI TRAINING

To support the implementation of California's FFPS CQI Plan and the HOMEBUILDERS® program, required training will be provided to county FFPS leads and HOMEBUILDERS® 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 HOMEBUILDERS®, it is crucial to establish a strong relationship between the HOMEBUILDERS® provider, the HOMEBUILDERS® developer/purveyor, and the county. Here are the steps to initiate this process:

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

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

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

STAY 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.

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

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APPENDIX A: HOMEBUILDERS® 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 HOMEBUILDERS® and influences the program's ability to meet community needs.

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

Table 1. Description of HOMEBUILDERS® Capacity Data Elements

Measure	Indicator	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level	Data Submission Format	Reporting Cadence	
				(Counties & CDSS)	(Counties & CDSS)	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	1:5	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Full-time / Part-time Caseload	2 for full-time practitioners 1 for part-time practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Service Duration	4-6 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 HOMEBUILDERS® is serving those it is intended to reach and whether the service is accessible to those in need.

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

Table 2. Description of Standardized Reach Data Elements

Measure	Indicator	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	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 - 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	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 - Reason for denial - 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

EBP Service Uptake	Total # candidates who started the EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	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 - Provider rejected referral - Provider unable to contact or engage with the family - Family did not consent, etc. - Other	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Completion	Total # candidates who completed the full EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # candidates who did not complete the full EBP						
	- Reason did not complete the full EBP - Provider unable to contact or engage with family - Family withdrew - Family no longer eligible - Provider capacity issues - Other	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Reach CQI Prompts:

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

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

Outcomes

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

Table 3 outlines the key outcome measures needed to monitor and evaluate program success. **The HOMEBUILDERS® developer/purveyor will use a standardized template to submit outcome data to the CDSS biannually. The CDSS will upload developer/purveyor outcome data into the CARES backend for county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of HOMEBUILDERS® Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Improved Child Safety	% of families that have no new CPS reports during the intervention.	75%	CPS Records	Collected during intervention period.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of families that improve in at least one high priority NCFAS domain related to safety.	80%			Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Improved Family Functioning	% of families that improve in at least one high priority NCFAS domain that was identified at intake as needed to improve to prevent placement.	80%	North Carolina Family Assessment Scale (NCFAS)	Completed once at beginning of intervention and at case closure.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Improvements in Safety Concerns Addressed	Average rating on the 5-point referent rating scale regarding whether the therapist adequately addressed the safety concerns.	4.0	HOMEBUILDERS® Referent Feedback Survey	Completed by family once at case closure.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Improvements in Targeted Goals	Average rating on the 5-point referent rating scale regarding whether the intervention goals were appropriate.	4.0	HOMEBUILDERS® Referent Feedback Survey	Completed by family once at case closure.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually

Improvements in Skill Utilization	% of families completing the <i>HOMEBUILDERS® Client Feedback Survey</i> that report they are using a new skill.	85%	HOMEBUILDERS® Client Feedback Survey	Completed by family once at case closure.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Improvements in Goal Achievement	% of families who complete the service show progress on goal attainment ratings for at least one goal at service closure.	85%	Exponent Case Manager	Practitioner rating at end of intervention period.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually

Outcomes CQI Prompts:

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

Fidelity

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

Table 4 outlines the fidelity measures required to assess program adherence. Reporting on fidelity data will be divided between the provider and the developer/purveyor. **The HOMEBUILDERS® developer/purveyor will submit their fidelity data to the CDSS using a standardized template biannually, while HOMEBUILDERS® providers will use a separate template to report additional fidelity data biannually. The CDSS will upload developer/purveyor data into the CARES backend. Providers will upload staffing qualification data biannually via the FFPSA portal in CARES.** Counties should review fidelity data and conduct CQI activities quarterly.

Table 4. Description of HOMEBUILDERS® Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Provider Received & Maintained Required Training	Therapists, supervisors, and program managers participate in all required HOMEBUILDERS® training and QUEST activities.	100%	Exponent Case Manager	Collected quarterly.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Provider Meets Staffing	% of therapists who have the required qualifications.	100%		Collected at time of hire.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Qualification Requirements	% of supervisors who have the required qualifications.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Meets Supervision & Consultation Requirements	% of eligible interventions are staffed weekly, where staffing preferably occurs during ream consultation.	90%		Collected by the developer/purveyor after each intervention.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Meets Referral Response Requirements	% of families who receive their first face-to-face visit (receive an intake	75%			Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually

	session) within 24 hours of referral.								
	% of families who receive their first face-to-face visit no later than the end of the day after the referral (based on all eligible interventions).	85%		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
<i>Meets Service Intensity, Availability, and Caseload Requirements</i>	% of first-year, full-time (1.0 FTE) therapists who serve 12-15 families per year.	100%	Collected by the developer/purveyor annually.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of fully trained (after 1 st year) full-time (1.0 FTE) therapists who serve 17-18 families per year.	100%		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of families that meet with their therapist at least 3 times per week.	80%		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of interventions that average 38 hours or more of face-to-face contact (excluding interventions that close prematurely).	100%	Collected by the developer/purveyor after each intervention.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of families that report that the therapist explained 24/7 availability.	90%		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of referents who report that the therapist maintained adequate contact with the referent.	85%		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually

HOMEBUILDERS®
Referent Feedback
Survey

Fidelity CQI Prompts:

- **Verify Training and Qualifications:** Review the Exponent Case Manager and Referent Feedback Survey regularly to ensure adherence to training requirements and staff qualifications.
- **Address Implementation Challenges:** If challenges are identified, collaborate with providers and the model developer to develop strategies for improvement.

APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. HOMEBUILDERS® providers will either pull all of the fidelity and outcome data fields depicted in the tables below from the Exponent Case Manager on a quarterly basis for review during county CQI Team meetings, or complete the HOMEBUILDERS® 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. This is not the template that the HOMEBUILDERS® purveyor will complete in aggregate on a biannual basis. Those templates can be found in Appendix D.

Fidelity			
Agency Name:		Site Name:	
Staff Identifier	Meets Staffing Qualification Requirements	Provider Meets Staffing Qualification Requirements	
Staff First and Last Name	Does this staff member have the required qualifications?	Has this staff member participated in all required HOMEBUILDERS® training and QUEST activities?	Is this staff member full-time?

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 Family Functioning	Improvements in Safety Concerns Addressed	Improvements in Targeted Goals
At service completion, did the family improve in at least one high-priority NCFAS domain related to safety?	At service completion, did the family improve in at least one high-priority NCFAS domain identified at intake as needed to improve to prevent placement?	On the 5-point referent rating scale, what was the rating regarding whether the intervention goals were appropriate.

APPENDIX C: PROVIDER FIDELITY TEMPLATE

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

Homebuilders®		
<i>Providers submit percentage for <u>each location</u> via data file.</i>		
Measure	Meets staffing qualification requirements	
Indicator	% of therapists who have the required qualifications.	% of supervisors who have the required qualifications.
Target Level	100%	100%
Site 1		
Site 2		

APPENDIX D: DEVELOPER/PURVEYOR OUTCOME & FIDELITY TEMPLATES

The developer/purveyor will complete the aggregate fidelity and outcome templates provided below and will submit these to the CDSS biannually. The CDSS will upload them into the backend of CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

HOMEBUILDERS® Outcome Measures

HOMEBUILDERS®							
Purveyor will send the percentage or average rating for <u>each location</u> via data file.							
Measure	Improved child safety		Improved family functioning	Improvements in safety concerns addressed	Improvements in targeted goals	Improvements in skill utilization	Improvements in goal achievement
Indicator	% of families who have no new CPS reports during the intervention.	% of families that improve in at least one high priority NCFAS domain related to safety.	% of families that improve at least one high priority NCFAS domain that was identified at intake as needed to improve to prevent placement.	Average rating on the 5-point referent rating scale regarding whether the therapist adequately addressed the safety concerns.	Average rating on the 5-point referent rating scale regarding whether the intervention goals were appropriate.	% of families completing the Homebuilders Client Feedback Survey that report that they are using a new skill.	% of families who complete the service show progress on goal attainment ratings for at least one goal at service closure.
Target Level	75%	80%	80%	4.0	4.0	85%	85%
Site 1							
Site 2							

HOMEBUILDERS® Fidelity Measures

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