**Practical Impacts from the Implementation of the California Child Welfare Services’ Core Practice Model**

The Core Practice Model (CPM) is the on the ground behavioral description of what it looks like when Child Welfare practice is being done well. This is true of both Practice level behaviors with the child and families as well as the Leadership level behaviors within the agencies that provide the environment that allow the Practice level behaviors to develop and flourish. Collectively they interact to act as catalysts for any initiative, program or policy to be implemented in a manner that will maximize the impact of that implementation. The CPM fits “hand in glove” with program/practice implementation, it **is** the literal hand in the glove of the implementation of any initiative, program or policy.

The crucial measurement of effectiveness are the experiences of children and families. We have a number of ways to measure that experience and the two most predominant are the 18 items of the CFSR-Child and Family Services Review and aggregate data from sources that include the California Child Welfare Indicators Project (CCWIP) and SafeMeasures.

A logic model of this work would look like this:

Inputs: Practice Model Leadership Behaviors and Practice Model Behaviors.

Outputs: Family Experiences with the Child Welfare System (engagement, planning, evaluation etc.)

Proximal Outcomes: Quality Visitation, Parental Growth is Safety Behaviors, Optimal Placement, etc.

Distal Outcomes: Timeliness of Reunification or Other Permanence, Ongoing Safety, Well Being, etc.

The following is an attempt to connect CPM behaviors with measurable outcomes from the CFSR reviews as well as aggregate data sources. The next page is a simple graphic of a contracted depiction of the logic model. Next is a list of the outcomes and items of the CFSR-Child and Family Services Review that supports a fuller understanding of the graph that follows. The graph is a crosswalk between the seven CFSR Outcomes with the 10 items from the CPM Practice Level Fidelity Tool. The cells shaded in green are where the Behaviors and the Outcomes most significantly intersect. It is tempting (and would not be wholly inaccurate) to shade the whole graph as green but using a more specific application identified items are considered to have a higher level of significant impact.

CPM Leadership Behaviors have a more significant impact on the capacity for CPM Practice Behaviors and as such will impact child and family outcomes in a derivative fashion.

Following the crosswalk are some suggested data sources for a corresponding measurement of impact of the CFSR Outcomes.

**CFSR-Child and Family Services Review**

CFSR

Outcomes

Child and

Family

Outcome

Data

Practice

Behaviors

Leadership

Behaviors

The CFSR is centered around a quantitative look through a sampling of cases, at the qualitative information regarding the work of child welfare agencies around seven outcomes (Two Safety, Two Permanency, and Three Well Being) as informed by a total of 18 specific items as follows:

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1**: Were the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate**.

**Item 2**: Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?

**Item 3**: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 4**: Is the child in foster care in a stable placement and were any changes in the

child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?

**Item 5**: Did the agency establish appropriate permanency goals for the child in a timely manner?

**Item 6**: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

**Item 7**: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

**Item 8**: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?

**Item 9**: Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

**Item 10**: Did the agency make concerted efforts to place the child with relatives when appropriate?

**Item 11**: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.**

**Item 12**: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?

**Item13**: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

**Item 14**: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

**Item 15**: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

**Item16**: Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

**Item 17**: Did the agency address the physical health needs of children, including dental health needs?

**Item 18**: Did the agency address the mental/behavioral health needs of children?

**CFSR Outcomes and Associated Core Practice Model Fidelity Tool (Leadership and Practice) Behaviors**

Those seven CFSR outcomes case be associated with the behaviors that impact them both at the leadership and practice levels. While in some manner all of the behaviors are important for all of the outcomes the following chart attempts to identify those with a more direct association. The chart is not definitive and as all families are different some behaviors not designated will certainly become more important for that specific family than generally noted here.

The chart has the seven CFSR outcomes across the top and the ten practice behaviors on the left. On the grid the intersections highlighted in green are the places where it’s suggested that the behavior and the outcome strongly intersect. These suggested intersections are not intended to be definitive, only a starting place. If you or your team see other strong connections those should be added. The larger purpose is to activiate everyone’s thinking about the connections between the extent that children and families experience CPM Practice Behaviors and their outcomes within the Child Welfare experience. This will increase the understanding of the logic model that says that if agency staff grow in their practice of using CPM Practice Behaviors families will have an increase in optimal outcomes (across racial, ethnic and other identifications) such as increased safety, timeliness of reunification, preservation of relationships, etc.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CFSR Outcomes | **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.** | **Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate**. | **Permanency Outcome 1: Children have permanency and stability in their living situations.** | **Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.** | **Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.** | **Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.** | **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.** |
| CPM Practice Fidelity Items |
| **Communicates in a clear and respectful manner.** |  |  |  |  |  |  |  |
| **Communicates in an open, honest, timely, and accountable way.** |  |  |  |  |  |  |  |
| **Demonstrates an interest in connecting with and partnering with the child, youth, young adult, and family.** |  |  |  |  |  |  |  |
| **Identifies and engages family members and others who are important to the child, youth, young adult, and family.** |  |  |  |  |  |  |  |
| **Listens and demonstrates that he/she cares about the thoughts and experiences of each child, youth, young adult, and family.** |  |  |  |  |  |  |  |
| **From the beginning and throughout all work with the child, youth, young adult, family and their team, engages in initial and ongoing safety and risk assessment, needs/strengths assessment (CANS), and permanency planning.** |  |  |  |  |  |  |  |
| **Works with the family to build a supportive team.** |  |  |  |  |  |  |  |
| **Facilitates the teaming process and engages the team in planning and decision-making with and in support of the child, youth, young adult, and family.**  |  |  |  |  |  |  |  |
| **Works with family and their team to build behavioral plans and assist child, youth, young adult and family with safety, trauma, healing, and permanency** |  |  |  |  |  |  |  |
| **Works with child, youth, young adult and family to access services, monitor progress, and adapt plan as needed to continue to meet evolving needs.**  |  |  |  |  |  |  |  |

**CFSR Outcomes and Items with Associated Data Items**

Those seven CFSR outcomes and 18 specific items can also be associated with system wide outcome data (not just a sample of cases) some of which comes from the Child Welfare Indicators Project. Other sources could include SDM reports or Business Objects reports extracted locally from CWS/CMS. It is essential to consider timeframes and data integrity when utilizing the data from these sources. Some suggested connections follow:

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1**: Were the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

* 2B Referrals by Time to Investigation
* 2D Referrals by Time to Investigation – Completed Contacts

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate**.

**Item 2**: Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?

* Entry Rates
* Entries to Foster Care \*
* 3-P4 \* Re-entry to foster care

**Item 3**: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

* S1 Maltreatment in Foster Care
* SafeMeasures:
	+ Main Menu
		- Compliance Summaries
			* SDM Investigation Compliance Summary
	+ SDM Measures
		- SDM at Investigation Closure
			* Safety and Risk Requirement
			* Safety and Risk Assessment Completion at Referral Closure
			* Decision to Promote at Investigation Close
			* Safety Decision for Non-Promoted Referrals
		- SDM at Case Closure
			* Safety Completion Prior to Case Closure
			* Risk Completion Prior to Case Closure

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 4**: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?

* 3- P5 Placement Stability

**Item 5**: Did the agency establish appropriate permanency goals for the child in a timely manner?

* Business Objects Report of Permanency Goals as Recorded in CWS/CMS

**Item 6**: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

* 3-P1 \* Permanency in 12 months for children entering foster care
* 3-P2 \* Permanency in 12 months for children in foster care 12-23 months
* 3-P3 \* Permanency in 12 months for children in foster care 24 months or more

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

**Item 7**: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

* 4A Siblings
* Business Objects Report: In CWS/CMS the reason for sibling separation can be recorded and extracted

**Item 8**: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?

* Business Objects Report (If visits are documented faithfully in CWS/CMS)
* An External Database that documents visits

**Item 9**: Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

* 4E (1&2) \* ICWA placement preferences—ICWA eligible/American Indian ethnicity
* Business Objects Report of ICWA Status documentation
* Business Objects Report of Family Finding and Engagement

**Item 10**: Did the agency make concerted efforts to place the child with relatives when appropriate?

* 4B \* Least Restrictive (Entries First Placement Type)
* 4B \* Least Restrictive (Predominant Placement Type)
* SafeMeasures:
	+ Proposed Measures
		- Children In Placement
			* Relative/NREFM Assessment Completed but Not in Relative/NREFM Placement

**Item 11**: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

* Undetermined

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.**

**Item 12**: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?

* SafeMeasures
	+ SDM Measures
		- SDM for Referrals and Investigations
			* Initial Family Strengths and Needs Assessment Completion
		- SDM for Open cases
			* FSNA Timeliness Prior to Case Plan
			* CSNA Timeliness Prior to Case Plan

**Item 13:** Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

* SafeMeasures
	+ Main Menu
		- Open Cases
			* Parent Signature (Active Case Plan)
	+ SDM Measures
		- SDM for Open cases
			* FSNA Timeliness Prior to Case Plan
			* CSNA Timeliness Prior to Case Plan

**Item 14:** Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

* 2F By Year \* Timely monthly caseworker visits (out of home)
* 2S By Year Timely monthly caseworker visits (in home)

**Item 15:** Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

* SafeMeasures
	+ Extras Menu
		- Visits With Care Providers
			* Visits With Parents/Guardians
			* Visits With Substitute Care Providers
	+ Proposed Measures
		- Open Cases
			* Family Engagement Effort (Quarterly)
			* Family Engagement Effort (Monthly)

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

**Item 16**: Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?

* 6B Individualized Education Plan (IEP)
* SafeMeasures
	+ Main Menu
		- Children in Placement
			* Health and Education Documentation
			* Education Enrollment: Children Ages 5-20

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

**Item 17**: Did the agency address the physical health needs of children, including dental health needs?

* 5B (1&2) Timely Health/Dental Exams
* SafeMeasures
	+ Main Menu
		- Children in Placement
			* Health and Education Documentation
			* Current Physical Exams
			* Current Dental Exams
	+ Child and Family Services Review
		- No Subgroup
			* AB636 Measure 5A Health and Education Passport

**Item 18**: Did the agency address the mental/behavioral health needs of children?

* 5A (1&2) Use of Psychotropic Medications
* 5F \* Children Authorized for Psychotropic Medications
* SafeMeasures
	+ Main Menu
		- Children in Placement
			* Children Authorized for Psychotropic Medication
	+ Proposed Measures
		- Children in Placement
			* Psychotropic Diagnoses
		- Pathways to Well-Being
			* Mental Health Screenings
			* Mental Health Screenings (Best Practice)