

CASA LOGIC MODEL AUGUST 2019 - SAFETY

Safety Definition: Being free from immediate physical and psychological harm or exploitation or the threat of such harm. Feeling safe and cared for in a developmentally appropriate environment where physical, emotional and mental health needs are met in a home where a child is allowed to thrive, be their self, and use their voice.

<i>Problem/Issue</i>	<i>Activities: "What CASA will do"</i>	<i>Outputs: Evidence that an activity occurred</i>	<i>CASA Outcomes for Children: The influence of CASA activities</i>
Research findings confirm children are at greater risk of abuse and neglect while in care.	CASA participates in pre-service training and continuing education that includes identification of risk factors and appropriate responses.		Risks to child's safety are identified and addressed.
Children's voices when it comes to feeling safe are not always heard.	CASA asks questions of child, family and/or caregiver designed to identify risk factors (e.g. Who lives in the house? Who has access? Does the child indicate they feel safe? Who makes you feel safe?)	CASA is trained to identify risks and know how to appropriately respond to them.	
Children's behaviors are not always understood.	CASA makes inquiries about child's behavior, and any observed changes in child's behavior, to educators, daycare providers, therapists, and other relevant service providers.	CASA recommendations address safety concerns, including felt safety and physical safety.	
	CASA provides safety-related information and recommendations to the court, case participants, service providers, the child, and others, regarding risk or concerns.		

CASA LOGIC MODEL AUGUST 2019 - PERMANENCY

Permanency Definition: Permanency is keeping a child within their extended family of origin or within another permanent family and achieving a legal relationship with that family. It also includes establishing and maintaining meaningful connections with other caring adults.

<i>Problem/Issue</i>	Activities: "What CASA will do"	Outputs: Evidence that an activity occurred	CASA Outcomes for Children: The influence of CASA activities
Children who come into care lose important connections, including attachments to family, friends, and others who are important in their lives.	CASA mines case files to identify people in child's life.	Reports refer to genograms and/or family trees and foundational research. This information is shared as needed or according to court orders.	Child has supportive connections.
	CASA prepares family tree or genogram.		
	CASA reviews social media for information on potential connections.	A document with family tree or genogram is available.	
	CASA invites potential participant(s) to family meetings (e.g. FGC, FTM).		
	CASA keeps case participants informed of efforts and needs for supportive connections for child.	Supporters attend family meetings.	
	CASA talks with child, family, and others to gain insight about child's meaningful connections.	Meeting participants make concrete commitments to supportive activities.	
	CASA attends family meetings.	CASA facilitates at least one additional connection.	
Placement instability creates barriers to securing permanency.	CASA identifies helpful resources, such as community programs, training opportunities, books, and videos.	Family and other caregivers are provided information on sources of community support.	Family and other caregivers have information on supports that contribute to placement stability.
	CASA provides referral information to family and other caregivers, youth, and/or child's network.		

CASA LOGIC MODEL AUGUST 2019 - WELL-BEING

Well-Being Definition: Well-being is addressing and meeting the physical health, mental health, social, emotional, and educational needs of children, youth and their families.

<i>Problem/Issue</i>	Activities: "What CASA will do"	Outputs: Evidence that an activity occurred	CASA Outcomes for Children: The influence of CASA activities	
Children have physical health needs while in care.	CASA participates in pre-service training and continuing education that includes child and youth health resources, assessments, and current implementation requirements.	Annual dental exam is completed. Annual Texas Health Steps is completed.	Appropriate physical health assessment has been completed.	
	CASA reviews health records, including Health Passport.	Assessments are authorized.		
	CASA consults medical professionals and documentation associated with child.	Assessments are completed and documented in a timely manner.		
	CASA participates in staffings.	CASA advocates for recommendations, and recommendations are included in reports.	Child, family, and/or caregiver understand needs.	
	CASA makes informed recommendations to caseworker, court, service providers, and others, based on assessment results.	Services are authorized.		
	CASA verifies with providers and child (if verbal) that ongoing needs are being identified and addressed.		Appropriate parties have information.	Child's physical health needs are identified and addressed.
			Child, family, caregiver, and/or providers understand health care needs.	

Children have physical health needs after state care.	CASA reviews health records, including Health Passport.	Upon case closure, child, family, and/or caregiver has access to appropriate records, including health passport.	Child, family, and/or caregiver has knowledge of physical health needs and resources when exiting care.
	CASA shares resource information with child, family, and/or other caregiver.	Upon case closure, child, family, and/or caregiver has access to information on health resources.	
	CASA assists child, family, and/or other caregivers to obtain medical records from time in care.		
Children have mental health needs while in care. Many mental health needs are rooted in trauma.	CASA verifies administration of CANS assessment for youth ages 3 and over.	CANS completed for ages 3 and over.	Appropriate mental health assessment has been completed, including trauma-informed needs.
	CASA verifies Early Childhood Intervention (ECI) referral when indicated.	Assessments are authorized.	
	CASA reviews written assessments.	Assessments are completed and documented in a timely manner.	Child, family, and/or caregiver understand needs.
	CASA makes contact with caregivers, discusses assessments, and is mindful of the need for a trauma-informed approach and care for child.	CASA advocates for recommendations, and recommendations are included in reports.	
	CASA participates in staffings.	Trauma assessment results and needs are in reports and case files.	Child's mental health needs are identified and addressed.
	CASA makes contact with educators.	Services are authorized.	
	CASA makes contact with therapists and other providers.	Appropriate parties have information.	Child, family, and/or caregiver has plan for mental health care services.

Placement outside the home can cause children to lose critical connections to their community and culture.	CASA identifies non-verbal cues and attachment for non-verbal children.	Cultural identifications are clear in reports.	Child is connected to their community and culture of origin or choice.
	CASA asks child about what is significant regarding culture.		
	CASA asks family of origin for background on culture, traditions, celebrations, and rituals.	Cultural activities are suggested in reports.	
	CASA connects child and caregiver to resources to address cultural opportunities and traditions.		
	CASA facilitates visitations of cultural importance.	Child participates in activities tied to their community and culture.	
	CASA advocates for sibling visits.		
	CASA advocates for child to remain in the same school and faith community.		
Children need normalcy while in care.	CASA verifies caregiver and child are aware of child's developmental abilities and resources in the community.	Activities of interest are included in reports.	Child has opportunity to participate in social and educational activities.
	CASA connects caregiver with resources for scholarships or funding for activities.	Child participates in extracurricular activities.	
	CASA consults child about preferred activities.		

Children often suffer negative educational consequences while in care.	CASA meets education providers.	Educational supports are in place.	Educational supports are in place.
	CASA advocates for appropriate assessments.	Appropriate assessments are completed in a timely manner.	Appropriate educational assessments have been completed.
	CASA verifies that assessments have been completed and documented in a timely manner.	Educational goals are established.	
	CASA works with educational professionals and child (if age-appropriate) to develop educational goals.	Progress toward goals is demonstrated.	Demonstrable progress has been made toward identified goals.
	CASA advocates for school stability.		
Research overwhelmingly indicates that youth formerly in foster care are not prepared for successful adult living.	CASA investigates, identifies, and refers youth to resources on independent living.	Youth has access and opportunities to participate in services that meet individual needs for independent living.	Youth is better prepared for living independently.
	CASA advocates and supports PAL program completion.		
	CASA communicates, encourages, and follows up with the youth regarding independent living resources and referrals.	Youth engages in services to prepare for independent living.	
	CASA provides guidance on and supports participation in life skills training.	A plan for independent living is created with youth participation.	
	CASA and youth participate in formal transition planning meetings (COS, TPM, CFE, etc.).		
	CASA investigates and facilitates the youth establishing relationships with life-long supportive adults who actively participate in permanency planning.		