

CASA LOGIC MODEL FY23 – 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, cultural, spiritual, mental health and identity needs are met in a way a child is allowed to thrive, be their self, and use their voice.

Problem/Issue	Activities: "What CASA will do"	Outputs: Evidence that an activity occurred	CASA Outcomes for Children: The influence of CASA activities
Research findings confirm children are at greater risk of abuse and neglect while in foster care, compared to those in the general population.	CASA participates in pre-service training and continuing education that includes identification of risk factors and appropriate responses.		
Children’s voices when it comes to feeling safe are not always heard.	CASA asks open-ended questions that assess safety and isolation of child, family and/or caregiver 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? Impact of disability?) Self-advocacy: CASA will provide the Bill of Rights, Ombudsman number, advocating for safety steps in therapy, make sure the child knows they have the right to speak to the judge on their case.	CASA is trained to identify risks and know how to appropriately respond to them.	Risks to child's safety are assessed and identified, as well as addressed and mitigated through CASA recommendations.
Risk to a child’s privacy through unauthorized exposure of confidential information.	CASA monitors the protection of and prohibits exposure of confidential information within the CASA program by implementing board approved confidentiality policy.		
Children placed out of state may be at greater risk of harm. Children placed in unlicensed facilities may be at greater risk of harm.	CASA sees the child in their placement at least 50% of visits.		
	CASA sees the child regularly and/or utilizes additional courtesy visits for safety checks, as needed.		

<p>Children's behaviors are not always understood, responded to, or seen through a trauma or culturally competent lens.</p>	<p>CASA makes inquiries about child's family of origin, relatives, connections, behavior, and any observed changes in child's behavior, to educators, daycare providers, therapists, and other relevant service providers. Include if the child and placement have shared cultures or different cultures.</p>	<p>CASA recommendations identify, address, and mitigate safety concerns, including felt safety and physical safety.</p>	
	<p>CASA sees the child in-placement at least 50% of the time and provides safety and trauma-informed information and recommendations to the court, case participants, service providers, the child, family of origin, relatives or connections (as appropriate) and others, regarding risk or concerns.</p>		



CASA LOGIC MODEL FY23 – CONNECTIONS

Permanency Definition: Permanency is reunification, keeping a child within their extended family of origin, or within another (permanent) family, taking into consideration the child or youth’s needs and preference.

Connections Definition: Establishing and maintaining meaningful connections with parents, siblings, relatives, and other caring adults.

Problem/Issue	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 may/often 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 and locate them through family finding tools.	Documentation in case notes reflects that CASA has searched for family connections and includes any connections found. This information is shared as needed or according to court orders.	Child has supportive connections.
	CASA advocates for adequate family and sibling visits, as appropriate.		
	CASA prepares family tree or genogram.		
	CASA prepares a life-book.	If appropriate, a life-book is provided	
	CASA reviews social media for information on potential connections.	Documentation of relatives and family connections is available.	
	CASA invites potential participant(s) to family meetings (e.g. FGC, FTM) in collaboration with family and CPS.		
	CASA keeps case participants informed of efforts and needs for supportive connections for child/youth.	CASA advocates that members of the support network attend family meetings.	
	CASA utilizes CFE tools and talks with child, family, and others to gain insight about child's meaningful connections.	CASA advocates that meeting participants make concrete commitments to supportive activities.	
	CASA attends family meetings.	CASA facilitates at least one additional connection.	

Placement instability may create barriers to securing connections and permanency.	CASA makes recommendations regarding placement matching	Family and other caregivers have a plan for support, which includes community resources and support.	Family and other caregivers have information on supports that contribute to placement stability.
	CASA identifies helpful resources, such as community programs, training opportunities, books, and videos.		
	CASA provides referral information to family and other caregivers, youth, and/or child's network.		



Placement outside the home may cause children to lose critical connections to their community and culture.	CASA asks child about what is important to them regarding their culture and what activities they would like to continue.	Case notes and court reports reflect cultural identifications.	Child is connected to their community and culture of origin or choice.
	CASA identifies non-verbal cues and attachment for non-verbal children.		
	CASA asks family of origin for background on culture, traditions, celebrations, and rituals.	Case notes reflect and court reports recommend cultural activities.	
	CASA refers child and caregiver to resources to address cultural opportunities and traditions.		
	CASA encourages activities of cultural importance.	CASA recommends participation in activities tied to the child's community and culture.	
	CASA advocates for child to remain in the same school and faith community.		

CASA LOGIC MODEL FY23 – WELL BEING

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

Problem/Issue	Activities: "What CASA will do"	Outputs: Evidence that an activity occurred	CASA Outcomes for Children: The influence of CASA activities
Children may have unmet physical health needs.	CASA participates in pre-service training and continuing education that includes child and youth health resources, assessments, and requirements.	CASA has monitored for the completion of an annual physical and dental exams as well as any additional needed assessments based on treatment needs (e.g., ECI, substance abuse).	CASA has monitored for the completion of appropriate physical health assessments.
	CASA obtains and reviews health records on the child from the medical provider. CASA reviews parent's records with permission or as authorized by the court. CASA reviews the Health Passport, as updated.	Case notes reflect the review of medical records.	
	CASA consults medical professionals regarding documentation and treatment of child/youth.	Case notes reflect consultation with medical providers.	
	CASA participates in CPS meetings, special health meetings in the child's school, and treatment team meetings, as needed.	CASA advocates for recommendations, and recommendations are included in court reports under Medical Advocacy.	Physical health needs are identified and addressed through CASA recommendations.
	CASA makes informed recommendations to family, caregivers, caseworkers, court, service providers, and others, based on assessment results.	CASA advocates for recommendations, and recommendations are included in court reports under Medical Advocacy.	
	CASA verifies with providers and child (if verbal) that ongoing needs are being identified and addressed.	Appropriate parties have information regarding the insurance, services, resources, and records for children while in care and before exiting care. Child, family, caregiver, and/or providers understand health care needs.	Child, family, and/or caregiver has knowledge of physical health needs and resources while in care and before exiting care.

<p>Children may have unmet mental health needs while in care. Many mental health needs are rooted in trauma*.</p>	<p>CASA advocates for completion of CANS assessment for youth ages 3 and over, as needed.</p>	<p>Case notes demonstrate a review of CANS assessment, if one is available.</p>	<p>CASA has monitored for appropriate mental health assessment, including trauma-informed needs.</p>
	<p>CASA advocates for an Early Childhood Intervention (ECI) assessment for under age 3, if needed based on the advocates' concerns.</p>	<p>Case notes document advocacy for an ECI assessment, as needed.</p>	
	<p>CASA reviews written mental health assessments.</p>	<p>Case notes reflect the review of mental health and trauma assessments.</p>	<p>Child, family, and/or caregiver has knowledge of and a plan for mental health needs and resources while in care and before exiting care.</p>
	<p>CASA discusses with the child/youth, as developmentally appropriate, their mental health care, needs, and treatment.</p>	<p>Case notes reflect the discussion with the child/youth regarding mental health care, needs, and treatment.</p>	
	<p>CASA discusses the mental health and trauma-based treatment needs of the child with caregivers, family, AAL, and caseworkers, as confidentiality allows.</p>	<p>CASA advocates for recommendations, and recommendations are included in court reports.</p>	
	<p>CASA verifies with providers and child (if verbal) that ongoing needs are being identified and addressed.</p>	<p>Appropriate parties have information regarding the insurance, services, resources, and records for children while in care and before exiting care.</p>	
	<p>CASA participates in CPS meetings, mental health meetings in the child's school, and treatment team meetings, as needed.</p>	<p>Case notes and court reports reflect CASA participation in meetings and subsequent recommendations.</p>	<p>Mental health needs are identified and addressed through CASA trauma-informed recommendations.</p>
	<p>CASA consults mental health providers regarding documentation and treatment of child/youth.</p>	<p>Case notes reflect consultation with mental health providers.</p>	

*Adverse childhood experiences (ACEs) can have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity (source: cdc.org).

Children need normalcy while in care.	CASA consults with the child about preferred activities	Case notes reflect and court reports recommend activities of interest.	Child has opportunity to participate in social and educational activities.
	CASA consults with the child's family about prior activities, interests, routines, and traditions.		
	CASA verifies caregiver and child are aware of child's interests and abilities and shares with them resources in their community.	Child participates in extracurricular activities, as desired and possible.	
	CASA refers caregiver to resources for scholarships or funding for activities.		
Children often suffer negative educational consequences while in care.	CASA meets education providers.	Case notes reflect and court reports recommend educational supports.	Educational supports are in place.
	CASA assesses and discusses with child safety concerns at school, such as bullying or discrimination.		
	CASA advocates for appropriate assessments and attends educational evaluations, reviews, and ARD meetings, as appropriate.	Case notes reflect 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.		
	CASA works with educational professionals and child (if age-appropriate) to develop educational goals.	Educational goals and milestones are established and documented (ex: passing, graduation, GED, higher education, etc.).	Demonstrable progress has been made toward identified goals.
CASA advocates for school stability, if appropriate.			

<p>Research overwhelmingly indicates that youth formerly in foster care are not prepared for successful adult living, compared to the general population.</p>	<p>CASA investigates, identifies, and informs youth regarding resources on independent living.</p>	<p>CASA advocates for youth to have access to and opportunities to participate in services that meet individual needs for independent living, reflected in case notes/court report.</p>	<p>Youth is better prepared for living independently.</p>
	<p>CASA advocates and supports PAL program completion.</p>		
	<p>CASA communicates, encourages, and follows up with the youth regarding independent living responsibility, resources, and referrals.</p>		
	<p>CASA provides guidance on and supports participation in life skills training.</p>	<p>CASA advocates for youth to engage in services to prepare for independent living, reflected in case notes/court report.</p>	
	<p>CASA advocates for driver's education and obtaining a driver's license. CASA advocates for other state identification if a driver's license is not desired or obtained by the youth.</p>		
	<p>CASA and youth participate in formal transition planning meetings (COS, TPM, CFE, etc.).</p>		
	<p>CASA advocates for necessary documents to be provided to the youth prior to exiting care (ex: birth certificate, Medicaid benefits, SSI disability, Social Security card).</p>	<p>CASA advocates for a plan for independent living, created with youth participation and reflected in case notes/court report.</p>	
	<p>If youth have a juvenile record, CASA advocates for the record to be expunged or sealed prior to age 18.</p>		
	<p>CASA researches, encourages, and facilitates the youth establishing relationships with life-long supportive adults who actively participate in permanency planning.</p>		