

**Department of Health and
Human Resources**

**Child and Family Services Five
Year Plan
2005-2009**

Paul L. Nusbaum, Secretary

**Fred Boothe, Commissioner
Bureau for Children and Families**

**Charlie Young, Assistant Commissioner
Office of Children and Family Policy**

**Jane McCallister, Director
Division of Children and Adult Services**

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Introduction

In 1994, the federal government made new funds, under Title IV-B, Subpart 2, of the Social Security Act, available to the states under the Family Preservation and Support Act of 1993. The Department of Health and Human Resources (DHHR) convened a small but broad-based task team to provide advice on developing the Five-Year Plan. DHHR delegated this responsibility to the Governor's Cabinet on Children and Families. The initial task team was further broadened, and it evolved into the Families First Council, who continued to oversee the Five-Year Plan between 1996 and 1998.

During this period, there were significant changes in the federal laws and regulations affecting the utilization of the Five-Year Child and Family Services Plan. In 1995 and 1996, the proposed and final regulations promoted the consolidation of other child welfare funds and plans into the Five-Year Child and Family Services Plan and its annual updates. In 1997, federal regulations strengthened this approach by: 1) requiring that the Plan and its updates include not only Title IV-B, Subpart 2, but also Title IV-B, Subpart 1, and the CAPTA Basic State Grant; and 2) allowing the inclusion of the Title IV-E Independent Living grant application. The federal regulations also required that the consolidated Plan updates involve the same parties as those utilized in developing the original Five-Year Plan.

In 1999, the second Five-Year Plan was developed by DHHR with the assistance of a work group with expertise in child welfare programs and services, state and local ancillary systems, community-based planning and service delivery, and family participation. Some of the work group participants were also members of the Families First Council. The public involvement process allowed for the review and comment by interested parties. The final Plan built upon areas of agreement while taking into account a diversity of perspectives. The planning process was designed to promote and establish the following two preconditions for the State to succeed in its investment in children/youth and families: 1) a shared belief by its citizens in the vision of safety, permanency and well-being for children/youth and families, and 2) a culture of trust shared by everyone working toward this vision.

Shortly after the second Plan was developed, the federal government implemented the Child and Family Services Reviews. In response to the anticipated Child and Family Services Review and the DHHR's decision to pursue accreditation through the Council on Accreditation (COA), the DHHR began redirecting its IV-B planning efforts so funds were used to support services that would help to ensure the safety, permanency, and well-being of children. This redirection would then prepare the DHHR for some of the anticipated results of the Child and Family Services Review and accreditation process.

This, the third Five-Year Plan, is a further refinement of the process described in the preceding paragraph. The Department is committed to consolidating its planning efforts and program development in order to support the initiatives previously incorporated into the Program Improvement Plan (PIP). The PIP, which was developed in 2003 and continues in effect today, was a direct response to the findings contained in the Child

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and Family Services Review. The Department believes that using IV- funds in support of the initiatives contained in the PIP is crucial to achieving the outcomes for Safety, Permanency and Well-Being.

1. State Agency Administering Programs

The West Virginia Department of Health and Human Resources, through the Bureau for Children and Families, is responsible for administering child welfare services. (See Section 2. A., below)

2. Child and Family Services Continuum

The West Virginia Department of Health and Human Resources, through the Bureau for Children and Families, is in the process of implementing major changes in the delivery and financing of child welfare services. In order to understand the rationale for these changes it is necessary to briefly review the background to child welfare in West Virginia.

A. Background

1. Responsibility for Child Welfare

The West Virginia Department of Health and Human Resources is responsible by statute for child welfare services. "The child welfare services of the state shall be administered by the department of health and human resources". West Virginia Code 49-1-1.

The administration of child welfare services is located within the Bureau for Children and Families. The primary, but not exclusive, responsibility for child welfare program planning and policy development is located within the Office for Children and Family Policy.

Currently, the major child welfare programs are Child Protective Services, Youth Services, Foster Care, and Adoption. The Department recognizes that in some very important and crucial ways these program distinctions are artificial. For example: the children receiving foster care services may also be receiving child protective services or youth services.

The separation of programs into the categories listed above was done for purposes of administration and financial management. The Department understands that this categorization has the potential for unintended consequences. It is possible, for example, to lose sight of the connections between programs and to concentrate too narrowly on a case activity such as placement instead of the larger outcome of permanency.

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2. Administration of Grants

The administration of federal grants, such as Child Abuse Prevention and Treatment Act grant funds, Chafee independent Living funds and Title IV-B funds, is also a responsibility of the Bureau and the Office for Children and Family Services.

3. Collaboration within the Department

The staff within the Bureau of Children and Family Services is primarily responsible for initiating or participating in collaborative efforts with other Bureaus in the Department on initiatives that effect child welfare. Three of the most important Bureaus in this regard are the Bureau for Medical Services, the Bureau for Behavioral Health and Health Facilities, and the Bureau for Public Health.

4. Other Initiatives Related to Child Welfare

It is impossible to clearly distinguish between traditional child welfare services and all the other initiatives and activities that might prevent or ameliorate the effects of child abuse and neglect, encourage adoption or deter a child from entering the juvenile justice system. Therefore, in addition to administering traditional child welfare programs and services, the staff in the Bureau are also responsible for joining with other interested groups and associations committed to improving the well-being of children and families.

Sometimes this work involves collaborative efforts with groups such as the West Virginia Coalition Against Domestic Violence or the West Virginia Child Care Association whose efforts directly affect child welfare. In other instances, the collaboration is with other groups with a broader mission such as the Family Resource Networks who are committed to making broad scale changes in publicly funded services.

B. Results

Over time, the responsibilities described above have changed. Statutory revision of a major or minor nature occurs almost every year. As a consequence, the Department's obligations and choices expand or contract as the Legislature sees fit to alter them.

Federal financing and federal grant programs change both in the amounts of monies made available to states as well as the requirements for obtaining funding. These requirements in turn affect the services provided.

The philosophies, beliefs and goals of groups with whom we interact change over time. This results in efforts to obtain resources from the Department to support the initiatives that these groups champion.

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The result in West Virginia has been that the development of child welfare services has been uneven. Significant progress has been made in many areas such as the adoption and refinement of a Child Protective Services decision-making model that addresses both risk and safety. In other areas there has been no uniform series of program improvements.

C. The Child and Family Services Review, the Program Improvement Plan, the Administrative Services Organization and the Child and Family Services Continuum.

Three events have changed the Department's approach to the Child and Family Services Continuum – the Child and Family Services Review, the subsequent development of a Program Improvement Plan, and the collaboration with APS Healthcare to establish an Administrative Services Organization (ASO) process for child welfare services.

1. The CFSR

The CFSR resulted in a review of the child welfare services provided by the Department to determine compliance with a standard set of outcome measures.

2. The PIP

The Program Improvement Plan, which was developed to address the areas in which the Department was not in substantial conformity with the outcomes, was a milestone in program planning. Prior to the development of the PIP, there had been many planning efforts over the years with varying degrees of success. There had never been, however, an agreed upon single plan for improving child welfare services which was measurable and addressed an agreed upon set of outcomes.

3. The ASO Initiative and the Continuum of Care

Contained within the PIP under Outcome S2, Item 3, is the implementation of the ASO. This implementation has the potential for significantly affecting all child welfare services.

The ASO in collaboration with the Department developed a standard set of Socially Necessary Services* which span a continuum from family support to adoption preservation. Each service definition includes: target population; initial authorization and re-authorization of the service; admission criteria; continuing stay criteria; discharge criteria; services exclusions; clinical exclusions; documentation requirement; and additional service criteria as necessary. The service definitions and documentation requirements mirror existing Department policy and are intended to reinforce the Department's standards of practice.

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The service matrix contains two main headings, Child Protection and Youth Services, and sub-categories under each for family support, family preservation, reunification Chafee and Adoption Preservation. Under each of the sub-categories is a listing of the services available. A matrix of the services and a catalogue of services accompany this Plan as an appendix.

*The Department has adopted the name Socially Necessary to describe the services which will be regulated by the ASO process. Socially Necessary services are those services necessary to achieve the child welfare goals of

safety, permanency and well-being. The designation socially necessary is used to distinguish these services from other services such as substance abuse treatment that have been determined to be medically necessary and can be obtained through Medicaid.

The Department intends to use the Comprehensive Assessment and Planning Systems (CAPS) initiative and the revisions to the Child Protective Services decision-making model to improve the assessment and treatment aspects of its child welfare programs. (Both CAPS and the revisions to CPS are included in the PIP.) The improved assessment processes should help to better identify the underlying problems to be addressed. The improved treatment processes should result in a much improved plan for the use of services, including Socially Necessary Services, services supported through Medicaid, services available from other Bureaus within the Department and services provided by the private sector.

3. Service Description

A. Services Offered

Attachment A of this Plan is a Service Matrix and Attachment B is the Utilization Management Guidelines for Socially necessary Services. The Utilization Management Guidelines contain the descriptions for the services that will be supported by Title IV-B, Subpart 2, funds. The Service Matrix includes family preservation, family support, reunification, and adoption support services.

Because the ASO Initiative is a major reordering of child welfare services, some of the terminology may be different from that used previously. Therefore, the following explanation is being provided to enhance the understanding of this Plan.

Family support services will be used to fund an expansion of a differential response service delivery model in both Child Protective Services and Youth Services.

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Currently, the Department is employing a differential response service delivery model in CPS on a limited basis. This model is known as the Family Options Initiative and was referred to in previous plans by its full title and/or its initials which are FOI. The advent of the ASO led to the decision to expand this approach statewide for both CPS and Youth Services.

Family Preservation includes those services necessary to assure the in-home safety of a child in Child Protective Services or Youth Services. These services are authorized on the basis of the completion of a safety plan in CPS or a Behavioral Control Plan in Youth Services. The goal of these services is to assure the safety of a child in the child's home thus preventing removal and out-of-home care.

Reunification services are those services necessary to ameliorate the conditions which resulted in the removal of a child and promote the return home of the child. These services are primarily but not exclusively directed towards assisting parents to meet the needs of their children.

Adoption preservation services are those services provided to assist adoptive families in order to avoid a disruption. The Department recently employed an additional staff person for Adoption Services. This program specialist will review and revise the Department's approach to adoption preservation as necessary. In addition, this Program Manager will also evaluate the Department's approach to adoption promotion.

B. Availability of Services

All of the services included in the Service Matrix are currently available to families. However, access to services is uneven throughout West Virginia. As a general rule of thumb, the rural areas of the State are less well served than the urban areas. The Department has attempted to address this imbalance through the use of grants in order to insure the availability of services such as family preservation safety services and time limited reunification services.

This strategy has worked to some extent. Usually there are a limited number of agencies applying for the grants. As a result, the services provided have been uneven between the regions of the State.

The Department intends to use the ASO process to address service availability, accessibility and the quality of services.

C. Geographic Distribution of Services

There are general statements about the differences between rural and urban areas. For example, in Outcome WB1, Item 17, it was observed that "Several stakeholders also noted that many services are lacking in some areas of the state, particularly rural areas." Besides these general statements and impressions, the Department does not currently have detailed information about

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either the availability or accessibility of services. This lack of information currently inhibits program planning and resource allocation.

Through the collaboration with APS Healthcare and the implementation of the ASO Initiative, the Department is addressing the subject in the following manner:

1. Core Services

Through the development and adoption of a Service Matrix, the Department has established a core set of services to address Family Support, Family Preservation, Reunification, and Adoption Preservation. This is the necessary first step in assuring the development of those services the Department believes are most closely linked with the achievement of the outcomes for safety, permanency and well-being.

The agreement on a core set of services has been a long term unmet need. As noted in a previous CFSP, there was a decision not to develop a Service Matrix. Instead, it was believed that each local collaborative, such as the Family Resource Networks, should be able to determine the service array for their geographic area.

There were some improvements made under this decentralized approach. However, it is evident from the continuing uneven distribution of services that the overall goal was not met.

2. Enrollment

In order to provide services under the ASO process, a provider must enroll with APS Healthcare. Through an analysis of the response to the enrollment process, the Department will be able to determine the current availability of services and those geographic areas which appear to be unserved or under served.

The analysis of the current distribution of services should enable the Department to better plan for service expansion and make the best use of its available resources.

3. Retrospective Review

There will be a retrospective review of the quality of the services provided through the ASO process. This review is integral to the orderly development and expansion of services. The Department intends to encourage providers to expand their area of coverage. Before doing so, the Department needs to know which providers are delivering effective services so that any expansion does enhance the achievement of the outcomes for child welfare.

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D. Gaps in Services

Socially Necessary Services, while a vital component of the service array, do not address all the treatment needs of families and children. One of the most serious gaps in services is in mental health. The comments captured in WB3, Item 23, mental health of the child are telling in this regard. "Stakeholders commenting on this issue were in agreement that it was a significant challenge in the state to meet children's mental health services needs. These stakeholders reported deficiencies in the array, quality and quantity of services and in the timeliness of services delivery. Stakeholders also questioned the thoroughness of mental health evaluations and the ability of therapists to address issues related to child abuse/neglect and adoption".

APS Healthcare which will oversee the process for Socially Necessary Services also oversees the ASO process for behavioral health services. APS Healthcare currently captures information on behavioral health services which could be useful for planning purposes. The Department will analyze this data as a part of its commitment to address this serious gap in services.

For example, APS Healthcare reports on services authorizations by disability group. This information is useful in examining the volume of services that are currently requested by disability group and type of service. However, this information does not identify unmet needs.

Through an evaluation of information from APS Healthcare in combination with other sources of information, such as the results of the assessments completed through the CAPS process, the Department could obtain a better understanding of unmet needs in the behavioral health area.

E. Expenditure of Title IV-B, Subpart 2, Funds

The Department anticipates expending 20% of the Title IV-B, Subpart 2, funds on the delivery of the following services: family preservation; family support; time-limited family reunification; and adoption promotion and support services. The Department will spend 10% of the Title IV-B, Subpart 2, funds on planning and 10% on service coordination.

Through reports on the ASO process, the Department will be better able to evaluate the requests for services under the four categories described above. Depending on the results of the evaluation, the Department may decide to reconsider the percentage of expenditures for the services described above.

The Department will not make any changes in the percentages described above until there has been consultation with staff in the Regional Office and approval by them of any proposed changes.

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6. Decision-making Process

As explained previously, Title IV-B, Subpart 2, funds for family support will be used to implement a differential response for Child Protective Services and Youth Services on a statewide basis. The model to be used will be based on the Family Options Initiative (FOI) which has been in operation on a limited basis for several years. Any agency willing to provide these services may enroll. This means that agencies will self select to provide family support services.

Whether or not the enrollment process will result in the acquisition of a sufficient number of providers remains to be seen.

The design for the Family Options Initiative included the recruitment of local, community-based providers. In some of the counties where FOI was provided, there were very few agencies to choose from. Most of the providers recruited were individuals with the appropriate credentials. In order to enhance the provision of services, training on child protective services was mandated for the providers.

The ASO process will require individuals who want to provide family support services to align themselves with an appropriately credentialed agency for billing purposes. This requirement may or may not have an effect on the number of persons willing to participate in the service delivery process. It will be necessary to carefully review the response to the enrollment process to insure that a sufficient number of providers do in fact elect to provide these services.

The FOI pilot project was based on securing the services of local agencies, statewide agencies with a local presence and interested individuals with the appropriate credentials. It was believed that the most effective services would be provided by agencies and individuals familiar with the local community and the characteristics of the local population. The Department intends to maintain this approach during the expansion.

4. Permanency Planning

All children/youth deserve and need a safe, permanent, and stable home in order to grow into a successful adult. When the safety of a child/youth or community has required removal of the child/youth from the home, permanency planning must begin the moment the child enters foster care and must drive services and actions for the child. Permanency is a process that permeates every part of the child welfare system.

Permanency planning is a systematic effort to provide long-term continuity for children in foster care. Permanency planning services are those services that provide a child in state's custody and in out-of-home placement a process to achieve a permanent, safe and stable placement in a timely manner.

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The Adoption and Safe Families Act and the Child and Family Services Review (CFSR) have established permanency outcomes and measures for children/youth that involve incentives and penalties for states based on their performance.

1. Child and Family Service Review

In May 2002, West Virginia went through their Child and Family Services Review. The CFSR did determine that West Virginia met some key items in relation to permanency for children/youth, but overall the State did not achieve substantial conformity for either of the national permanency outcomes. The areas that were determined to strengths are:

- Making diligent efforts to attain the goals of reunification, permanent placement with a relative, or guardianship
- Placing children in close proximity to parents or relatives
- Placing siblings together

Several items under the permanency outcomes were found to be areas that needed improvement. These items which were identified as needing improvement are:

- Foster care re-entries
- Stability of foster care placement
- Appropriate permanency goal in timely manner
- Achieve adoption in timely manner
- Permanency goal of other planned permanent living arrangement
- Visiting with parents and siblings in foster care
- Preserving connections
- Locating and assessing relatives as placements
- Parent-child relationship of children in foster care

2. Program Improvement Plan

Within the Program Improvement Plan, West Virginia identified several initiatives which will address these areas needing improvement and the national permanency outcomes for children/youth. The following is a list of those initiatives:

- A. Comprehensive Assessment & Planning Services (CAPS)
- B. Strengthening the Multidisciplinary Treatment Team Process
- C. Concurrent Planning
- D. Kinship/Relative Search & Placements
- E. Foster/Adopt Concept
- F. Journey Notebooks for Foster Parents
- G. PRIDE Training for Foster Parents

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These initiatives are integrated into Child Protective Service and Youth Service Processes for children/youth that are placed out of the home. In addition, other support services may be accessed to support the well-being of the biological family, including relatives; foster family; adoptive family; and the children/youth themselves through Social Necessity Services defined by the ASO.

3. Permanency Options and Issues

Kinship/Relative Care:

Relative/Kinship placements are often the best placement option for children/youth that are in need of substitute care when safety of the child/youth can be assured. These placements are often the least restrictive, most family-like alternative home life available and a way to maintain connections for a child/youth. As with all placements, kinship/relative providers must be evaluated for appropriateness.

As part of our Program Improvement Plan, the Department revised the Kinship/Relative Section of the Foster Care Policy to ensure better outcomes for children/youth. The revisions will improve and expedite the worker's efforts to search and locate relatives who may be a potential placement, improve the initial safety screening process for kinship/relative placements and expedite the formal home study process for kinship/relative providers.

Subsidized Legal Guardianship:

The Department utilizes a subsidized legal guardianship program as a permanency option normally for children/youth aged 12 and over in State's custody. The program can be utilized for children younger when they are placed in a kinship/relative placement. Legal Guardianship is the transfer of legal responsibility for a child/youth in State's custody, whose parental rights may or may not have been terminated, to a relative or a person(s) other than a relative. Legal Guardianship is intended to be permanent and self-sustaining, with the legal guardian assigned the total responsibility for the protection, education, care, control, custody, and decision-making for the child/youth. This program includes a maintenance subsidy to help cover the cost of caring for the child/youth and medical coverage for the child/youth. A conditional subsidy is available for legal guardians who do not wish to receive a subsidy immediately, but may need assistance in the future.

Multi-Ethnic Placement Act:

Section 554 of the federal Multi-Ethnic Placement Act requires states to make efforts to identify and recruit foster and adoptive parents who reflect the ethnic and racial diversity of children/youth for whom foster and adoptive homes are needed. The State will not delay or deny the

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placement of a child/youth on the basis of race, color, or national origin of the child/youth or the prospective parent(s).

Training on cultural diversity and sensitivity is offered to all child welfare staff through Social Work Education Consortium (SWEC) training. Information on the Multi-Ethnic Placement Act and its Inter-ethnic Adoption Provisions is provided in the Foster Care Policy for staff. The foster care home study certification process provided by the Department includes a comprehensive home study and training curriculum for potential foster and adoptive parents, with a full section devoted to discussions on ethnic and racial diversity. The Department is moving toward utilizing the PRIDE training curriculum statewide for all foster parents. The PRIDE training provides discussions on ethnic and racial diversity throughout the curriculum.

Cross-Jurisdictional Resources for Adoption/Permanency:

West Virginia utilizes several means by which families are located to become adoptive families. The State will not delay or deny the placement of a child/youth for adoption when an approved family is available outside the jurisdiction with responsibility for handling his or her case.

Color photos and detailed descriptions of the children/youth waiting to be placed in adoptive homes are provided on the State's Adoption Website to provide a wider opportunity for matching children/youth with potential adoptive parents. The Adoption Resource Network lists children/youth awaiting adoption on the internet through AdoptUSKids Website.

5. Coordination with Tribes

Currently, there are no recognized Indian Tribal Organizations in West Virginia as defined by the Indian Self-Determination and Education Assistance Act.

6. Child Welfare Waiver Demonstration Activities

Currently, there are no IV-E waiver demonstration projects in operation in West Virginia.

7. Inter-country Adoptions

The Department has not initiated any specific activities directed towards children adopted from other countries. Post adoption services are not available to children adopted from other countries. Children adopted from other countries and their families would be eligible for other child welfare services such as Child Protective Services and Foster Care provided that they met all applicable eligibility requirements.

The Department does not track adoption disruptions involving children from other countries. There are no accurate numbers for children who were adopted from other countries and who have entered state custody as the result of a disruption.

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8. Adoption Incentive Payments

Adoption incentive payment funds will be used to support the Socially Necessary Adoption Services being initiated by the Department.

9. Staff Training

Training has long been recognized as a key component in the development of competent staff. In order to function effectively on the job, child welfare staff must achieve mastery of a large and increasingly complex set of skills and knowledge competencies. Complicated state and federal laws must be learned, understood, applied, and a broad array of practice skills must be mastered.

A child welfare training program that can successfully carry out this responsibility is critical to the Mission and Goals of the Bureau for Children and Families (BCF). The Child and Family Services Review as well as new federal and state legislation and reporting requirements provide both the opportunity and the impetus for the Bureau to evaluate and revamp training efforts to achieve a new level of excellence in training for child welfare staff.

In July 2003, a major step was taken by the Bureau for Children and Families (BCF) to strengthen child welfare training in West Virginia when all training staff and activities were consolidated under a single Statewide Division. Prior to this point, all training activities took place on a regional basis with very little coordination and a great deal of regional variation in training content and activities. The creation of the new Division of Training has facilitated better coordination and consistency of child welfare training activities, and has facilitated the provision of training related to the Program Improvement Plan. A tiered Training Model was developed and adopted by the Bureau to identify and organize training content and activities. When fully implemented, all BCF child welfare training will be organized following this model with sequential course numbers and descriptions to identify how a particular training relates to the Training Model.

A large component of West Virginia's CFSR Program Improvement Plan relates to the training of child welfare staff. Training for current child welfare staff is underway in 13 content areas related to deficiencies identified in the CFSR. All Program Improvement Plan related training has been integrated into the training sequence for new workers hired after January 1, 2004. In addition, all existing training for Child Welfare staff is being evaluated to ensure that it stresses improving outcomes for children and families including safety, permanence, and well-being.

A key focus of the Bureau for Children and Families' five-year goals and objectives for Staff Development and Training will revolve around improving the quality of child welfare training in West Virginia. Plans are being developed to ensure that all the child welfare training curriculum is competency based, utilizing best practice competencies identified by the industry such as COA and CWLA. The identified competencies will include factors that play a role in improving the outcomes of safety, permanence, and well-being

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for West Virginia's children and families, tying in to the CFSR and West Virginia's Program Improvement Plan. Training evaluation activities are being expanded to evaluate transfer of learning and long-term retention and utilization of information learned in training. In addition, efforts are underway to integrate policy training with training on the SACWIS system, providing more streamlined and understandable training for new child welfare workers. In the next five years, all curricula will be reviewed and revised to integrate policy and systems information into a single curriculum package instead of two separate curricula.

Another focus area of the Five-Year Plan relates to the development training for new child welfare workers. While it is recommended that most of the training for child welfare workers be provided before the worker assumes a caseload, in practice this has been difficult to enforce. Like many other states, West Virginia is moving in the direction of having a pre-service training curriculum that is provided as a sort of "institute," followed by a series of in-service courses that may be taken after assuming a caseload within the first year of employment. We are in the process of developing this pre-service curriculum now for implementation in the next 18 to 24 months.

West Virginia's plan includes a major emphasis on the West Virginia Social Work Education Consortium (SWEC) in the planning and implementation of training activities for future, new, and existing staff. In the last year, SWEC has become more involved in training current child welfare staff through active participation in the provision of training in West Virginia's Program Improvement Plan. SWEC's role in child welfare training for BCF is projected to expand over the next several years as the partnership is strengthened, better coordinated, and improved. SWEC will be working with BCF to provide BSW and MSW education for existing and future Department professionals, in addition to providing identified training modules in the new child welfare pre-service curriculum and providing training to child welfare supervisors and tenured staff. SWEC will all participate in training new and existing foster parents statewide with both pre-service and in-service training, as identified in the Program Improvement Plan.

West Virginia's child welfare training plan includes the development and implementation of related to training and professional development of child welfare supervisors and tenured staff. Supervisory training has been identified as a key weakness in the current training that is being conducted by BCF, and will need to be strengthened. In addition, there has been no requirement for ongoing professional development of tenured staff other than what is required for social work licensure. Plans are underway to strengthen continuing education opportunities and develop Individualized Training Plans for staff to identify the training needs of each staff.

In order for these training activities to be effective, it is essential that all training sites are adequately equipped and arranged to be conducive to both paper and computer-based training. West Virginia's training plan includes a plan to evaluate and update training sites across the State. The long-term plan is to create regional training centers across the State.

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The following section consists of three components: Five-year goals and objectives for Staff Development and Training; a description of training for new Child Welfare workers including pre-service and in-service components; and a listing of brief syllabi of training activities.

Staff Development and Training Plan: Five-Year Goals

- I. Implement and maintain training related to the Child and Family Services Review/ Program Improvement Plan, including the following topic areas:
 - A. CPS Systems Testing and Certification for supervisors and workers
 - B. Domestic Violence Basic and Multidisciplinary Training (through the West Virginia Coalition Against Domestic Violence)
 - C. ASO and CAPS Training
 - D. PRIDE Foster Parent Training
 - E. Adoption, Permanency and Concurrent Planning, and MDT Training
 - F. Preserving Connections
 - G. Family Centered Practice
 - H. Substance Abuse Identification and Treatment
 - I. Placement Journey Notebook
- II. Develop and implement a mandatory Pre-Service Training Package.
 - A. Develop a comprehensive Pre-Service Training Curriculum for new child welfare workers consisting of 10-14 weeks of training.
 - B. Develop and implement structured on-the-job training activities related to the coursework sequence to build practice skills.
 - C. Restructure curriculum from child welfare policy and systems coursework into a single integrated curriculum.
- III. Develop and enhance in-service training and professional development for child welfare staff.
 - A. Expand opportunities for continuing education for Social Work licensure of child welfare workers.
 - B. Offer courses that maintain and enhance child welfare practice skills.
 - C. Develop and Implement Individualized Training Plans in the field to ensure that each child welfare worker's individual training needs are met.
 - D. Develop and implement online training calendars to improve communication about new worker training and professional development opportunities.
- IV. Develop Child Welfare Supervisory Training and Leadership Development Programs.
 - A. Develop and implement training for child welfare supervisors related to clinical supervision skills.
 - B. Identify potential leaders to plan for upcoming staff retirements.

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- C. Develop and implement Leadership Development Program to train potential child welfare leaders.
- V. Integrate and implement COA Standards in Child Welfare training curriculum.
 - A. Develop and implement material related to Orientation.
 - B. Develop and implement material related to Personnel Development.
 - C. Develop and implement material related to Training Content.
 - D. Develop and implement material related to Risk Management.
- VI. Partner with the West Virginia Social Work Education Consortium (SWEC) to provide child welfare training to current and prospective staff and to new and existing foster parents.
 - A. Contract with SWEC to provide educational stipends for training current and future child welfare workers.
 - B. Contract with SWEC to provide selected training to new child welfare workers beginning their employment with BCF.
 - C. Contract with SWEC to provide training to enhance child welfare workers' and supervisors' practice skills.
 - D. Contract with SWEC to provide comprehensive training to new and existing foster parents through pre-service and in-service training.
- VII. Develop and Maintain Regional Training Centers for Child Welfare Staff Training.
 - A. Assess existing training sites for their applicability to child welfare training.
 - B. Identify locations for new training sites, based on geographic need and space needs.
 - C. Obtain resources and develop sites.
- VIII. Develop technology-based training and tools for child welfare staff.
 - A. Assess curriculum for applicability for technology-based training.
 - B. Develop standards and protocol for web-based and other technology-based training.
 - C. Develop registration and record-keeping processes.
 - D. Develop and implement identified courses.
- IX. Enhance all existing curriculum to ensure it is competency-based.
 - A. Assess identified competencies of existing curriculum.
 - B. Compare identified competencies to national standards.
 - C. Revise competencies as indicated in the assessment process.
 - D. Revise tests to ensure they are based on the identified competencies.
 - E. Develop a multiple level evaluation process and integrate results into training.

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Description of New Worker Training

New Worker Pre-Service Training Sequence

The following training must be taken by new workers prior to assuming a caseload:

Training Sequence	Setting/Venue	Duration	Provider	Days/Hrs	Audience
FACTS Orientation – WebCT	Computer based Self-instruction	Short-term	Self-instruction	2 Hours	All CW Staff
New Worker Overview	Classroom, Computer Lab	Short-term	Staff Trainer	2 Days	All CW Staff
Introduction to Social Work in Child Welfare	Classroom	Short-term	SWEC	1 Day	All Non-BSW CW Staff
Human Behavior in the Social Environment	Classroom	Short-term	SWEC	1 Day	All Non-BSW CW Staff
Culturally Sensitive Practice/ Special Populations	Classroom	Short-term	SWEC	1 Day	All CW Staff
CPS Policy CPS Competencies (PIP)	Classroom	Short-term	Staff Trainer	3 Days	CPS
Chapter 49	Classroom	Short-term	Staff Trainer	2 Days	All CW Staff
Interviewing	Classroom	Short-term	SWEC or Staff Trainer	1 Day	All CW Staff
Hostile Client	Classroom	Short-term	SWEC or Staff Trainer	1 Day	All CW Staff
CPSS Week I	Classroom	Short-term	Staff Trainer	5 Days	CPS
FACTS CPSS Week I	Computer Lab	Short-term	Staff Trainer	1 Day	CPS
Basic Domestic Violence (PIP)	Classroom	Short-term	Staff Trainer or WVCADV	1 Day	All CW Staff
Substance Abuse (PIP)	Classroom	Short-term	SWEC	1 Day	All CW Staff
Permanency and Concurrent Planning (PIP)	Classroom	Short-term	Staff Trainer	1 Day	All CW Staff
Basic MDT	Classroom	Short-term	Staff Trainer	1 Day	All CW Staff

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CPSS Week I	Classroom	Short-term	Staff Trainer	5 Days	CPS
FACTS Court	Computer Lab	Short-term	Staff Trainer	2 Days	All CW Staff
Youth Services Policy and Law	Classroom	Short-term	Staff Trainer	1 Day	YS
Youth Services Assessment CAPS (PIP)	Classroom	Short-term	Staff Trainer	3 Days	YS
CPSS Week II	Classroom	Short-term	Staff Trainer	3 Days	CPS
FACTS CPSS Week II	Classroom	Short-term	Staff Trainer	1 Day	CPS
Foster Care/ FACTS Placement Journey Notebook (PIP)	Classroom, Computer Lab	Short-term	Staff Trainer	3 Days	All CW Staff
Foster Care/ Homefinding	Classroom	Short-term	Staff Trainer	1 Day	All CW Staff
Adoption (PIP)	Classroom	Short-term	Staff Trainer	1 Day	All CW Staff
Preserving Connections (PIP)	Classroom	Short-term	SWEC	1 Day	All CW Staff
Sexual Abuse Investigations Week I	Classroom	Short-term	Staff Trainer	4 Days	CPS

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New Worker In-Service Training Sequence

The following must be taken by all new workers within the first year of employment:

Type of Training	Setting/Venue	Duration	Provider	Days/Hrs	Audience
Advanced Interviewing	Classroom	Short-term	Staff Trainer	3 Days	CPS
Sexual Abuse Investigations Week II	Classroom	Short-term	Staff Trainer	4 Days	CPS
Out-of-Home Investigations (IIU)	Classroom	Short-term	Staff Trainer	1 Day	CPS
Advanced MDTs	Classroom	Short-term	Staff Trainer	1 Day	All CW Staff
Family Centered Practice (PIP)	Classroom	Short-term	Staff Trainer or Provider	1 Day	All CW Staff
CPSS Tests	Classroom	Short-term	Staff Trainer	2 Days	CPS
Multidisciplinary Domestic Violence	Classroom	Short-term	Staff Trainer and WVCADV	1 Day	All CW Staff
PRIDE Training for Child Welfare Staff	Classroom	Short-term	SWEC	3 Days	All CW Staff
Human Development	Classroom	Short-term	SWEC	1 Day	All CW Staff
PDA's	Computer Lab	Short-term	Staff Trainer	1 Day	CPS
Social Work Ethics I	Classroom	Short-term	SWEC	1 Day	All CW Staff
Social Work Ethics II	Classroom	Short-term	SWEC	1 Day	All CW Staff

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Syllabi of Training Activities

FACTS Orientation/ WebCT

This computer based course introduces new workers to the basic mechanics and functioning of the FACTS System, West Virginia's SACWIS system. The course will provide new workers with the background information they need to complete the *New Worker Overview* course. *Instructional Methods: Practice simulation; Computer practice; Individual activities.*

New Worker Overview

The course provides an overview of the basic functions of FACTS, West Virginia's SACWIS system. Topics covered in this training include logon procedures, confidentiality, FACTS standards, navigation, functions on the top level tool bar, access and use of on-line help, using the Workload screen, and entering intake information into the system. It provides a basis for all other FACTS coursework. *Instructional Methods: Lecture; computer practice; practice simulation; individual activities.*

Introduction to Social Work in Child Welfare

This course introduces workers who do not have a Social Work background to the field of Child Welfare Services, including the role of a Child Welfare Social Worker and the practice of Social Work in the Child Welfare System. *Instructional Methods: Lecture; small group activities; group discussion.*

Human Behavior in the Social Environment

This course introduces new workers who do not have a Social Work background to Family Systems theory and to concepts of assessment and intervention with Child Welfare clients in the context of their unique environments and cultures, including the importance of taking these factors into account when planning intervention with clients. The course also provides an introduction to concepts of human growth and development. *Instructional Methods: Lecture; small group activities; group discussion.*

Culturally Sensitive Practice/Special Populations

This course provides the worker with an understanding of the importance of cultural aspects and cultural complexities in the provision of Child Welfare Services, including the role that negative attitudes and stereotypes can have on services to clients. The course also covers aspects of special populations including persons with disabilities. *Instructional Methods: Lecture; small group activities; group discussion.*

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CPS Policy

CPS Competencies (PIP)

This course familiarizes the new worker with the policies and procedures of the Department of Health and Human Resources concerning the provision of Child Protective Services. Topics covered include the Adoption and Safe Families Act; CPS philosophy and purpose; CPS Competencies; stages of the CPS process; legal terms; reporting child abuse and neglect; CPS intake process; filing a petition; CASA; discovery and preliminary hearings; termination of parental rights; the role of the MDT; and confidentiality. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

Chapter 49

This course familiarizes new workers with the legal requirements for the West Virginia Child Welfare Program covered in Chapter 49 of the West Virginia Code. Topics covered include: legal terminology; Supreme Court decisions; the Gibson decree; role of the Federal government; Adoption and Safe Families Act; removing a child from a foster home; accepting custody by the Department; rules and types of evidence; emergency custody; court orders; taking custody in "Imminent Danger"; rights of parents and children; medical examinations; child's case plan; family case plans; reasonable efforts; termination of parental rights; permanency planning; mandated reporters; and confidentiality. *Instructional Methods: Lecture; small group activity; group discussion.*

Basic Interviewing Techniques

The purpose of this course is to introduce new workers to the basic skills and techniques necessary to conduct an effective interview with child welfare clients, including enabling workers to identify the nature and purpose of different types of interviews; assisting workers to identify and carry out the steps required in preparing for an interview; instructing workers on techniques necessary for establishing rapport and giving and getting information; and teaching workers how to close an interview. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

Hostile Client

The purpose of this course is to provide new workers with the knowledge to understand, recognize and assess subtle behavioral indicators that signal the possibility of potentially aggressive behaviors when working with clients in the child welfare system. Workers will have a basic knowledge of the Assault Cycle, learn effective and ineffective interventions for diffusing aggressive behaviors and learn how to keep themselves safe. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

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CPSS Week I

This workshop familiarizes the new worker with the policies and procedures of the Department of Health and Human Resources concerning the provision of Child Protective Services. Workers are taught how to use the Child Protective Services System (CPSS) assessment model of risk to assess and plan for intervention throughout the problem-solving process, from intake to case evaluation and closure. Participants are introduced to the philosophy of family centered practice in Child Protective Services (CPS) and the Family Systems Theory. Participants will learn how to: investigate reports of child abuse and neglect by using the CPSS Instruments; use appropriate interviewing skills; navigate through the intake and initial assessment practice protocols, assess for risk and safety; develop a safety plan; and make appropriate service referrals. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion; individual activity; reading.*

FACTS CPSS Week I

This workshop is taught in conjunction with CPSS training and provides practice experience on how to document an initial assessment, maltreatment findings, and the Community Services Plan and Safety Plan. *Instructional Methods: Lecture; computer practice; practice simulation; individual activity.*

Basic Domestic Violence (PIP)

This workshop provides a general review of the basic dynamics of domestic violence, including the cycle of violence, identifying domestic violence in families, and the effects of domestic violence on children. An emphasis is placed on developing appropriate safety plans with victims of domestic violence. This workshop also introduces participants to the domestic violence screening tool utilized by workers to help with the identification of domestic violence issues in families. *Instructional Methods: Lecture; small group activity; group discussion.*

Substance Abuse (PIP)

This workshop provides workers with the knowledge and skills needed to appropriately identify substance abuse as an underlying issue that can contribute to abuse and neglect. Participants review basic information about alcohol, tobacco, and other drug use and abuse, with an emphasis on how these substances impact family dynamics. Participants learn what constitutes drug and alcohol abuse, to what extent it is affecting family functioning, and how to determine if further assessment and treatment is necessary. The workshop also includes a review of DHHR policy related to identification and documentation of substance abuse issues, as well as referrals to the appropriate facilities. *Instructional Methods: Lecture; small group activity; group discussion.*

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Permanency and Concurrent Planning (PIP)

This training provides workers with an understanding of the difference between permanency options and other court-ordered permanency plans. Participants learn factors that impact permanency planning and the appropriateness of each option. Participants also learn the definition of concurrent planning and reasons for delays in revising and documenting permanency goals, and how to address these issues. In addition, participants learn how to support families through permanency planning, including absent fathers and relatives, and learn techniques and tools that can be utilized to support and encourage permanency. The workshop also includes a review of DHHR policies, State Code, and Federal Regulations that guide practice and examines the FACTS screens that are utilized for case documentation. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

Basic MDTs

This workshop provides workers with a basic understanding of the purposes and functioning of the Multidisciplinary Team (MDT), utilized for children who may be victims of abuse or neglect and children undergoing certain status offense and delinquency proceedings. Participants will learn the current statute regarding MDTs; the types of MDTs and their purposes; when the MDT must be convened; who the MDT members are; when, where, and how often they meet; and the MDT role in the assessment, permanency planning, and treatment planning process. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

FACTS Court

This workshop familiarizes the new worker with the processes and procedures related to documenting the court process for both CPS and Youth Services staff, including how to document custody information, petitions, hearings, and court orders. It includes information on documenting information in FACTS related to MDTs. *Instructional Methods: Lecture; computer practice; practice simulation; individual activity.*

Youth Services Policy and Law

This workshop familiarizes the new worker with the Youth Services philosophy, legal basis, policies and procedures of DHHR concerning the provision of Youth Services. *Instructional Methods: Lecture; small group activity; group discussion.*

Youth Services Assessment

This course familiarizes the new worker with procedures to use the Youth Services model of risk to assess and plan for intervention throughout the assessment and treatment planning process, from intake to case evaluation and closure. Topics covered include evaluating safety and risk; the Comprehensive Assessment and Planning System (CAPS) process; the rights and responsibilities of parents; the rights and responsibilities of DHHR workers; documenting the assessment; and working with the juvenile sex offender population. *Instructional Methods: Lecture; small group activity; computer practice; small group activity; practice simulation; group discussion.*

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CPSS Week II

This course familiarizes the new worker with the Family Treatment Plan, including the purposes of Family Assessment and Treatment Planning; decisions associated with family assessment and treatment; how treatment fits in the CPS process; how to conduct a family assessment and develop a treatment plan; principles of individual and family change; motivation and change with involuntary clients; client involvement in treatment planning; use of outcomes in treatment planning; decisions associated with and completion of a case evaluation and closure; reunification; and notification of providers. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion; individual activity; reading.*

FACTS CPSS Week II

This workshop is taught in conjunction with CPSS Week II training, and provides practice experience on how to document a Family Assessment and Treatment Plan in the FACTS system. *Instructional Methods: Lecture; computer practice; practice simulation; individual activity.*

Foster Care/FACTS Foster Care

This three day workshop provides an overview of foster care policy as well as its application in the FACTS system. Topics include definition; legal basis for foster care; federal legislation and Supreme Court decisions; Consent Decrees; philosophical principles and goals of foster care; how children enter foster care; parental rights and responsibilities; types of care; out-of-state placement; emergency shelter foster family care; group care; residential placement; Title IV-E requirements; sibling placements; visitation and contacts; assessment and case review; permanency and concurrent planning; adoption; confidentiality; assessing for child well-being; termination of parental rights; and discharge planning. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

Adoption: Teamwork Towards Permanence

This workshop introduces participants to issues related to adoption that they will encounter in the course of practice. Participants learn when adoption should be considered as an option for a child, particularly older children, and how to be diligent in their efforts to achieve adoptions in a timely manner. They also learn about problems common to adopted children and intervention strategies that address underlying emotional issues of children who are waiting to be adopted. The workshop includes a review of DHHR policies, State Code, and Federal Regulations that guide practice as well as the opportunity to demonstrate and enhance their documentation skills using the FACTS system. *Instructional Methods: Lecture; small group activity; group discussion.*

Preserving Connections

This course introduces participants to issues related to separation and loss that they will encounter in the course of practice. Participants learn techniques to support and

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encourage the parent-child relationship, why it is important to preserve a child's connections to family, community, culture, faith, and friends, and how this can be accomplished. *Instructional Methods: Lecture; small group activity; group discussion.*

Sexual Abuse Investigations Week I

This training is designed for CPS workers and focuses on the responsibilities of CPS in the area of intra-family sexual abuse. Topics covered include the dynamics of intra-family sexual abuse, initial assessment in child sexual abuse, interviewing the identified child, interviewing siblings, interviewing non-sexually abusive parents, interviewing sexually abusive parents, substantiation determination, and evaluation of children's safety. It is required for all CPS workers who are or will be working with child sexual abuse allegations. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion; individual activity; reading.*

Advanced Interviewing

This training provides the worker with a more in-depth understanding of the state-of-the-art theory and research related to interviewing children who have been sexually abused. The main focus of the workshop is to provide the worker with practice opportunities to apply and improve skills and knowledge related to interviewing victims of sexual abuse through self-analysis and feedback from co-workers. Practice sessions are videotaped for analysis by other participants. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion; videotaping; individual activity; reading.*

Sexual Abuse Investigations Week II

This workshop covers family assessment and treatment in CPS sexual abuse cases, including treatment concepts; family assessment purposes/areas of study; family assessment protocol; purpose and approach to treatment planning; treatment outcomes; issues impacting the sexually abused child; treating the sexually abused child, non-sexually abusive parent, and sexually abusive parent; issues of treatability; assessing readiness for family treatment, and intervention and treatment strategies. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion; individual activity.*

Out-of-Home Investigations

This course provides the worker with hands-on instruction in the FACTS system and CPS out-of-home investigation policy. Workers learn how to document out-of-home intakes involving foster care, child care, and school allegations of maltreatment. Workers also learn the steps necessary to complete the investigation process and how to document the required information. *Instructional Methods: Lecture; computer practice; practice simulation; group discussion.*

Advanced MDTs: An Experiential Approach

This experientially based workshop enhances participants' skills related to leading and participating in Multidisciplinary Team meetings (MDTs). A brief review of DHHR

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policies and procedures regarding the use of MDTs is provided, followed by a series of structured experiential learning activities and discussions designed to address common and potential problem situations that can arise in the MDT process. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

Family Centered Practice

This workshop provides workers with an understanding of the concept of “Family Centered Practice” as it relates to child welfare practice, including the advantages of this approach to working with children and families and how to apply the concepts to practice. Workers engage in a variety of activities that encourage them to understand the importance of the key elements of Family Centered Practice. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

CPSS Tests (PIP)

This course includes two days of testing for the certification of Child Protective Services workers. Day One includes an objective knowledge-based test, while Day Two includes a skills-based test based on mock CPS intake information. Supervisors must pass both tests with a score of 80% or higher, while workers must pass with a minimum score of 70% to continue practice beyond the first year of employment. *Instructional Methods: Written testing.*

Multidisciplinary Domestic Violence (PIP)

This course, which is team-taught with domestic violence advocates, law enforcement officials, legal system representatives, and private agency representatives, provides workers with a community treatment perspective of domestic violence issues and interventions with child welfare clients. *Instructional Methods: Lecture; small group activity; group discussion.*

PRIDE Training for Child Welfare Workers

This training provides child welfare workers with an overview of the information presented in new foster parent orientation and training to ensure that workers and foster parents work together as a team. *Instructional Methods: Lecture; small group activity; group discussion.*

Human Development

This training provides a more in-depth look at issues surrounding human growth and development throughout the life cycle, with an emphasis on issues and factors that are important to child welfare practice. *Instructional Methods: Lecture; small group activity; group discussion.*

PDAs

This workshop teaches new workers how to use PDAs to work off-line from the FACTS system, and demonstrates other PDA tools available to workers to help them perform

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their jobs more efficiently. *Instructional Methods: Computer practice; practice simulation; group discussion.*

Social Work Ethics I and II

These two workshops familiarize new workers with the professional code of conduct for social workers in the child welfare system and the importance of ethical practice. Participants learn the components of the Code of Ethics; ethical responsibilities to clients and other professionals; confidentiality and protection of case records; access to records; how the Code of Ethics is enforced; and the importance of examining ones own values and beliefs in everyday practice. Practical applications are provided to child welfare case scenarios. *Instructional Methods: Lecture; small group activity; practice simulation; group discussion.*

10. Evaluation and Technical Assistance

The Office of Planning and Quality Improvement within the Bureau for Children and Families has developed a Continuous Quality Improvement Process which includes the collection of information through case record monitoring reviews and peer reviews, staff and stakeholder interviews, and surveys and focus groups. The data gathered from this process is analyzed and feedback is provided through regular reporting. Program Improvement Plans are formulated and implemented based on individual results of each local. Monitoring and data collection begins again to determine the impact of the corrective action on the stated program outcomes. The process is continuous and ongoing and involves staff at every level through the utilization of Quality Improvement Councils.

Quality Improvement Councils

Quality councils operate on the local, regional and state level. The role of the councils at the local and regional level is to utilize the data from internal and external reviews to identify strengths, areas for improvement, local gaps in services, training needs, policy clarifications or any other local or systemic factor which effects performance. At the state level, the Quality Council addresses issues brought forward from the regional and local councils which require further assistance to address. Generally, these issues are systematic in nature and require interventions and decisions which are beyond the ability of the local and regional councils to address. Minutes of all meetings are kept and posted on the agency's website.

Monitoring Review Process

On-site Reviews

Surveys

- Worker/Supervisor Survey will use the COA Staff Satisfaction Survey results.
- Surveys for Judges and Prosecutors will be mailed in conjunction with the COA surveys.

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- Provider survey will utilize the COA Provider Survey results.
- Foster Parent Provider Survey will utilize the COA Foster Parent Survey results.
- Consumers/Families would utilize the COA Consumer Satisfaction Survey results.
- Results for these surveys could be broken down by District and used in preparing the reports of the onsite reviews for the District.

Schedule

- Update schedule of on-site reviews annually in conjunction with Program Manager for Family Support Reviews. Release review schedule to the field annually prior to the month of July of that review year.

Sample

- In the first week of the month prior to the start of a quarter (December, March, June, and September), request from the Programmer Analyst in the Office of Planning and Quality Improvement, a peer review sample for each District in the State to use during the upcoming quarter (January-March, April-June, July-September, and October-December).
- The peer review sample will include open CPS cases, with and without placement, youth services cases with placement, foster care cases, initial assessments and screened-out intakes.
- The Programmer Analyst will use the FACTS database to generate the reports listed below:
 - CPS referrals screened out in the 3 months preceding the date on which the reports are run by county;
 - CPS referrals accepted and investigated in the 3 months preceding the date on which the reports are run by county;
 - CPS cases without placement active on the last day of the month preceding the date on which the reports are run by county;
 - CPS cases with placement active on the last day of the month preceding the date on which the reports are run by county;
 - Foster Care cases active on the last day of the month preceding the date on which the reports are run by county;
 - Adoption cases active on the last day of the month preceding the date on which the reports are run by county;
 - Youth Services cases with placement active on the last day of the month preceding the date on which the reports are run by county;

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- CPS cases, with or without placement, closed during the 3 months preceding the date on which the reports are run by county;
- Foster Care cases closed during the 3 months preceding the date on which the reports are run by county;
- Youth Services cases with placement closed during the 3 months preceding the date on which the reports are run by county;
- Random sampling software will be applied to generate a sufficiently larger than 10% random sample of FACTS case or intake numbers for each report type. Numbers will be taken from the random sample to identify cases to be used for the on-site review and the sample of screened-out intakes and initial assessments to be reviewed by social services reviewers for the District. A minimum number sample will be used of 8 screen-out intake numbers and 15 initial assessment numbers. The report types for all the counties in a District will be combined to create the universe from which the random sample will be drawn for on-site review cases. If the District has only one county the report results will be combined with those of another like report (e.g., CPS cases closed for a county with CPS cases active for the same county) to create a minimum number of FACTS case or intake numbers for randomizing.
- Assign team leaders for all reviews.
- The Programmer Analyst will provide the randomly chosen sample of cases, intake and investigation numbers to the Program Manager who will forward the case numbers to the team leader for each District undergoing an on-site review during the quarter.
- The Program Manager will assign the intakes and initial assessments to be reviewed by OP&QI social services review for the District undergoing the on-site review. Reviews will be completed using the Screened-Out Intake and Intake and Initial Assessment Peer Review instruments.
- The team leader for each review will check the case numbers in order that they appear on the random sample for usability. The team leader will next check usable cases for key participants in the case to be interviewed during the on-site review.

Review Process Begins

- Five weeks prior to on-site review date, the OP&QI team leader for the District being reviewed will send out a CSM Survey, request that it be completed and returned prior to the start of or during the on-site review.
- Determine number of field staff reviewers who will participate in the review. The team leader will recruit reviewers from field supervisors and staff who have been oriented. A minimum of two orientation/training sessions for new on-site reviewers will be scheduled during each review year.

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- Four weeks prior to the on-site review date, provide review sample case numbers to the District(s)/Counties to be reviewed. Request that those paper records be made available to the OP&QI staff during the on-site review. Request that interviews with the key participants in those cases be scheduled during the on-site review. (See Attachments, B, C, and D)
- Three weeks prior to the on-site start date, coordinate with Family Support to send an introductory conference with the District CSM. Send Confirmation Memo to the District CSM.
- The on-site review will be two to five days in duration according to the size of the District. Cases will be pre-reviewed in FACTS and reviews will be completed on-site using paper records and case focused interviews. The CSM and social services supervisors will be interviewed concerning general District operations during the on-site review.
- Social Services reviewers will debrief all cases reviewed each day as a total team at the end of the day. OP&QI social service reviewers will tally results, share results of case participant and staff interviews, and discuss quality issues.
- On the day or the morning prior to the exit interview, the review team will determine what will be shared with the District administration at the exit conference and coordinate exit conference time/information with Family Support reviewers.
- Hold exit conference, provide feedback on the review results overall. Invite feedback by District(s) to reviewers. Provide the CSM with a written exit report, covering the preliminary findings which are shared with them at the exit conference.

Feedback

- Review report to be completed/submitted within one month of the exit conference.
- Request copies of any corrective action plan imposed on the District by the Region as a result of the on-site review. Request copies of monitoring/progress reports from the regional social services Program Manager in preparation for the District's next on-site review.
- Respond to any requests from the District for further information on results or for clarification.

OP&QI Child Welfare Review Responsibilities:

- Provide the Community Services Manager with a list of cases to be reviewed

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- Review those cases in FACTS (prior to the date of the on-site) and in the paper records
- Hold an introductory on-site interview with the Community Services Manager
- Conduct case focused interviews with case participants including but not necessarily limited to CPS case management staff, children and their parents, and providers
- Arrange and conduct interviews with the Community Services Manager and Child Welfare Supervisors regarding Department and District operations in general
- Hold an exit interview with the Community Services Manager
- Complete and submit a written review report within a month of the exit interview

Assistance Needed From the District

- Complete and return the CSM Survey
- Arrange for on-site interviews at the District office (to the extent possible) with case participants, including private interview spaces
- Provide the review team with a master interview schedule prior to the day of the start of the on-site review
- Have paper records available for review
- Participate in the introductory interview by the Community Services Manager
- Participate in individual interviews by the Community Services Manager and the Child Welfare Supervisors
- Availability of the Community Services Manager, Child Welfare Supervisor(s), or if necessary, a back up to address review related issues or logistical questions
- Participate in the exit interview by the Community Services Manager (It is the prerogative of the Community Services Manager to include the Child Welfare Supervisors.)

Peer Reviews

- OP&QI will determine the sample size of peer reviews required by type, Region and District. The sample size will include reviews done by OP&QI staff in order to achieve a 6% confidence interval. Information on the number of reviews already completed by OP&QI Social Services Reviewers will be provided. Also, OP&QI staff will complete all closed adoption case reviews. A number of projected closed adoption reviews will also be provided by OP&QI.
- The Program Managers will have the samples cases (and I/A's if applicable for a District) pre-checked for usability.
- The reviews will be conducted by groups of reviewers at central sites.

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- When the useable number of required cases is identified, the Program Managers will direct appropriate staff to bring the paper records for the cases to be reviewed to the review site on the day the group review is scheduled.
- If the group review is not conducted at a FACTS training site, the Program Managers will direct appropriate supervisors to see that the cases to be reviewed are printed from FACTS. Printing cases will likely be necessary for adoption cases in regions or instances where they are restricted.
- Program Managers will develop a list of qualified and approved reviewers (as well as observers who are not yet qualified if wanted).
- Program Managers will locate and reserve appropriate review sites and commit staff reviewers to the scheduled review sessions.
- When assigning reviewers to cases, workers will not be assigned or allowed to review their own work, and supervisors will not be assigned or allowed to review the work of the workers they supervise.
- Reviews will be recorded on the Peer Review Protocol and Face Sheet forms. It is preferred that the reviews be recorded electronically if at all possible. Review forms and face sheets can then immediately be sent to both the Program Manager and Steve Pendleton of OP&QI.
- If reviews are completed on paper versions of the review forms, the OP&QI reviewer assigned to provide technical assistance to that review group will copy all forms before the forms leave the group site (absent a OP&QI reviewer—i.e., Region no longer needs technical assistance--Steve Pendleton will contact the Program Manager to obtain copies).
- OP&QI Social Services Review staff will be available to provide technical assistance for the group reviews as long as the Program Managers and Social Service Reviewers believe such assistance is needed.
- After reviews are completed and results obtained by OP&QI, they will be compiled and sent them back to the Regions, and appropriate local Quality Councils; they will also be sent back to the Districts if requested.

Data Analysis

The data from the on site and peer reviews will be analyzed both qualitatively and quantitatively. Data from both reviews will be collected in a sample size sufficient to achieve a 6% confidence interval. Quantitative data is measured against already identified compliance criteria. Qualitative data is measured against identified criteria of best practice. The results of the analysis will be provided to the appropriate entities as feedback and the basis of corrective action. Through the Quality Council process, field staff will utilize the data and preliminary analysis to determine the best course of action for improvement. Resource analysis and training needs will be identified and referred to the appropriate channel.

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Corrective Action

A corrective action plan is due from the district office within 60 days of receipt of the results of the on site review. The corrective action plan is monitored by the Child Welfare Consultant and modified as data from quarterly peer review results are received. The plans are submitted to the Program Manager for the Office of Planning and Quality Improvement and an annual comparison of progress is made at the next on site review.

Annual Review of the CQI Process and Technical Assistance

The Continuous Quality Improvement Process will be reviewed annually to determine the impact of the process in improving outcomes. Surveys will be conducted with staff regarding satisfaction with the process and suggested improvements. Technical assistance will be sought from the National Resource Center for Organizational Improvement at least annually to assist in evaluating and refining the CQI process to improve its effectiveness based on the feedback from the field.

OP&QI will implement and maintain the Continuous Quality Improvement process related to the measurement of the outcomes as defined by the Adoption Safe Families Act and that is consistent with accreditation standards as documented in Appendix B.

The Children's Services staff in the Office of Children and Adult Services will review the results of the reviews and consult with staff from the Office of Planning and Quality Improvement. This consultation will help to identify which policy and program changes needed to be made in order to enhance compliance with the IV-B and Program Improvement Plans.

Technical Assistance

Technical assistance from other available National Resource Centers will be sought based on identified need from the results of the reviews and from within the divisions of the Bureau. The point person for technical assistance requests will be the Division Director.

Staff in the Office of Children and Adult Services will consult with the National Resource Center on Permanency Planning to discuss technical assistance on concurrent planning, the foster/adopt concept and building bridges between foster and biological parents. The goals of the technical assistance are to achieve permanency more expeditiously (concurrent planning and foster/adopt recruitment, training and support) and to maintain connections between parents and their children who are in out-of-home care (building bridges).

The Department is already receiving technical assistance from the National Resource Center on Child Maltreatment and will continue to do so over the coming months. The technical assistance is directed towards a revision of the treatment planning component of the Department's Child Protective Services decision-making model. It is expected that improvements in treatment planning should enable Department staff to either

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reunite families and children or develop an alternative permanency option more expeditiously.

The Department has hired 4 Child Welfare Consultants (CWC) for the purpose of providing technical assistance and support to field staff. In addition to these individuals, there is a plan to hire 4 more Child Welfare Consultants in the future. The CWCs will be providing policy interpretations and clarifications, best practice models to improve practice and consistency, mentoring and support for supervisors, assistance in case reviews and will be working with OP&QI to identify issues that need addressed.

Review Criteria

On-Site Reviews

OUTCOME S1. Children are, first and foremost, protected from abuse and neglect.

Item 1 **Timeliness of Initiating Investigations:** Was face to face contact made within assigned response time? Cases rated based on referrals received during the Period Under Review.

Item 2 **Repeat Maltreatment:** Two or more substantiated or indicated reports within a six month period, with at least one during the Period Under Review.

OUTCOME S2. Children are safely maintained in their homes whenever possible and appropriate.

Item 3 **Services to families to protect children in home and prevent removal:** Were services sufficient, timely, and appropriate to protect the children in the home and prevent removal?

Item 4 **Risk of Harm to Children:** Identifies whether safety was the primary concern in case planning and how the agency is managing the risk that necessitated placement or provision of services.

Outcome P1. Children have permanency and stability in their living situation.

Item 5 **Foster Care Re-entries:** Did the child enter custody during the Period Under Review. If so, was the re-entry within 12 months of previous discharge?

Item 6 **Stability of Foster Care Placement:** Were placement changes directly related to helping child achieve case goals? How is the child doing in the current placement? Is current placement stable? Cases rated based on Period Under Review.

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- Item 7** **Permanency Goal:** Is an appropriate goal in place? If the child has been in custody 15 of last 22 months, has TPR been pursued or has an exception been noted?
- Item 8** **Rated only when permanency goal is Reunification, Guardianship, or Permanent Placement with Relatives:** Was the goal achieved in 12 months? What, if any barriers? What were the agency's efforts to achieve the goal?
- Item 9** **Rated only when the permanency goal is Adoption:** Was the adoption finalized within 24 months of the child's entry into foster care? Barriers? If case is less than 24 months old, are steps in place to finalize within 24 months?
- Item 10** **Rated only when permanency goal is Permanency Goal of Other Planned Permanent Living Arrangement.** Examines the appropriateness of a goal that rules out adoption, guardianship, or return to family. Was child's best interests considered in setting goal and is decision continually reviewed for appropriateness.

OUTCOME P2. The continuity of family relationships and connections is preserved for children.

- Item 11** **Proximity of Foster Care Placement:** Location of most recent placement. If parents living separately, considers the parent who is most involved in case planning and with which the child most likely to be reunified. Is placement outside the community for purposes such as individualized needs of the child?
- Item 12** **Placement with Siblings:** Assesses agency efforts to keep siblings together. Exceptions related to safety. Cases rated based on Period Under Review. History is noted.
- Item 13** **Visiting with Parents and Siblings in Foster Care:** What is the most typical visitation pattern? Are there other forms of contact? Is the frequency within state policy? Were efforts made by the agency to support visitation?
- Item 14** **Preserving Connections:** What are the child's primary connections? (Family, community activities, school, church, etc). How were connections addressed and maintained?
- Item 15** **Relative Placement:** Were both maternal and paternal relatives considered? Was the non-custodial parent considered before other relatives? Were relatives continually assessed throughout the placement process? If relatives were not evaluated, or were evaluated and not used, were reasons documented?

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Item 16 **Relationship of Child in Care with Parents:** What is the nature of the parent/child relationship? Did the agency make efforts to support the relationship? What is the quality of visits between the child and parents?

OUTCOME WB1. Families have enhanced capacity to provide for their children's needs.

Item 17 **Needs and Services of Child, Parents, and Foster Parents:** Examines assessment of needs and provision of services. Focuses on needs and services of the children, parents, and foster parents. Were assessments timely and adequate? Were services timely and appropriate?

Item 18 **Child and Family Involvement in Case Planning:** Is a current case plan/case evaluation completed? Is there evidence of family involvement in the development of a case plan? Did parents and child(ren) have opportunity to discuss strengths, needs, goals, and case evaluation? How did the agency engage the child(ren) and parent in specific activities?

Item 19 **Worker Visits with Child:** What is most typical pattern of visits during the Period Under Review? Are contacts consistent with needs of child, treatment planning, and agency policy? What are the reasons for lack of visiting? Do visits include case planning and discussion about progress and goal achievement?

Item 20 **Worker Visits with Parents:** What is most typical pattern of visits during the Period Under Review? Are contacts consistent with needs of parent, treatment planning, and agency policy? What are the reasons for lack of visiting? Do visits include case planning, evaluation, and discussion about progress and goal achievement?

OUTCOME WB2. Children receive appropriate services to meet their educational needs.

Item 21 **Educational Needs of Child:** Rated for all children in placement. What are the identified needs of child? Were services provided to support needs? Appropriateness of services for identified needs? Educational records in file? Rated for families receiving in-home services only if educational needs are relevant to the reason the agency is involved with the family.

OUTCOME WB3. Children receive adequate services to meet their physical and mental health needs.

Item 22 **Physical Health of Child:** Item is rated for all children in placement. Was initial health examination upon foster care entry within guidelines? Addresses immunizations, frequency of subsequent health screenings and dental care, and identified health and dental needs. If relevant to reason

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family is receiving services, is physical health addressed in treatment plans on in-home cases?

Item 23 **Mental Health of Child:** Item is rated for all children in placement. Was mental health assessment completed upon child entering foster care? Was on-going assessment of mental health needs completed? Are current needs being met with appropriate services to improve mental health issues. If relevant to reason family is receiving services, is mental health addressed in treatment plans on open CPS cases?

Review Criteria

Peer Review

1. Safety
Safety of the child was assured.
 1. Safety of the child was assured.
 2. Safety of the child was not assured or is questionable.

2. Family Needs
The needs of the family are identified.
 1. The needs of the family are clearly identified.
 2. The needs of the family are identified, yet they could be stated more clearly.
 3. The needs of the family are difficult to determine.
 4. The needs of the family are not identified.N/A--The family did not display any areas of need.

3. Family Strengths
The family strengths are identified.
 1. The family strengths are clearly identified.
 2. The family strengths are identified, yet they could be stated more clearly.
 3. It is difficult to determine any family strengths.
 4. No family strengths have been identified.

4. Available Resources
Resources available to the family were identified.
 1. Resources were identified and offered to the family to assist them.
 2. No resources were identified or offered to the family.N/A--There was no need for resources to be identified or offered to the family.

5. Comprehensive Assessment
The assessment indicates factors specific to the family were considered to determine if any special treatment approaches were necessary.

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1. The assessment is very comprehensive in nature and covers numerous factors in order to determine the needs of the family. These factors may include race, ethnicity, religion, socioeconomic status, etc.
 2. The assessment is fairly comprehensive in nature and covers some of the factors that may assist in determining the needs of the family.
 3. The assessment was lacking in many areas and did not fully address all of the factors that may impact the needs of the family.
 4. The assessment was not complete.
6. Understanding of the Family
The assessment provides a clear understanding of the family.
1. The assessment contains detailed information through the genogram and ecomap that provides a clear understanding of the family system.
 2. The assessment provides an adequate amount of information to have an understanding of the family system, yet additional information would have been helpful on the genogram and ecomap.
 3. The assessment does not contain enough information, especially through the genogram and ecomap to provide an understanding of the family system.
 4. The assessment does not contain any information on the genogram or ecomap about the family system.
7. Supervisory Review
The supervisor reviewed and signed the assessment.
1. The supervisor reviewed and signed the assessment.
 2. The supervisor did not review and sign the assessment.
8. Currency
The assessment is current and re-evaluated on a regular basis.
1. The assessment has been completed as required at the 30, 60, and 90-day intervals.
 2. The assessment was completed during the initial 30 days, yet the re-evaluation periods may be delayed.
 3. The assessment was not completed within any of the required time frames, and may have never been re-evaluated.
 4. The assessment is not complete.
- N/A--The assessment was closed after the original 30-day period.
9. Overall Quality
Rating for the overall quality of the comprehensive assessment.
1. The assessment is very comprehensive, timely, and guides the service delivery process.
 2. The assessment is fairly comprehensive and timely, while a few of the elements are missing.
 3. The assessment is lacking in specificity and timeliness.

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4. The assessment is not complete or is of very poor quality.

Rating is the total number of points awarded for questions 1-9, divided by nine.

10. Assessment Findings

The assessment findings were the basis of the service plan.

1. The findings documented through the assessment correspond with the family's service plan in that the issues identified in the assessment are being addressed through the service plan.
2. The findings in the assessment are related to the family's service plan, yet there are items that are not being addressed on the service plan that were identified through the assessment.
3. The items that were identified through the assessment are vaguely addressed on the service plan.
4. There is no service plan and/or there was no completed assessment.

11. Needs and Strengths

There is a correlation between the needs and strengths of the family identified through the assessment and the service plan.

1. The strengths of the family that have been identified are being built upon to address the family's areas of need.
2. The family's areas of need are being addressed while their strengths could be built upon in a more comprehensive manner.
3. There is little correlation between the family's strengths and their areas of needs.
4. There is no service plan.

12. Time Limited Goals

The goals of the service plan are time limited.

1. The goals outlined in the service plan are time limited.
2. The goals outlined in the service plan are time limited, while they appear unattainable in the time frames or the time frames may be too long.
3. The goals outlined in the service plan are very vague and do not have clear time frames associated with them.
4. There is no service plan.

13. Behaviorally-Specific Goals

The goals are behaviorally specific.

1. The goals outlined in the service plan are behaviorally specific, in that they clearly identify what each person must accomplish.
2. The goals outlined in the service plan are fairly behaviorally specific, while they may lack some clarity in what is required in one or two of the goals.
3. The goals outlined in the service plan are not behaviorally specific and it is difficult to determine exactly what must be accomplished.
4. There is no service plan.

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14. Plan Development

The plan was developed within 30 days.

1. The service plan was developed within the 30-day time frame.
2. The service plan was not developed within the 30-day time frame or there is no plan.

15. Family Participation

The family participated in the development of and signed the service plan.

1. Family participation in the development of the service plan is evident and the family signed the plan.
2. The family signed the service plan, yet the full extent of their participation in the development of the plan is unclear.
3. The family may have signed the plan, yet it is clear that they were not involved in the process of developing the plan.
4. There is no service plan.

Rating is the total number of points awarded for questions 10-15, divided by six.

16. Safety issues (foreseeable dangers) addressed.

Safety issues (foreseeable dangers) identified in the initial assessment or in the course of the family assessment/case evaluation have been addressed and no longer threaten the child.

1. An adequate safety plan, which addressed all foreseeable dangers identified, was implemented in a timely manner.
2. A less than totally adequate safety plan which did not address all foreseeable dangers identified was implemented which, nevertheless, did permit the child to remain in his/her own home.
3. An inadequate safety plan was implemented which left the child unsafe or led to the child being removed from his/her home.
4. No safety plan was created or a safety plan was created but never implemented.

NA---Case does not require a safety plan.

17. Safety plan discontinued.

Agency liability for closing a case while there is a safety plan still in effect was prevented.

1. Safety issues have been resolved and all safety plans have been discontinued.
2. Safety issues have been resolved but safety plans have not been discontinued.
3. Safety issues have not been resolved but safety plans have been discontinued.

NA---Case does not have a safety plan.

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18. Safety plan analysis completed.

The safety plan was reviewed and analyzed periodically.

1. When safety issues remain, the safety plan has been reviewed and a continuing safety plan analysis has been completed every 30 days.
2. When safety issues remain, the safety plan has been reviewed and continuing safety plan analysis completed but not every thirty days.
3. When safety issues remain, the safety plan has been reviewed and at least one continuing safety plan analysis has been completed.
4. When safety issues remain no continuing safety plan analysis has been completed; or no safety plan was created when one was needed.

NA---Case does not have a safety plan.

19. Family knowledge of safety plan.

The safety plan was reviewed with the family; they agreed to its implementation and signed it.

1. A signed copy of the safety plan is in the family's hard copy record; contacts are documented in FACTS that the plan was discussed with the family and a copy provided to them.
2. A signed copy of the safety plan is in the family's hard copy record but there are no contacts documented in FACTS that the plan was discussed with and a copy provided to the family.
3. Contacts are documented in FACTS that a safety plan was discussed with and provided to the family but there is no signed copy of the safety plan in the family's hard copy record.
4. There is no documentation of the safety plan being discussed with, provided to and signed by the family and there is no signed safety plan in the family's hard copy record.

NA---Case does not have a safety plan.

Rating is the total number of points awarded for questions 16-19, divided by four.

20. Family Participation in Plan Changes

The family is involved in making any changes to the service plan.

1. Full family participation is apparent in making any changes to the service plan.
2. Partial family participation is evident in making any changes to the service plan.
3. The family was not involved in making any changes to the service plan.
4. There is no service plan.

N/A--There have not been any changes made to the original service plan.

21. Household Family Member Participation

All household family members were offered an opportunity to participate in the planning and delivery of services.

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1. Every household family member participated in the planning process and delivery of services.
 2. All household family members were offered the opportunity to participate, while not all chose to participate.
 3. Not all of the household family members were provided with an opportunity to participate in the planning and service delivery process.
 4. None of the household family members participated in the planning or service delivery process.
22. Service Provision
The services being provided to the family are adequate to meet their needs as identified in the assessment.
1. Services provided to the family fully meet their needs as identified in the assessment.
 2. Services provided to the family meet most of their needs as identified in the assessment, while additional services may be warranted.
 3. Services provided to the family do not correlate with the assessment of the family needs.
 4. There are no services being provided to the family.
23. Case management tasks are clearly defined.
The Department caseworker has detailed his/her responsibilities in the implementation of the plan and in providing services to the family.
1. All case management tasks are specific and relate directly to the service provision period (the following 90 days) under review. Specific tasks are specified/updated with each case evaluation (every 90 days).
 2. Case management tasks are specific and relate to the service provision period (following 90 days) under review. However, a necessary task may be omitted, or some tasks may be stated generally and not related directly to the service provision period (initial service plan or case evaluation) under review.
 3. Most or all case management tasks are general and not related to the service provision period under review.
 4. Case management tasks are not specified or there is no service plan.
24. Service plan evaluated every 90 days.
Case evaluations have been completed every 90 days as required by Policy. Progress on goals is documented, goals are revised as needed, case management tasks and client tasks are updated, and analysis is completed.
1. Case evaluations are completed at or before the 135th day (45 plus 90 days) and every 90 days thereafter.
 2. Case evaluations are completed at approximately 90-day intervals, but the period of time between some evaluations is longer than 90 days but no more than 100 days.
 3. Case evaluations are completed at 90-day or approximately 90-day intervals, but one or more 90-day interval evaluations were missed.

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4. Case evaluations were not completed or there is no service plan.
NA—Service plan has not been effect for 135 days as of the date of the review.

25. Worker Visits with the Family.
The worker has made home visits to the family to deliver services or to monitor their delivery a minimum of one time a month or more often if specified in the family's service plan.
 1. Monthly face-to-face home visits, or more frequent visits if specified in the service plan, are documented in FACTS. The record documents the purposes of the visits were provision related.
 2. Monthly home visits, or more frequent visits if specified in the service plan, are documented in FACTS. There is a lack of clear documentation as to the service provision related nature of the visits.
 3. Worker made contact monthly with only one or two monthly visits missed.
 4. Worker missed more than 2 monthly visits over the life of the case.

26. Documentation of contacts with service providers.
Where the majority of services are not being provided by the District, regular communication with and monitoring of that service provision is documented in FACTS.
 1. Worker has made phone and/or face to face contact on a monthly basis with each of the service providers who are working with the family.
 2. Worker has made phone and/or face to face contact on a monthly basis with most of the service providers who are working with the family, but one or two are missed during any one month.
 3. Worker has made phone and/or face-to-face contact with some of the service providers who are working with the family on some months.
 4. No phone or face-to-face contacts documented with any of the service providers working on the case.
NA—No service providers other than the Department are involved with the family.

27. Service provider involvement.
The service providers are involved in the service planning process.
 1. The family's service providers are part of the service planning process; they attend and have a voice in the case evaluation meetings.
 2. The family's service providers are invited to participate in the case evaluation meetings, while they may not have been present for all meetings.
 3. The family's service providers are invited to the case evaluation meetings, but attend the meetings in an inconsistent manner.
 4. The family's service providers have never attended a case evaluation meeting or there have never been any case evaluations conducted.
NA--No service providers other than the Department are involved with the family or service plan has not been in effect for 135 days as of the date of the review.

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28. Current Contact Entries

There are current contact entries documented and thorough.

1. There is ongoing (at least monthly) and thorough dictation indicating case activities and contact with the family.
2. There are consistent narrative entries, but they may be missing detail.
3. The worker's narrative is inconsistent as there are large gaps present.
4. There are no contact entries documented in the case record.

29. Overall Quality

Rating for the overall quality of the service plan.

1. The service plan is timely, behaviorally specific, time limited, and the family participated in its development.
2. The service plan is good overall, while one or two of the elements from above are missing.
3. The service plan is very vague and it is difficult to determine if the family participated in the process of its development.
4. There is no service plan included in the case record.

Rating is total number of points awarded for questions 20-29, divided by ten.

30. Case closure is justified.

Completed final risk assessment is present in FACTS and is based upon face-to-face contacts.

1. Information in the final risk assessment justifies closure and is backed up by face-to-face contacts with family members and reports from service providers if applicable.
 2. Information in the final risk assessment is sufficient to justify but is not adequately backed up by either contacts with family members or by reports from providers, if applicable.
 3. Information in the final risk assessment justifies closure but is not backed up by either face to face contacts with family members or by reports from service providers.
 4. Case closed without a final risk assessment and without any contacts with the family being documented.
- NA—Case remains open.

31. Joint Planning

There was joint planning with the family to prepare for termination of services.

1. The worker in conjunction with the family planned for the termination of services. They began working toward termination of services at the beginning of the service delivery process.
2. The worker in conjunction with the family planned for the termination of services. They did not begin working on termination of service plans until near the end of the service delivery process.
3. There is little evidence that the worker and the family worked together to plan for the termination of services.

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4. The termination of services was abrupt and the family was not notified their case was closed.

32. Outcomes

Expected outcomes were achieved prior to case closure.

1. Each goal outlined in the service plan was met by the family and the service delivery team.
2. The majority of the goals outlined in the service plan were met by the family and the service delivery team.
3. Few of the goals outlined in the service plan were met by the family and the service delivery team.
4. None of the goals outlined in the service plan were met by the family or the service delivery team or there was no service plan.

33. Aftercare Plans

Aftercare plans were formulated with the family as evidenced in the closing summary.

Rating is the total number of points awarded for questions 30-33, divided by four.

34. Closing Summary

If the case is closed, the closing summary was completed within 30 days.

1. There is a very detailed closing summary that was completed within 30 days and it includes the reason for closing, safety of the child, and aftercare plans.
2. The record contains a closing summary completed within 45 days and it may not include all of the details above.
3. The case record contains a closing summary completed after 45 days and it has an inadequate amount of information.
4. The case record does not include a closing summary.
N/A—This case is currently open.

35. Organization of Case Record

Items are filed in the case record in the appropriate sections.

1. The case record is very organized and items can be found in the appropriate sections.
2. Most of the case record is organized, while a few items are not located in the appropriate section.
3. The case record is unorganized making it difficult to locate required documentation.
4. The case record is completely unorganized.

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36. Contents of Case Record
Contents of the case record are present.
1. The case record contains all required documentation, such as CS-16 (a,b,c), CA/N-1, court order and reports, medical reports, etc.
 2. The case record contains most of the required documentation, while a few items are missing.
 3. The case record is missing a majority of the required documentation.
 4. The case record does not contain any of the required documentation.

Rating is the total number of points awarded for questions 34-36, divided by three.

37. Rating the total number of points shown in Section Ratings 1-6, divided by six.
38. Reviewer has documented Case Peer Review in the Case Audit Trail in FACTS.

11. Child Abuse Prevention and Treatment Act – CAPTA

I. Program Areas

The West Virginia Department of Health and Human Resources intends to use Child Abuse Prevention and Treatment Act grant funds to address the following program areas.

- A. Improving legal preparation and representation including procedures for responding to appeals of substantiated reports of abuse and neglect;
- B. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols; and,
- C. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.

II. Activities to be Supported by Child Abuse Prevention and Treatment Act Grant Fund

- A. Program Area: Improving legal preparation and representation including procedures for responding to appeals of substantiated reports of abuse and neglect.

Assurance: Provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual in a manner that is consistent with laws protecting the rights of the reporter.

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In order to assist parents and other caretakers to better understand the Child Protective Services, the Department developed the Publication "A Parent's Guide to Working with Child Protective Services" several years ago. This publication provides the parents/caretakers with information on: the Child Protective Services process beginning with the receipt of a referral and proceeding through investigation and the filing of a petition if necessary; the court process including the parent's rights; the process for resolving disagreements with the Department; a section on services that the family can explore; and, a section (glossary) of terms. The booklet also contains pages where the parents can enter meeting dates, times and places and pages for names and numbers to remember. The booklet is supposed to be provided to parents at the conclusion of the initial assessment.

Based upon conversations with our Regional Attorneys and the changes to the Child Abuse Prevention and Treatment Act as amended by the Keeping Children and Families Act of 2003, the Department has determined that is necessary to both revise the booklet and our approach to its use.

The Department intends to revise the booklet to include all the rights that parents may exercise during the course of an investigation including a revision of the information on the grievance procedure to further clarify the appeal process. The Department intends to also instruct its staff to provide the parents with the booklet at the time an initial assessment is begun. It is necessary to so that parents know and can choose to exercise their rights from the onset of an investigation.

B. Program Area: Improving legal preparation and representation.

Assurance: Provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, shall be appointed to represent the child in such proceedings.

The Department intends to use Child Abuse Prevention and Treatment Act grant funds to support the Court Improvement Oversight Board's training on legal issues in child welfare. The training is available to attorneys including prosecuting attorneys, CASA volunteers and Department staff. The content of the training sessions includes the Keeping Families and Children Safe Act, ASFA, state statutes, information on the Title IV-E regulations and key state court decisions.

The training is provided by an attorney who is a member of the Court Oversight Improvement Board. Prior to becoming an attorney, the presenter was a Child Protective Services Worker. This unusual combination of job experiences and education enables the presenter to bring a holistic perspective to the training.

C. Program Area: The intake, assessment, screening and investigation of reports of abuse and neglect.

Assurance: Provisions and procedures for improving the training, retention and supervision of caseworkers.

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State statute designates the West Virginia Department of Health and Human Resources as the state agency responsible for investigating reports of alleged child abuse and neglect including reports alleged to have occurred in out-of-home settings. (49-6A-5 "Reports of known or suspected institutional child abuse or neglect shall be made and received as all other reports made pursuant to his article".)

In order to better respond to reports of alleged child abuse and neglect the Department established an Institutional Investigation Unit (IIU) about ten years ago. It was the goal of the Department that the IIU would eventually assume responsibility for all out-of-home investigations. Because of staffing constraints, the Department initially limited the IIU to reports involving the private sector, such as reports from group homes or specialized foster family care providers. Child Protective Services workers in the Department's field offices retained the responsibility for investigating reports involving Department foster family care providers and certain other providers.

The Department has now decided to increase the staffing of the IIU and expand its responsibility to all out-of-home reports of alleged child abuse and neglect.

The Department will use Child Abuse Prevention and Treatment Act grant funds to revise its protocols and develop a training curriculum for the IIU. The previous training for the IIU was provided primarily by staff from Cornell University. That training was provided shortly after the formation of the IIU. The curriculum is out of date and does not include instruction on all the types of investigations that the IIU will be expected to complete.

Investigation of reports alleged to have occurred in out-of-home settings present a special set of challenges. Unlike investigations of intra-familial child abuse and neglect which include an exploration of a wide range of factors, including family characteristics and parental functioning, the scope of out-of-home investigations are much narrower. They should be focused on whether or not an action meets the statutory definition of child abuse or neglect. Without specific protocols and specialized training, it is difficult for Child Protective Services workers to make the transition from in-home to out-of-home settings.

In addition, an investigator must make the distinction between actions which the Department categorizes as non-compliance and actions which meet the statutory definitions of maltreatment. For example, foster parents are prohibited from using corporal punishment. All acts of corporal punishment, however, do not meet the statutory definition of maltreatment. Distinguishing between the two and taking the appropriate and necessary action is not always easy.

The Department believes that developing specialized protocols and instituting a standard curriculum for IIU staff will enhance the quality of their investigation and improve the safety of children.

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D. Other Activities

The Department intends to use a portion of its Child Abuse and Treatment Act grant funds to purchase materials for use by organizations in special promotions such as the observance of Child Abuse Prevention Month.

The Department also intends to use a portion of its grant funds to pay the travel and related expenses of the State Liaison Officer in attendance at national meetings and seminars.

III. Assurances

The assurances required as a part of the CAPTA plan are included as an attachment to the CFSP.

IV. Substantive Changes to the State Statutes

There have been no substantive changes to the state statutes that would affect eligibility for funding under the requirements of the Child Abuse Prevention and Treatment Act.

V. Request for Funding

The request for CAPTA funds is included in the CFS-101.

The Department estimates that the following amounts will be expended on the activities described in Section II.

A. Revision of the CPS Booklet	\$70,000
B. Legal Education	\$30,000
C. IIU Protocols and Training	\$30,000
D. Travel and Promotional Materials	\$20,198
Total	\$158,198

Statutes, information on the Title IV-E regulations and key state court decisions.

12. Chafee Foster Care Independence and Education and Training Vouchers Program

The John H. Chafee Foster Care Independence Act of 1999, H.R. 3443, reauthorized the former Title IVE Independent Program. The purpose of the Act is to provide states with flexible funding which enables programs to be designed and conducted to meet six specific purposes of the Act.

The purpose of this plan is to describe the services and activities that will be provided to, and on behalf of, current and former foster children in the State of West Virginia in carrying out the mandate of H.R. 3443. Each of the six purposes

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of the Act is listed below. A description of the services to be available specific to each purpose is described below:

Purpose 1: States are required to "identify children who are likely to remain in foster care until 18 years of age, and to help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention and preventive health activities (including smoking avoidance, nutrition education and pregnancy prevention)".

Plan:

Preparation for adult living will be delivered to youth in foster care in two distinct phases as described below:

Phase one: The Department will provide for the assessment of each child or youth in care and based on this evaluation, a specific plan of care will be developed. This care plan will outline the action steps to be taken by the Department to ensure that each youth achieves the highest level of self-sufficiency for which he or she is capable.

Youth participation in this mandatory phase begins with each youth completing the *Daniel* Life Skills Assessment. This assessment helps determine the youth's functional level in such areas as personal hygiene, food management, housekeeping, job seeking skills, educational planning, nutrition planning, health, community resources, and so forth. A uniform life skills curriculum correlated to the *Daniel* Life Skills Assessment will then be taught to youth age 14 through 20 who are residing in out-of-home care.

As an incentive to encourage youth participation, youth are rewarded with a cash payment of \$10 for each unit of successful completion of the life skills curriculum. Successful completion means that the youth has made significant improvement as identified on a pre- and post-test in each skill deficit area.

A plan will be implemented which will provide the incentive in increments based on the difficulty of the learning objective. Each youth works through a continuum of learning modules, beginning with level one and proceeding through level three. The new incentive plan will be based on the level completed. A youth completing a level one module will continue to receive \$10. A youth completing a level two module will receive \$20s, and a youth completing a level three module will receive \$30.

Phase two: During the second phase of preparation for independence, older youth have an opportunity to experience semi-independence prior to leaving care. A Transitional Living Placement with Subsidy is an optional, yet highly suggested, opportunity in which youth in foster care, beginning at age 17 and continuing through age 20 (for youth who voluntarily remain in foster care), gain support and experience relative to the goal of adult independence. During this phase, youth move from a foster/group home to begin living in a community-

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based setting without on-site staff supervision. While staff do provide a certain level of assistance and oversight, young people in Transitional Living Placements must exhibit a level of maturity which allows them the capability of living on their own within the community outside constant adult supervision. Youths moving into a Transitional Living Placement continue to receive the same services as those available during Phase 1, only now on a more advanced level. The services are now provided by a licensed child-placing agency via a service agreement with Children and Adult Services (CAS).

Youth living in this setting earn a subsidy of up to \$650/month which is based on the youth's participation in "productive activities" such as school, job training, life skills classes, and so forth. Generally these youth locate open market housing (with or without a roommate) in the community in which they expect to live following discharge from foster care. The housing may be an apartment, house or mobile home.

During FY 2002, a rent assistance housing option became available. As a result of collaboration between the Charleston Housing Authority and DHHR, five HUD Section 8 Housing Vouchers became available for the exclusive use of foster care youth participating in a TL Placement in Kanawha and Putnam Counties. A housing voucher provides rental assistance to low income individuals and families. The State will explore obtaining Section 8 vouchers for youth in transitional living placements in other counties.

Also, several Level One residential facilities have expressed interest in developing transitional living placements as a step-down from their program. The Department will explore this option for expanding transitional living placements.

Discharge options for youth in a transitional living placement have historically focused on employment, education and housing. The State will seek to add an outcome of connections to family, community and other caring adults.

Purpose 2: The Act requires states to "help children who are likely to remain in foster care until 18 years of age receive the education, training and services necessary to obtain employment".

Plan

In previous years an employability project was initiated. The employability services are available to youth currently in foster care and to the 18 – 20 year old population who have aged out of foster care. The purpose of the project is to improve the employability of youth in foster care. The project began as a pilot but quickly went statewide. Future plans are to continue this project with the existing grantees.

Youth Services System, Inc. (YSS), in Wheeling provides this service in Hancock, Brooke, Ohio, Marshall, Monongalia, Wetzel, Wirt Wood, and Taylor Counties in Region I. The second grantee, Human Resource Development

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Foundation, Inc. (HRDF), covers Regions II, III, and IV, and all counties in Region I not covered by YSS.

Youth participating in this project are expected to:

- ◆ Develop Job-Seeking Skills
- ◆ Develop an Employment History
- ◆ Learn Regular Work Habits
- ◆ Receive Cash for Attendance
- ◆ Receive Assistance With Job Placement, On-the-Job Training, and Job Shadowing
- ◆ Gain Employment

Purpose 3: Requires states to “help children who are likely to remain in foster care until 18 years of age prepare for and enter post-secondary educational and training programs.”

Plan

The state will continue to strengthen existing educational supports and create new initiatives. The State historically has supported foster care youths in their pursuit of higher education with financial assistance to cover expenses not covered by grants and loans. For example, during the FY 2000 session of the West Virginia Legislature, H.B.4787 was enacted. As a result of this legislation, youth in foster care, when they graduate high school, are eligible for full tuition and fees at any state college or university in West Virginia.

In further support of the educational pursuits of foster care youth, the Chafee Program became a collaborative partner with the Helping Our Undergraduates Succeed in Education project. The H.O.U.S.E. project is a unique initiative between West Virginia State College (WVSC) and Pretera Center. Pretera is a community-based behavioral health agency which provides residential treatment for substance abuse to youth in foster care. This collaboration resulted in a small house being constructed on the WVSC campus in Institute, West Virginia. Residence in the H.O.U.S.E. is available to first time freshmen attending WVSC.

Students enroll in classes at WVSC to obtain a 2 year (Associate) or 4 year (Bachelor) degree in a variety of subjects available on campus. While attending classes, students will spend their first semester living in the H.O.U.S.E. facility. Students have an opportunity to gradually acclimate to college life before moving into the residence hall. Basic living skills are taught and practiced in the H.O.U.S.E. during each semester. Life skills taught in FY 2003 included time management, budgeting, cooking and study skills. The added support of the H.O.U.S.E. staff helps make the transition into college an easier journey.

Students residing in the H.O.U.S.E. project receive reduced room and board for the first two semesters. The State will continue to support this initiative and will continue to cover room and board and provide a small allowance to student's currently in foster care and also to youth who have aged out of foster care.

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Purpose 4: Requires states to “provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults”.

Plan

The State will continue current initiatives and seek to develop new initiatives which provide opportunities for youth in foster care to receive emotional support through interaction with positive adult role models. Included among those opportunities are life skills training workshops which are offered monthly to youths in foster/group care. These sessions are conducted by the Chafee Life Skills Specialist. Sixty-four youth participated in life skills workshops conducted during FY 2003. These sessions support and encourage youth/adult interaction in workshops such as anger management, pregnancy and sexually transmitted infections, interpersonal relationships, health maintenance, nutritional counseling, and so forth.

The Department will continue to encourage and support foster care youth participation in national conferences as a way to promote interaction with peers and positive adult role models from other states. These young adults have opportunities to socialize with conference speakers, representatives of the Children’s Bureau, and with youth and staff in independent living programs from other states.

For example, a West Virginia foster care youth was selected to introduce David Lett, the Region III Administrator during the “Region III Domestic Violence Training: Building Healthy Dating Relationships” conference in Rehoboth Beach, Delaware, in September 2001.

Another chance youth have to interact with positive role models happens during the annual youth conference. This foster care retreat has been held each of the last nine years. The retreat provides an opportunity for foster care youths to interact socially with foster parents (their own and others), staff (their own and others) and adult volunteers, over two and a half days of educational workshops and social activities. This event will continue to convene each August for two and a half days of education and socialization.

Purpose 5: Requires states to “provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that the program participants recognize and accept their personal responsibility for preparing for, and then making, the transition from adolescence to adulthood.”

Plan

The State will continue to convene the Chafee Policy Implementation Council, whose purpose is to advise the Bureau for Children and Families in matters related to the Chafee Program. This Council is comprised of DHHR District Office staff, DHHR State-Level staff, Transitional Living Placement providers, foster and group care providers, and foster parents and youth. This group provided oversight to the development of policy related to the Chafee Foster Care Independence Program.

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For the youth 18 – 20 who have aged out of foster care, this component of the Chafee Foster Care Independence Program is referred to Chafee Community Support Services, or CCSS.

Eligibility for participation in this project includes the following:

- ◆ Youth is between the ages of 18 - 20 years old and is homeless or at risk of being homeless;
- ◆ Youth has or will develop a self-sufficiency plan; and
- ◆ Youth is willing to seek employment, attend the employability project, or an educational program or willing to apply for benefits, e.g., SS/SSI, TANF, etc.

Chafee Community Supports Services include the following:

- ◆ Housing assistance which includes “start-up” for establishing a household, and short-term rent payments based on individual’s plan.
- ◆ Other services as funds cover the cost of: emergency food, emergency health care, medication, transportation, personal ID, clothing, driver’s license, birth certificates, employment assistance, accessing benefits, tutoring, information and referral.

TRANSITIONS OF FORMER FOSTER CARE YOUTH WHO HAVE A SERIOUS EMOTIONAL DISORDER

This pilot project is collaboration between the Bureau for Behavioral Health and Health Facilities and the Bureau for Children and Families within the West Virginia Department of Health and Human Resources. The purpose of the project is to provide specialized services to youth who have an SED and have aged out of foster care. The goal of the project is to stabilize youth in their community and help them avoid psychiatric hospitalization for one year following discharge from foster care.

Services to these youth include:

- ◆ Evaluation of functional abilities, skills, and knowledge for self-sufficiency.
- ◆ Care coordination and linkages with needed community supports and resources.
- ◆ Transportation
- ◆ Housing Support
- ◆ Educational Support
- ◆ Employment Skills

Seventeen youth were enrolled and received services. One youth who had been referred during FY 2002 reached her one year anniversary. A. T. has obtained subsidized housing, applied for SSI benefits, and obtained food stamps, reconnected with her former foster family, and began visitation with her four-year-old son, who had been adopted by the foster family. This project will continue in 2004.

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Purpose 6: Make available vouchers for educational training, including post-secondary education, to youth who have aged out of foster care.

Plan

The Program Instruction providing details to West Virginia for applying for this new money was received in July 2003. West Virginia subsequently submitted an application which was approved. Since July 2003, policy has been written and disseminated to district staff. The ETV Program is being managed at the state office level via a contractual arrangement with the West Virginia University Center for Excellence in Disabilities. The WVUCED via contractual arrangement has had primary responsibility for management of the Chafee Foster Care Independence Program for over thirteen years. The State policy describes three categories of youth eligible for ETV funding, as follows:

- ◆ Youth adopted from foster care after age 16;
- ◆ Youth placed in legal guardianship; and
- ◆ Youth aged out of foster care.

An extensive outreach campaign will be implemented. Included among those activities will be the development and dissemination of informational brochures to DHHR, private child care agencies, and the community at large. In addition, staff will conduct community speaking engagements and regular calls to District offices. The State will continue its toll-free number to ensure easy access to project services. A priority for outreach under this plan will be to meet with financial aid staff and all the public colleges and universities in the State.

In conclusion, the Department looks forward to enhancing and expanding options to providing services under the Chafee Foster Care Independence Program, including but not limited to assistance with:

- ◆ Education
- ◆ Employment
- ◆ Housing
- ◆ Transportation
- ◆ Life Skills Development in Areas Such as:
 - Training and Daily Living Skills
 - Home management
 - Budgeting
 - And providing education about substance abuse prevention, abstinence, health and nutrition, etc.

The Department will seek to increase youth participation in Chafee services by 20% by the fifth and final year of this plan.

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
Safety					
Children are, first and foremost, protected from abuse and neglect.	Timeliness of initiating investigations of reports of child maltreatment	95% compliance with standards	Mgt Reports Peer Reviews Case Review	1. Continue to comply with DHHR standards in regards to investigations of child maltreatment reports.	Corrective action plans reviewed quarterly
	Repeat maltreatment	Maintain less than 6.1% recurrence of maltreatment within 12 months Maintain less than .57% incidence of abuse and neglect in foster care placements	Mgt Reports NCANDS Mgt Reports NCANDS	2. Reduce the risk of repeat maltreatment through appropriate and thorough investigations, assessments and service delivery. 3. Develop revised protocols and training for out-of-home investigations to reduce repeat maltreatment in foster care settings.	Corrective action plans reviewed quarterly
Children are safely maintained in their homes whenever possible and appropriate.	Services to family to protect child(ren) in home and prevent removal.	Services provided in 75% of cases to protect and prevent removal by 6-05 Services Provided in 80% of cases to protect and prevent removal, by 6-06	Peer Review Case Review Peer Review Case Review	1. Continuously train all child welfare staff on assessing children and families thoroughly, including for substance abuse and domestic violence 2. Provide cross-disciplinary training on domestic violence/child maltreatment issues. 3. Provide an array of services including Socially Necessary Services to maintain children	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
				in their homes. 4. Utilize CAPS, when appropriate, to assess children and families to determine the best array of services needed. 5. Institute a process to refer children age 3 and younger to the Birth to Three Program.	
	Risk of harm to children	Reduce risk of harm in 80% of cases, by 6-05 Reduce risk of harm in 95% of cases, by 6-06	Peer Review Case Review Peer Review Case Review	1. Revise the Initial Assessment to better identify factors that result in children being unsafe and/or at risk.	Corrective action plans reviewed quarterly
PERMANENCY					
Children have permanency and stability in their living situation	Rate of foster care re-entries	Maintain less than 8.6% re-entry rate within 12 months of prior episode	Mgt Report AFCARS Peer Review Case Review	2. Continuously train all staff to document client relationships and merge cases in FACTS to improve data. 3. Provide an array of services including Socially Necessary Services to reduce the rate of re-entry. 4. Provide each child with Extended Medicaid Coverage when they leave foster care to reduce the rate of re-entry.	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
	Stability of foster care placement	78% of cases will show less than two placement settings for children, by 6-05 85% of cases will show less than two placement settings for children, by 6-06	Mgt. Report AFCARS Peer Review Case Review Mgt. Report AFCARS Peer Review Case Review	<ol style="list-style-type: none"> 1. Provide CAPS to assess children and families when the child enters the foster care system to determine the best placement and to initiate the MDT process. 2. Initiate a concept of establishing all resource homes as Foster/Adopt at initial approval. 3. Improve training for foster/adoptive parents by implementing PRIDE training statewide. 	Corrective action plans reviewed quarterly
	Establishment of appropriate permanency goal for child	75% of cases will have appropriate and timely permanency goal established, by 6-06	Mgt. Report AFCARS Peer Review Case Review	<ol style="list-style-type: none"> 1. Provide consistent training for all child welfare staff on permanency planning, concurrent planning and the MDT process. 2. Provide CAPS to assess children and families when the child enters the foster care system to determine the best placement and to initiate the MDT process. 3. Utilize the MDT process to properly determine the appropriate permanency goal in a timely manner. 	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
	Length of time to achieve adoption	<p>29% cases will have adoption completed within 24 months, by 6-05</p> <p>32% cases will have adoption completed within 24 months, by 6-06</p>	<p>Mgt. Report AFCARS Peer Review Case Review</p> <p>Mgt. Report AFCARS Peer Review Case Review</p>	<ol style="list-style-type: none"> 1. Revise the adoption policy to make it consistent with foster care policy and CPS policies. 2. Initiate a concept of establishing all resource homes as Foster/Adopt at initial approval. 3. Provide a standardized case transfer process for adoption cases to be utilized statewide. 4. Provide consistent training for all child welfare workers on adoption as a permanency option. 	Corrective action plans reviewed quarterly
	Permanency goal of other planned living arrangement not appropriately utilized	85% of cases will have appropriate permanency goal utilized	Mgt. Report Peer Review Case Review	<ol style="list-style-type: none"> 1. Provide consistent training for all child welfare staff on permanency planning and when to use "other planned living arrangements". 2. Utilize the MDT process to properly determine the appropriate permanency goal is being pursued. 	Corrective action plans reviewed quarterly
	Length of time to achieve reunification	Maintain 76.2% or more cases achieving reunification in less than 12 months	Mgt. Report AFCARS Peer Review Case Review	<ol style="list-style-type: none"> 1. Provide reunification services, including Socially Necessary Services for children and families in a timely manner. 2. Continue to provide visitation 	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
				services to ensure that children and their families have an increase chance of being reunified.	
The continuity of family relationships and connections is preserved for children	Visiting with parents and siblings	81% of cases will reflect efforts to comply with visitation requirements, by 6-05 90% of cases will reflect efforts to comply with visitation requirements, by 6-06	Mgt. Report Peer Review Case Review Mgt. Report Peer Review Case Review	1. Continue to provide visitation services including support services such as, transportation and supervision. 2. Support foster/adoptive parent involvement with biological families.	Corrective action plans reviewed quarterly
	Preserving connections	87% of cases show a demonstration of preserving connections for the child, by 6-05 93% of cases show a demonstration of preserving connections for the child, by 6-06	Peer Review Case Review Peer Review Case Review	1. Continually provide training to all child welfare staff on preserving connections for children in foster care. 2. Utilize the CAPS process to identify relatives and to maintain connections for children when they enter the foster care system.	Corrective action plans reviewed quarterly
	Relative placements	78% of cases will reflect that relatives were considered and/or utilized for placement when	Mgt. Report Peer Review Case Review	1. Continue to process homestudy requests for kinship/relative placements in an expedited manner in accordance with policy	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
		appropriate, by 6-05 85% of cases will reflect that relatives were considered and/or utilized when appropriate, by 6-06	Mgt. Report Peer Review Case Review	issued 10/03. 2. Utilize the CAPS process to identify relatives as soon as children enter the foster care system to expedite the placement process.	
	Relationship of child in care with parent	81% of cases will reflect efforts to comply with visitation requirements, by 6-05 90% of cases will reflect efforts to comply with visitation requirements, by 6-06	Mgt. Report Peer Review Case Review Mgt. Report Peer Review Case Review	1. Utilize the CAPS process to identify absent/unknown parents as soon as children enter the foster care system to assure that the relationship is developed and/or maintained. 2. Support foster/adoptive parent involvement with biological families. 3. Utilize family conferences to ensure all family members maintain their relationships.	Corrective action plans reviewed quarterly
	Proximity of foster care placement	Maintain 95% compliance with standards	Mgt. Report Peer Review Case Review	1. Support recruitment which encourages building a pool of neighborhood foster/adoptive resource families.	Corrective action plans reviewed quarterly
	Placement with siblings	Maintain 95% compliance with standards	Peer Review Case Review	2. Continue the priority of placement with siblings and maintaining connections when siblings must be	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
				separated.	
WELL-BEING					
Families have enhanced capacity to provide for their children's needs.	Needs and services of child, parents, foster parents.	70% of cases will reflect appropriate assessment of needs and service delivery, by 6-05 80% of cases will reflect appropriate assessment of needs and service delivery, by 6-05	Peer Review Case Review Peer Review Case Review	3. Provide CAPS to assess children and families and to initiate the MDT process. 4. Provide Family Centered Practice for all child welfare staff and private agency staff on a continuous basis. 5. Utilize the PRIDE Training Model to properly evaluate foster parents strengths/needs on a continuous basis.	Corrective action plans reviewed quarterly
	Child and family involvement in case planning	70% of cases will reflect family involvement in case planning, by 6-05 80% of cases will reflect family involvement in case planning, by 6-05	Peer Review Case Review Peer Review Case Review	1. Utilize a Multidisciplinary Team Handbook for all participants to involve the families in the case planning process. 2. Utilize CAPS and family conferences to ensure all family members are involved in the MDT and case planning processes. 3. Utilize the Foster Care Handbook for older youth to encourage the child's involvement in the case planning process.	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
	Worker visits with child.	75% of cases will reflect compliance with visitation requirements, by 6-05 85% of cases will reflect compliance with visitation requirements, by 6-06	Mgt. Report Peer Review Case Review Mgt. Review Peer Review Case Review	1. Continue to comply with DHHR standards in regards to contacts with children. 2. Explore strengthening policy on worker contact with children in cases where children remain at home.	Corrective action plans reviewed quarterly
	Worker visits with parents.	65% of cases will reflect compliance with visitation requirements, by 6-05 75% of cases will reflect compliance with visitation requirements, by 6-06	Mgt. Report Peer Review Case Review Mgt. Review Peer Review Case Review	1. Continue to comply with DHHR standards in regards to contacts with parents. 2. Explore strengthening policy on worker contact with parents in cases where children remain at home.	Corrective action plans reviewed quarterly
Children receive appropriate services to meet their educational needs.	Educational needs of child.	80% of cases will reflect that education needs have been assessed, by 6-05 90% of cases will reflect that education needs have been assessed, by 6-06	Peer Review Case Review Peer Review Case Review	1. Utilize a Journey Placement Notebook for foster parents to maintain all information for children. 2. Encourage Educators to participate in the MDT process. 3. Provide CAPS to assess children and families thoroughly.	Corrective action plans reviewed quarterly

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OUTCOMES	PERFORMANCE INDICATOR	OBJECTIVES	METHOD OF MEASUREMENT	STRATEGY	EVALUATION
<p>Children receive adequate services to meet their physical and mental health needs.</p>	<p>Physical health of child.</p>	<p>90% of cases will reflect that health needs have been assessed, by 6-05</p> <p>95% of cases will reflect that health needs have been assessed, by 6-06</p>	<p>Peer Review Case Review</p> <p>Peer Review Case Review</p>	<ol style="list-style-type: none"> 1. Utilize a Journey Placement Notebook for foster parents to maintain all information for children. 2. Maintain the utilization of Sanders Liaison to schedule Health Check screens for children entering foster care. 3. Provide CAPS to assess children and families thoroughly. 	<p>Corrective action plans reviewed quarterly</p>
	<p>Mental health of child.</p>	<p>70% of cases will reflect that mental health needs have been assessed, by 6-05</p> <p>80% of cases will reflect that mental health needs have been assessed, by 6-06</p>	<p>Peer Review Case Review</p> <p>Peer Review Case Review</p>	<ol style="list-style-type: none"> 1. Utilize a Journey Placement Notebook for foster parents to maintain all information for children. 2. Provide CAPS to assess children and families thoroughly. 	<p>Corrective action plans reviewed quarterly</p>

Goal 1: Implement and maintain the Continuous Quality Improvement process related to the measurement of the outcomes as defined by the Adoption Safe Families Act and that is consistent with accreditation standards.

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Action Steps	Methods of Measuring	Benchmarks Toward Achieving Goal	Benchmarks Dates of Achievement
1. Maintain and improve the monitoring process for program implementation, improvement and corrective action and program improvement plans.	Plans submitted Sample size increased incrementally annually	1. Develop annual schedules of field reviews to be completed by the Office of Planning and Quality Improvement. 2. Increase the survey sample size for cases reviewed from a .06 confidence interval to a .01 confidence interval and maintains a 95% confidence level.	1. April 30 th of each year beginning 2005 through 2009 2. July, 2009
2. Evaluate the content, process and effectiveness of the peer review process.	Focus groups Comparative review against field monitoring reviews	1. Focus groups will meet semi-annually. 2. Annual comparative review based on established criteria	1. Begin December, 2004 2. Begin July 2005
3. Acquire Technical Assistance, as needed, to assist in the collection and analysis and utilization of data and overall improvements to the quality improvement process.	Semi-annual evaluation of progress of implementation of the CQI process	1. Implementation plan developed for all uncompleted aspects of the CQI process. 2. Identify issues beyond CQI staff expertise 3. Request Assistance	1. December, 2004 2. Begin August, 2004 and ongoing 3. As needed
4. Develop software for the management of information, data collection and aggregation.	Quarterly evaluation of progress of project plan	1. Project plan completed. 2. Software developed	1. December, 2004

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Action Steps	Methods of Measuring	Benchmarks Toward Achieving Goal	Benchmarks Dates of Achievement
		<ol style="list-style-type: none"> 3. Software field tested 4. All review data electronically transferred and aggregated. 	<ol style="list-style-type: none"> 2. Per plan 3. Per plan 4. Per plan
5. Distribute data from outcomes measurement and all other CQI processes quarterly and in a format that is useful to the user.	Quarterly feedback from Continuous Quality Improvement Councils	<ol style="list-style-type: none"> 2. Field test the data reports 3. Standardize report format 	<ol style="list-style-type: none"> 1. Per plan 2. Per plan
6. Integrate data analysis into planning, policy, case work practice and management decisions.	Quarterly review of Continuous Quality Improvement Council minutes	<ol style="list-style-type: none"> 1. Acquire technical assistance data utilization 2. Educate staff to practice, plan and manage towards outcomes 3. Integrate into the local, regional and statewide quality improvement councils 	<ol style="list-style-type: none"> 1. August, 2004 2. December, 2004 and ongoing 3. December, 2004
7. Publish annual comprehensive evaluation of overall findings.	<ol style="list-style-type: none"> 1. Review of the data plan 	<ol style="list-style-type: none"> 2. Develop a format for an annual report 3. Publish findings in hard copy form and on the internet 	<ol style="list-style-type: none"> 1. December, 2004 2. July, 2005
8. Incorporate stakeholder input into the Continuous Quality Improvement Process.	Surveys and stakeholder interviews	<ol style="list-style-type: none"> 1. Send out annual surveys to providers and other stakeholders 2. Conduct interviews at each monitoring review session 	<ol style="list-style-type: none"> 1. Begin, January, 2005 2. Current and ongoing for

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Action Steps	Methods of Measuring	Benchmarks Toward Achieving Goal	Benchmarks Dates of Achievement
		with consumers and other stakeholders	each review
9. Evaluate the correlation between training and practice improvement.	Monitoring reviews	1. Design an evaluation process which compares pre and post training practice	2. January, 2006
10. Re-evaluate the Continuous Quality Improvement process annually to determine if the processes: a. build on identified strengths b. eliminate or reduce identified problems c. determine possible causes when data reveal issues of concern d. promulgate solutions and replicate good practice e. implement and monitor the effectiveness of corrective action plans when needed. f. facilitates outcome achievement	Outcome measurements, indicator measurements, Quality Council minutes, monitoring reviews	3. Annual re-evaluation conference 4. Request Technical Assistance from ACF 5. Adjust CQI processes according to findings	1. July, 2005 2. As needed 3. As needed

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Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
Safety					
Children are, first and foremost, protected from abuse and neglect.	Timeliness of initiating investigations of reports of child maltreatment	95% compliance with standards	Mgt Reports Peer Reviews Case Review	1. Continue to comply with DHHR standards in regards to investigations of child maltreatment reports.	Corrective action plans reviewed quarterly
	Repeat maltreatment	Maintain less than 6.1% recurrence of maltreatment within 12 months Maintain less than .57% incidence of abuse and neglect in foster care placements	Mgt Reports NCANDS Mgt Reports NCANDS	1. Reduce the risk of repeat maltreatment through appropriate and thorough investigations, assessments and service delivery. 2. Develop revised protocols and training for out-of-home investigations to reduce repeat maltreatment in foster care settings.	Corrective action plans reviewed quarterly
Children are safely maintained in their homes whenever possible and appropriate.	Services to family to protect child(ren) in home and prevent removal.	Services provided in 75% of cases to protect and prevent removal by 6-05	Peer Review Case Review	1. Continuously train all child welfare staff on assessing children and families thoroughly, including	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		Services Provided in 80% of cases to protect and prevent removal, by 6-06	Peer Review Case Review	<ul style="list-style-type: none"> for substance abuse and domestic violence 2. Provide cross-disciplinary training on domestic violence/child maltreatment issues. 3. Provide an array of services including Socially Necessary Services to maintain children in their homes. 4. Utilize CAPS, when appropriate, to assess children and families to determine the best array of services needed. 5. Institute a process to refer children age 3 and younger to the Birth to Three Program. 	
	Risk of harm to children	Reduce risk of harm in 80% of cases, by 6-05 Reduce risk of	Peer Review Case Review Peer Review	1. Revise the Initial Assessment to better identify factors that result in children being	Corrective action plans reviewed

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		harm in 95% of cases, by 6-06	Case Review	unsafe and/or at risk.	quarterly
PERMANENCY					
Children have permanency and stability in their living situation	Rate of foster care re-entries	Maintain less than 8.6% re-entry rate within 12 months of prior episode	Mgt Report AFCARS Peer Review Case Review	<ol style="list-style-type: none"> 1. Continuously train all staff to document client relationships and merge cases in FACTS to improve data. 2. Provide an array of services including Socially Necessary Services to reduce the rate of re-entry. 3. Provide each child with Extended Medicaid Coverage when they leave foster care to reduce the rate of re-entry. 	Corrective action plans reviewed quarterly
	Stability of foster care placement	78% of cases will show less than two placement settings for children, by 6-05 85% of cases will	Mgt. Report AFCARS Peer Review Case Review Mgt. Report	<ol style="list-style-type: none"> 1. Provide CAPS to assess children and families when the child enters the foster care system to determine the best placement and to initiate the MDT 	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		show less than two placement settings for children, by 6-06	AFCARS Peer Review Case Review	<p>process.</p> <ol style="list-style-type: none"> 2. Initiate a concept of establishing all resource homes as Foster/Adopt at initial approval. 3. Improve training for foster/adoptive parents by implementing PRIDE training statewide. 	
	Establishment of appropriate permanency goal for child	75% of cases will have appropriate and timely permanency goal established, by 6-06	Mgt. Report AFCARS Peer Review Case Review	<ol style="list-style-type: none"> 1. Provide consistent training for all child welfare staff on permanency planning, concurrent planning and the MDT process. 2. Provide CAPS to assess children and families when the child enters the foster care system to determine the best placement and to initiate the MDT process. 3. Utilize the MDT process to properly determine the 	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
				appropriate permanency goal in a timely manner.	
	Length of time to achieve adoption	<p>29% cases will have adoption completed within 24 months, by 6-05</p> <p>32% cases will have adoption completed within 24 months, by 6-06</p>	<p>Mgt. Report AFCARS Peer Review Case Review</p> <p>Mgt. Report AFCARS Peer Review Case Review</p>	<ol style="list-style-type: none"> 1. Revise the adoption policy to make it consistent with foster care policy and CPS policies. 2. Initiate a concept of establishing all resource homes as Foster/Adopt at initial approval. 3. Provide a standardized case transfer process for adoption cases to be utilized statewide. 4. Provide consistent training for all child welfare workers on adoption as a permanency option. 	Corrective action plans reviewed quarterly
	Permanency goal of other planned living arrangement not appropriately utilized	85% of cases will have appropriate permanency goal utilized	Mgt. Report Peer Review Case Review	<ol style="list-style-type: none"> 1. Provide consistent training for all child welfare staff on permanency planning and when to use 	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
				<p>“other planned living arrangements”.</p> <p>2. Utilize the MDT process to properly determine the appropriate permanency goal is being pursued.</p>	
	Length of time to achieve reunification	Maintain 76.2% or more cases achieving reunification in less than 12 months	Mgt. Report AFCARS Peer Review Case Review	<p>1. Provide reunification services, including Socially Necessary Services for children and families in a timely manner.</p> <p>2. Continue to provide visitation services to ensure that children and their families have an increase chance of being reunified.</p>	Corrective action plans reviewed quarterly
The continuity of family relationships and connections is preserved for children	Visiting with parents and siblings	<p>81% of cases will reflect efforts to comply with visitation requirements, by 6-05</p> <p>90% of cases will reflect efforts to</p>	<p>Mgt. Report Peer Review Case Review</p> <p>Mgt. Report Peer Review</p>	<p>1. Continue to provide visitation services including support services such as, transportation and supervision.</p> <p>2. Support foster/adoptive parent</p>	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		comply with visitation requirements, by 6-06	Case Review	involvement with biological families.	
	Preserving connections	87% of cases show a demonstration of preserving connections for the child, by 6-05 93% of cases show a demonstration of preserving connections for the child, by 6-06	Peer Review Case Review Peer Review Case Review	<ol style="list-style-type: none"> Continually provide training to all child welfare staff on preserving connections for children in foster care. Utilize the CAPS process to identify relatives and to maintain connections for children when they enter the foster care system. 	Corrective action plans reviewed quarterly
	Relative placements	78% of cases will reflect that relatives were considered and/or utilized for placement when appropriate, by 6-05 85% of cases will	Mgt. Report Peer Review Case Review Mgt. Report	<ol style="list-style-type: none"> Continue to process homestudy requests for kinship/relative placements in an expedited manner in accordance with policy issued 10/03. Utilize the CAPS process to identify relatives as soon as 	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		reflect that relatives were considered and/or utilized when appropriate, by 6-06	Peer Review Case Review	children enter the foster care system to expedite the placement process.	
	Relationship of child in care with parent	81% of cases will reflect efforts to comply with visitation requirements, by 6-05 90% of cases will reflect efforts to comply with visitation requirements, by 6-06	Mgt. Report Peer Review Case Review Mgt. Report Peer Review Case Review	<ol style="list-style-type: none"> 1. Utilize the CAPS process to identify absent/unknown parents as soon as children enter the foster care system to assure that the relationship is developed and/or maintained. 2. Support foster/adoptive parent involvement with biological families. 3. Utilize family conferences to ensure all family members maintain their relationships. 	Corrective action plans reviewed quarterly
	Proximity of foster care placement	Maintain 95% compliance with standards	Mgt. Report Peer Review Case Review	<ol style="list-style-type: none"> 1. Support recruitment which encourages building a pool of 	Corrective action plans

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
				neighborhood foster/adoptive resource families.	reviewed quarterly
	Placement with siblings	Maintain 95% compliance with standards	Peer Review Case Review	1. Continue the priority of placement with siblings and maintaining connections when siblings must be separated.	Corrective action plans reviewed quarterly
WELL-BEING					
Families have enhanced capacity to provide for their children's needs.	Needs and services of child, parents, foster parents.	70% of cases will reflect appropriate assessment of needs and service delivery, by 6-05 80% of cases will reflect appropriate assessment of needs and service delivery, by 6-05	Peer Review Case Review Peer Review Case Review	1. Provide CAPS to assess children and families and to initiate the MDT process. 2. Provide Family Centered Practice for all child welfare staff and private agency staff on a continuous basis. 3. Utilize the PRIDE Training Model to properly evaluate foster parents	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
				strengths/needs on a continuous basis.	
	Child and family involvement in case planning	<p>70% of cases will reflect family involvement in case planning, by 6-05</p> <p>80% of cases will reflect family involvement in case planning, by 6-05</p>	<p>Peer Review Case Review</p> <p>Peer Review Case Review</p>	<ol style="list-style-type: none"> 1. Utilize a Multidisciplinary Team Handbook for all participants to involve the families in the case planning process. 2. Utilize CAPS and family conferences to ensure all family members are involved in the MDT and case planning processes. 3. Utilize the Foster Care Handbook for older youth to encourage the child's involvement in the case planning process. 	Corrective action plans reviewed quarterly
	Worker visits with child.	75% of cases will reflect compliance with visitation requirements, by 6-05	Mgt. Report Peer Review Case Review	<ol style="list-style-type: none"> 1. Continue to comply with DHHR standards in regards to contacts with children. 2. Explore strengthening policy on worker 	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		85% of cases will reflect compliance with visitation requirements, by 6-06	Mgt. Review Peer Review Case Review	contact with children in cases where children remain at home.	
	Worker visits with parents.	65% of cases will reflect compliance with visitation requirements, by 6-05 75% of cases will reflect compliance with visitation requirements, by 6-06	Mgt. Report Peer Review Case Review Mgt. Review Peer Review Case Review	1. Continue to comply with DHHR standards in regards to contacts with parents. 2. Explore strengthening policy on worker contact with parents in cases where children remain at home.	Corrective action plans reviewed quarterly
Children receive appropriate services to meet their educational needs.	Educational needs of child.	80% of cases will reflect that education needs have been assessed, by 6-05 90% of cases will reflect that education needs have been assessed, by 6-	Peer Review Case Review Peer Review Case Review	1. Utilize a Journey Placement Notebook for foster parents to maintain all information for children. 2. Encourage Educators to participate in the MDT process. 3. Provide CAPS to assess children and families thoroughly.	Corrective action plans reviewed quarterly

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		06			
Children receive adequate services to meet their physical and mental health needs.	Physical health of child.	90% of cases will reflect that health needs have been assessed, by 6-05	Peer Review Case Review	<ol style="list-style-type: none"> 1. Utilize a Journey Placement Notebook for foster parents to maintain all information for children. 2. Maintain the utilization of Sanders Liaison to schedule Health Check screens for children entering foster care. 3. Provide CAPS to assess children and families thoroughly. 	Corrective action plans reviewed quarterly
		95% of cases will reflect that health needs have been assessed, by 6-06	Peer Review Case Review		
	Mental health of child.	70% of cases will reflect that mental health needs have been assessed, by 6-05	Peer Review Case Review	<ol style="list-style-type: none"> 1. Utilize a Journey Placement Notebook for foster parents to maintain all information for children. 2. Provide CAPS to assess children and families thoroughly. 	Corrective action plans reviewed quarterly
		80% of cases will reflect that mental health needs have been	Peer Review Case Review		

Outcomes	Performance Indicator	Objectives	Method of Measurement	Strategy	Evaluation
		assessed, by 6-06			

**Continuous Quality Improvement
Five Year Plan**

Goal 1: Implement and maintain the Continuous Quality Improvement process related to the measurement of the outcomes as defined by the Adoption Safe Families Act and that is consistent with accreditation standards.

Action Steps	Methods of Measuring	Benchmarks Toward Achieving Goal	Benchmarks Dates of Achievement
1. Maintain and improve the monitoring process for program implementation, improvement and corrective action and program improvement plans.	Plans submitted Sample size increased incrementally annually	1. Develop annual schedules of field reviews to be completed by the Office of Planning and Quality Improvement. 2. Increase the survey sample size for cases reviewed from a .06 confidence interval to a .01 confidence interval and maintains a 95% confidence level.	1. April 30 th of each year beginning 2005 through 2009 2. July, 2009
2. Evaluate the content, process and effectiveness of the peer review process.	Focus groups Comparative review against field monitoring reviews	1. Focus groups will meet semi-annually. 2. Annual comparative review based on established criteria	1. Begin December, 2004 2. Begin July 2005

Action Steps	Methods of Measuring	Benchmarks Toward Achieving Goal	Benchmarks Dates of Achievement
3. Acquire Technical Assistance, as needed, to assist in the collection and analysis and utilization of data and overall improvements to the quality improvement process.	Semi-annual evaluation of progress of implementation of the CQI process	<ol style="list-style-type: none"> 1. Implementation plan developed for all uncompleted aspects of the CQI process. 2. Identify issues beyond CQI staff expertise 3. Request Assistance 	<ol style="list-style-type: none"> 1. December, 2004 2. Begin August, 2004 and ongoing 3. As needed
4. Develop software for the management of information, data collection and aggregation.	Quarterly evaluation of progress of project plan	<ol style="list-style-type: none"> 1. Project plan completed. 2. Software developed 3. Software field tested 4. All review data electronically transferred and aggregated. 	<ol style="list-style-type: none"> 1. December, 2004 2. Per plan 3. Per plan 4. Per plan
5. Distribute data from outcomes measurement and all other CQI processes quarterly and in a format that is useful to the user.	Quarterly feedback from Continuous Quality Improvement Councils	<ol style="list-style-type: none"> 1. Field test the data reports 2. Standardize report format 	<ol style="list-style-type: none"> 1. Per plan 2. Per plan
6. Integrate data analysis into planning, policy, case work practice and management decisions.	Quarterly review of Continuous Quality Improvement Council minutes	<ol style="list-style-type: none"> 1. Acquire technical assistance data utilization 2. Educate staff to practice, plan and manage towards 	<ol style="list-style-type: none"> 1. August, 2004 2. December, 2004 and ongoing

Action Steps	Methods of Measuring	Benchmarks Toward Achieving Goal	Benchmarks Dates of Achievement
		<p>outcomes</p> <p>3. Integrate into the local, regional and statewide quality improvement councils</p>	<p>3. December, 2004</p>
7. Publish annual comprehensive evaluation of overall findings.	1. Review of the data plan	<p>1. Develop a format for an annual report</p> <p>2. Publish findings in hard copy form and on the internet</p>	<p>1. December, 2004</p> <p>2. July, 2005</p>
8. Incorporate stakeholder input into the Continuous Quality Improvement Process.	Surveys and stakeholder interviews	<p>1. Send out annual surveys to providers and other stakeholders</p> <p>2. Conduct interviews at each monitoring review session with consumers and other stakeholders</p>	<p>1. Begin, January, 2005</p> <p>2. Current and ongoing for each review</p>
9. Evaluate the correlation between training and practice improvement.	Monitoring reviews	1. Design an evaluation process which compares pre and post training practice	1. January, 2006
10. Re-evaluate the Continuous Quality Improvement process annually to determine if the processes: a. build on identified strengths b. eliminate or reduce identified problems	Outcome measurements, indicator measurements, Quality Council	<p>1. Annual re-evaluation conference</p> <p>2. Request Technical Assistance from ACF</p> <p>3. Adjust CQI processes</p>	<p>1. July, 2005</p> <p>2. As needed</p> <p>3. As needed</p>

Action Steps	Methods of Measuring	Benchmarks Toward Achieving Goal	Benchmarks Dates of Achievement
c. determine possible causes when data reveal issues of concern d. promulgate solutions and replicate good practice e. implement and monitor the effectiveness of corrective action plans when needed. f. facilitates outcome achievement	minutes, monitoring reviews	according to findings	