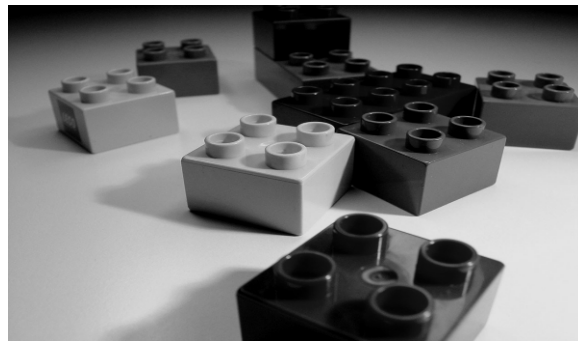


The Program Improvement Plan, as agreed upon in October 2004, is attached. Benchmarks that are completed are shaded in gray. If an entire action step is completed the entire row is shaded as gray. The status column indicates action steps outstanding in this quarter, project impact and planned resolution. In addition, the status column indicates if completed policies/protocols or supporting materials are attached with this report. Only items that have been finalized and approved by management are attached.



Safety

Safety Outcome 1: Children are first and foremost protected from abuse and neglect		
Item 1 Timeliness of Investigations <i>Case Review Goals</i>		
Measurement or Goal Description (as negotiated 10/04)		Percent or Date
Measurement Method	1. CAMIS Data - Percent of child victims requiring a face-to-face contact on non-emergent referrals, who received one within 72 hours from the date of the referral. <i>(Equates to state policy of 72 hour response).</i>	86.4%
	2. CAMIS Data - Percent of child victims requiring a face-to-face contact on emergent referrals, who received one within 1 calendar day from the date of the referral. <i>(Equates to state policy of 24-hour response).</i>	91.5%
Baseline Measure	1. CAMIS Data for May 2004	59.9%
	2. CAMIS Data for May 2004	59.3%
Improvement Goal	1. Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	80% within one year from PIP approval; 90% within two years from PIP approval
	2. Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	80% within one year from PIP approval; 90% within two years from PIP approval
Projected Date of Achievement for Goal	No later than two years from the date of PIP approval. (for both measures)	9/06

Safety Outcome 1:	Children are first and foremost protected from abuse and neglect							
Item 1	Timeliness of Investigations <i>Case Review Goals</i>							
Progress Updates	1st Quarter (Oct-Dec 2004)	2nd Quarter (Jan-Mar 2005)	3rd Quarter (Apr-Jun 2005)	4th Quarter (Jul-Sept 2005)	5th Quarter (Oct-Dec 2005)	6th Quarter (Jan-Mar 2006)	7th Quarter (Apr-Jun 2006)	6th Quarter (Jul-Sep 2006)
Current Measure	77.6% of all referrals responded to within 10 days	Emergent referrals responded to within 24 hours, Measure starts April 2005 85.2% of all referrals responded to within 10 days	84.7% for emergent referrals responded to within 24 hours 88.9% of all referrals responded to within 10 days	Non-emergent referrals responded to within 72 hours, Measure starts Aug 2005 90.4% for emergent referrals responded to within 24 hours 92.1% of all referrals responded to within 10 days	86.2% for non-emergent referrals responded to within 72 hours 92.3% for emergent referrals responded to within 24 hours 92.1% of all referrals responded to within 10 days * The state met the 2 nd year achievement goal for two quarters	88.98% for non-emergent referrals responded to within 72 hours 92.8% for emergent referrals responded to within 24 hours	No report due	No report due
Improvement Goal	80% within one year from PIP approval; 90% within two years from PIP approval (for non-emergent referrals) 80% within one year from PIP approval; 90% within two years from PIP approval (for emergent referrals)							

- On June 21, 2006 we re-calculated the quarterly data with the best information available. These numbers are more accurate than what we were able to report during previous reporting cycles.

* CA requested and ROX concurred that the non-emergent target should reflect 90% within 10 days, rather than 72 hours, as this was the policy requirement when the PIP was developed and approved.

Item 1

Timeliness of Investigations
Action Steps

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross Reference Item to KCF II
1.1	Improve response time on Child Protective Services referrals	1.1.1	<p>Increase compliance with current policy requiring the Division of Children and Family Services (DCFS) social workers to make initial face-to-face contacts with child victims for referrals of abuse and/or neglect within ten working days from the date of referral.</p> <ul style="list-style-type: none"> a. Distribute quick reference guide to all DCFS and LR/CPS workers regarding SER documentation requirements for child interviews and steps to correctly enter the information into CAMIS. b. Division of Practice Improvement will initiate a monthly, customized report for each office on compliance with the 10-day policy. c. Implement an automated prompt, via CAMIS, to supervisors and social workers on the 7th day of the referral, of children requiring face-to-face contact. d. Initiate quarterly report out on compliance and improvement of performance for initial face-to-face. e. Achieve performance goal of 80% compliance. f. Achieve performance goal of 90% compliance. 	10/04	Complete (10/04)	<p>Complete</p> <p>The quick reference guide was completed and attached to the 1st quarter report.</p> <p>In the response to the 5th quarterly report, ROX proposed and we concur with removing benchmark "f" because this is already part of the measurement goal for item one.</p>	1.1.1
		1.1.2	<p>Develop guidelines outlining intake timelines for referral review and transfer to Child Protective Services (CPS)</p> <ul style="list-style-type: none"> a. Establish policy workgroup to develop guidelines b. Workgroup reports out on draft guidelines c. Management review and approval of appropriate recommendations. d. Communicate policy changes to staff. e. Policy becomes effective and is implemented statewide. 	10/04	Complete (10/04)		

Item 1

Timeliness of Investigations
Action Steps

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross Reference Item to KCF II
		1.1.3	Improve "usability" of GUI specific to input of initial face-to-face (IF). <ul style="list-style-type: none"> a. High level planning complete (assigning staff, prioritizing the work, estimating the effort to complete) b. Requirements and design complete c. Construction complete (coding) d. Testing complete e. Pilot complete f. Production implementation (release and training). 	6/04	Complete (8/04)	Complete	1.1.3
			a.	8/04	Complete (9/04)		
			b.	9/04	Complete (11/04)		
			c.	11/04	Complete (11/04)		
			d.	12/04	Complete (1/05)		
			e.	12/04	Complete (1/05)		
		1.1.4	Require DCFS social workers to make face-to-face contact with child victims within 24 hours for all referrals of child abuse and/or neglect rated as emergent. <ul style="list-style-type: none"> a. Establish policy workgroup to develop recommendations regarding policy changes for 24-hour face-to-face contacts on emergent referrals. b. Management review and approval of appropriate recommendations c. Communicate policy changes with staff. d. Policy becomes effective and is implemented statewide. e. Establish baseline for compliance with policy change and set performance measure. f. Initiate quarterly progress reports to the field. 	10/04	Complete (10/04)	Complete	1.1.6
			a.	1/05	Complete (1/05)		
			b.	2/05	Complete (2/05)		
			c.	3/05	Complete (4/05)		
			d.	6/05	Deleted		
			e.	9/05	Complete (6/05)		

Safety Outcome 1:	Children are first and foremost protected from abuse and neglect	
Item 2	Repeat Maltreatment <i>Data Measures</i>	
Measurement or Goal Description (as negotiated 10/04)		Percent or Date
Measurement Method	CAMIS Data - Percent of cases of all children who were victims of a founded maltreatment report in the reporting period and were victims of another founded report within 6-months. Model based on federal calculation methodology using a rolling 12-month period for each quarter	National Standard: 6.1%
Baseline Measure	Statewide aggregate NCANDS data for FFY 2002 (per data profile)	10.8%
Improvement Goal	Item achieved when improvement goal met or exceeded.	9.9%
Projected Date of Achievement for Goal	No later than two years from final PIP approval	9/06

Safety Outcome 1:	Children are first and foremost protected from abuse and neglect				
Item 2	Repeat Maltreatment <i>Data Measures</i>				
Progress Updates	1 st Quarter (Oct-Dec 2004)	2 nd Quarter (Jan-Mar2005)	3 rd Quarter (Apr-Jun 2005)	4 th Quarter (Jul-Sept 2005)	
Current Measure	No measurement updates reported during the 1 st quarter	NCANDS reporting issues are not yet resolved.	NCANDS reporting issues are not yet resolved.	9.6%	No further reports are due
Improvement Goal	Item achieved when improvement goal met or exceeded (9.9% lower)				

Item 2

Repeat Maltreatment
Action Steps

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross Reference Item to KCF II
2.1	Eliminate and prevent duplicate incidents within the statewide information system.	2.1.1	Develop and implement strategies to eliminate and prevent duplicate incidents in CAMIS. a. Establish a policy workgroup, <i>including representatives from CATS and the Data Unit</i> , to develop recommendations for strategies to address duplicate incidents in CAMIS. b. Workgroup reports out on recommended strategies. c. Management team reviews and approves appropriate strategies. d. Requirements and design completed by CATS e. Construction complete (coding) f. Testing complete g. Pilot complete h. Implement strategies statewide i. Report out to field offices on implementation	9/04	Complete(11/04)	Complete This action step was removed in the 3 rd quarterly report.	2.1.1
				12/04	Complete (2/05)		
				2/05	Complete (4/05)		
				3/05	Deleted		
				7/05	Deleted		
				8/05	Deleted		
				9/05	Deleted		
				9/05	Deleted		
				10/05	Deleted		
12/05	Deleted						

2.2	Reduce the rate of chronically referring families.	2.2.1	<p>Streamline the criteria for Intake to use in identifying chronically referring families to include:</p> <ul style="list-style-type: none"> • <i>Three referrals in the prior year.</i> • <i>Four referrals in the prior two years.</i> • <i>Five referrals in the prior three years.</i> • <i>Two or more founded allegations in the past two to six CPS referrals.</i> <p>a. Establish policy workgroup to develop policies and procedures for identifying chronicity.</p> <p>b. Management review and approval of policies and procedures.</p> <p>c. Communicate policy decisions to staff.</p> <p>d. Policy changes become effective and first phase of implementation begins. is are implemented statewide.</p> <p>e. Implement automated "flagging" for cases meeting chronicity criteria.</p> <ul style="list-style-type: none"> • <u><i>Scope approved</i></u> • <u><i>Requirements and Design Complete</i></u> • <u><i>Construction Complete</i></u> • <u><i>Testing Complete</i></u> • <u><i>Pilot Complete</i></u> • <u><i>Production Implementation</i></u> <p>f. Establish baseline for performance measure.</p> <p>g. Initiate quarterly progress reports to the field.</p>		<p>1/05 Complete (1/05)</p> <p>6/05 Deleted 8/06</p> <p>7/05 Deleted 9/06</p> <p>7/05 Deleted 9/06</p> <p>7/05 Deleted 8/06</p> <p>12/05 Deleted 7/06</p> <p>3/06 Deleted 10/06</p>	<p>(Additional steps were added to benchmark "e" in the second quarter to show the status of steps necessary to implement automated flagging).</p> <p>Given the automated flagging system quarterly reporting is redundant, in the 4th quarter we proposed and ROX concurred with the removal of "f" and "g" items from the plan. ROX also concurred with adjustments to "b" - "d".</p> <p>The policy to support the revised chronicity criteria will be presented to CA management 6/06. The automated flagging system is scheduled for release in 8/06 along with the policy implementation. Technical problems have been resolved which caused implementation to slip 2 months since the last report.</p> <p>7th quarter - The policy for identifying chronically referring families (Attachment 1) was reviewed by management in July 2006.</p> <p>Management asked for clarification on the policy framework. The information was updated and clarified and will go back to management for review and approval on August 3, 2006.</p> <p>See attached implementation plan for more information.</p> <p>7th quarter update - CA</p>	2.2.1
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						<p>management decided not to pursue the flagging system. There are concerns regarding liability for identifying cases that meet the threshold for chronicity for which CA may not have the statewide service capacity or accessibility.</p> <p>9/19 - CA requested to delete benchmarks b-d and ROX concurred. Management did not approve the draft policy submitted in July and resubmitted in August (see their concerns noted above in 7th quarter update)</p> <p>8th quarter- this item complete</p>	
2.3	Improve response to child neglect.	2.3.1 (also 3.1.3)	<p>Implement training for contracted provider <u>staff and foster parents</u> on family engagement.</p> <ol style="list-style-type: none"> Establish planning group to develop training curriculum and training schedule. Complete development of training curriculum and publish training schedule. Provide Phase I regional based training to contract provider staff. Provide Phase I regional based training to contract provider staff, social workers and foster parents. Provide Phase II regional based training to social workers and foster parents <u>contracted provider staff.</u> 	<p>9/04</p> <p>12/04</p> <p>1/05-4/05</p> <p>3/06 ongoing</p>	<p>Complete (9/04)</p> <p>Complete (12/04)</p> <p>Complete (6/05)</p> <p>Complete (3/06)</p> <p>Deleted</p>	<p>Complete ROX requests that additional engagement training for staff and (including in-home services and placement services staff), foster parents and contractors be identified in the APSR - CA will include in APSR.</p>	4.2.3 and 14.3.1
		2.3.2	<p>In collaboration with contracted providers develop and implement revisions to ARS, FPS and IFPS to better serve chronically referring families.</p> <ol style="list-style-type: none"> Establish workgroup to develop recommended service provision plan and identify any required legislative 	9/04	Complete (9/04)	<p>Completed</p> <p>In the 4th quarter we proposed and ROX concurred with adding a new "c" "d" "e" and "f" and the</p>	4.2.4

			revisions and costs. b. Workgroup report out recommendations.	11/04	Complete (11/04)	removal of "g".
			c. Complete Phase I of contract review process	--	Complete (12/05)	We conducted a review of these contracts. Phase I involves changes to the contracts to strengthen fiscal reporting and accountability. Phase II will result in programmatic changes. These changes will effective upon execution of the contracts on July 1, 2006. ARS program changes will include a review of service requirements and change in the array of services provided. FPS/IFPS program changes will include implementation of performance measures and the North Carolina Family Assessment tool. Migration to evidence based practices will also begin. No change in status for 6 th quarterly report. 7 th quarter - ROX had requested documentation of the contract language reflecting programmatic changes. Please see attached folder for the proposed plan to complete this action step. Updated 7 th quarter - <i>CA proposes and ROX approved the removal of the reference to ARS. And ROX concurred.</i> As of July 1, 2006 contract language was amended to require the use of an assessment tool and re-assessment tool. The
			d. Identify programmatic changes needed	--	6/06	
			e. Provide training to contractors to support program changes	--	5/06	
			f. Complete Phase II of contract review and begin implementation of programmatic changes	--	Completed (7/06)	
			c. Begin Phase I of contract revision within available funding.	4/05	Deleted	
			d. Propose legislative revisions (ARS)	12/05	Deleted	
			e. Legislative and budget appropriations for ARS and additional funding.	7/06	Deleted	
			<i>The following benchmarks are subject to 2005 budget request and legislation:</i>			
			f. Begin Phase II of contract revision.	9/06	Deleted	
			g. Complete revision of contracts and implement services.	11/06	Deleted	

						<p>assessment domains address chronically referring families by assessing the following domains include:</p> <ul style="list-style-type: none"> • Environment • Parental capability • Family interaction • Family safety (including neglect) • Child well-being • Caregiver/child ambivalence • Readiness for reunification <p>Additional performance measures are required and include:</p> <ul style="list-style-type: none"> • Avoidance of new referrals • Reduction in the length of stay • Reduction in the level of risk factors • Prevention of out of home placement • Reunification <p>Contract changes include a new referral and exit summary forms.</p> <p>We have also implemented the Parent/child Interaction Therapy through service provider which will impact chronically referring families.</p> <p>8th quarter - ROX requested and CA submitted copies of signed contract - see electronic folder 2.3.2</p>	
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Safety Outcome 2:		Children are safely maintained in their homes when possible and appropriate	
Item 3		Services to prevent removal <i>Case Review Measures</i>	
Measurement or Goal Description		Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review
Measurement Method	Case Review		
Baseline Measure	CFSR onsite review November 2002	81%	82%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	83% (within one year from date of PIP approval) 86% (within two years from date of PIP approval)	83% (within one year from date of PIP approval) 86% (within two years from date of PIP approval)
Projected Date of Achievement for Goal	No later than two years from the date of PIP approval.	9/06	9/06

*Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

Safety Outcome 2:	Children are safely maintained in their homes when possible and appropriate						
Item 3	Services to prevent removal <i>Case Review Measures</i>						
Progress Updates	1 st Quarter (Oct-Dec 2004)	2 nd Quarter (Jan-Mar2005)	3 rd Quarter (Apr-Jun 2005)	4 th Quarter (Jul-Sept 2005)	5 th Quarter (Oct-Dec 2005)	6 th Quarter (Jan-Mar 2006)	
Current Measure	No measurement updates reported during the 1 st quarter	82%*	85% - <i>The state met the 1st year achievement goal for one quarter.</i>	78%	86% - <i>The state met the 2nd year achievement goal for one quarter</i>	87% - <i>The state met the 2nd year achievement goal for two quarters.</i>	No further reports are due
Improvement Goal	83% (within one year from date of PIP approval) 86% (within two years from date of PIP approval)						

* Baseline using the new case review tool

Item 3

Services to Prevent Removal
Action Steps

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
3.1	Improve the quality of safety assessment and safety plans.	3.1.1	<p>Implement Family Team Decision Making (FTDM) meetings as soon as possible, and within 72 hours of a child's placement in out-of-home care to develop more effective safety plans.</p> <ul style="list-style-type: none"> a. Develop policy and practice guidelines and protocols to support FTDM. b. Implement Phase I of the model, beginning with urban centers. c. Hire and train facilitators for urban centers (Phase I). d. Provide training to staff, foster parents and community partners on the model. e. Implement Phase I of the model, beginning with urban centers. f. Evaluate the implementation of Phase I and begin planning plan for Phase II. g. Implement Phase II FTDM in 2-3 additional offices per region. h. Implement Phase III FTDM in remaining offices in each region. g. Implement <u>policy</u> for mandatory FTDM in phase I sites. 	<p>10/04</p> <p>10/04 - 12/04</p> <p>10/04</p> <p>11/04</p> <p>12/04</p> <p>6/05</p> <p>12/05</p> <p>12/06</p> <p>10/05</p>	<p>Complete (11/04)</p> <p>Complete (12/04)</p> <p>Complete (10/04)</p> <p>Complete (11/04)</p> <p>Complete (12/04)</p> <p>Complete (6/05)</p> <p>Deleted</p> <p>Deleted</p> <p>Complete (12/05)</p>	<p>Complete</p> <p>42% of the children and families served by CA are served by the seven offices in phase I.</p> <p>In the 4th quarterly report, we removed phase II and III from the plan, due to lack of resources needed to proceed with these.</p>	3.2.1
		3.1.2 (also 4.1.1)	<p>Review and revise Kids Come First (KCF) policy framework and tools.</p> <ul style="list-style-type: none"> a. Establish policy workgroup to develop policy and tools to include a tool for staff to assist in building safety plans. These tools will include a minimum requirement for all safety plans as well as giving examples specific to major safety factors. b. Management reviews and approves recommendations. c. Revise academy training to reflect policy and tool revisions and completion of effective safety plans and 	<p>9/04-12/04</p> <p>12/04-1/05</p> <p>1/05</p>	<p>Complete (12/04)</p> <p>Complete (1/05)</p> <p>Complete (1/05)</p>	<p>Complete</p> <p>A copy of last Case Review Quarterly Report was attached to the 4th quarterly report.</p> <p>In the Annual PIP review, we proposed and the ACL/FO concurred with adding the term "refresher" to benchmark "d", and including a reference to the</p>	3.1.1

Item 3

Services to Prevent Removal
Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p>steps to monitor plans to assess their effectiveness.</p> <p>d. Provide <u>refresher</u> training to all CA social workers and supervisors on the Kids Come First revised tools and policies including how to complete effective safety plans and steps to monitor plans to assess their effectiveness.</p> <p>e. Establish automated system for tracking completed safety plans and risk assessments within required timeframes.</p> <ul style="list-style-type: none"> ● Scope approved ● Requirements and Design Complete ● Construction Complete ● Testing Complete ● Pilot Complete ● Production Implementation <p>f. Begin implementation of policy revisions.</p> <p>g. Complete implementation of Implement revisions.</p> <p>h. Implementation of the 30-day visit policy Begin using <u>case review program and report out quarterly to the regions on the timeliness and quality of safety assessment, safety plan, and risk assessment.</u></p>	<p>2/05-6/05</p> <p>3/05</p> <p>4/05 6/05 10/05</p> <p>--</p>	<p>Complete (3/06)</p> <p>Deleted</p> <p>Deleted Complete (3/06) Deleted</p> <p>Complete (9/05)</p>	<p>30-day visit policy.</p> <p>During design sessions, it was discovered that CAMIS is unable to complete this information system solution.</p> <p>In the 4th quarter, we proposed and ROX concurred with the removal of benchmarks "e" and "f" and the addition of h. We also proposed that the reference to the 30-day benchmark be removed from this section since this already included in 19.1.3.</p> <p>In the response to the 4th quarterly report, ROX requested that we consider keeping the 30-day visit reference as a strategy and add this as 3.1.4. We believe this is addressed in 4.2.2 and 19.1.3.</p>	
	<p>3.1.3 Develop and provide training for staff, foster parents, community partners and contracted providers on engaging families, relatives and fathers.</p>	<p>(Refer to 2.3.1)</p>		<p>Complete</p>	<p>14.3.1</p>

Safety Outcome 2:		Children are safely maintained in their homes when possible and appropriate	
Item 4		<i>Risk of harm Case Review Measures</i>	
Measurement or Goal Description		Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review
Measurement Method	Case Review		
Baseline Measure	CFSR onsite case review November 2003	70%	71%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	74% (within one year from date of PIP approval) 80% (within two years from date of PIP approval)	74% (within one year from date of PIP approval) 80% (within two years from date of PIP approval)
Projected Date of Achievement for Goal	No later than two years from date of PIP approval	9/06	9/06

*Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

Safety Outcome 2:	Children are safely maintained in their homes when possible and appropriate						
Item 4	Risk of harm <i>Case Review Measures</i>						
Progress Updates	1 st Quarter (Oct-Dec 2004)	2 nd Quarter (Jan-Mar2005)	3 rd Quarter (Apr-Jun 2005)	4 th Quarter (Jul-Sept 2005)	5 th Quarter (Oct-Dec 2005)	6 th Quarter (Jan-Mar 2006)	
Current Measure	No measurement updates reported during the 1 st quarter	71%*	66%	70%	83% - - <i>The state met the 2nd year achievement goal for one quarter.</i>	84% - <i>The state met the 2nd year achievement goal for two quarters.</i>	No further reports are due
Improvement Goal	74% (within one year from date of PIP approval) 80% (within two years from date of PIP approval)						

* Baseline using the new case review tool

Item 4

Risk of harm
Action Steps

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
4.1	Improve percentage and quality of safety plans and risk assessments completed within required timeframes.	4.1.1	Review and revise Kids Come First (KCF) policy framework and tools.	<i>(Refer to 3.1.2)</i>		Complete	3.1.1
		4.1.2	Implement Family Team Decision Making Meetings within 72 hours of a child's placement in out-of-home care to develop more effective safety plans. Model to be phased in over two years, as described in section 3.1.1.	<i>(Refer to 3.1.1)</i>		Complete	3.2.1

Item 4

Risk of harm
Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
<p>4.2 Reduce the number of children re-entering foster care.</p>	<p>4.2.1 Develop, implement and incorporate in the Trial Home visit policy a 6-month after care support plan for children exiting care.</p> <ul style="list-style-type: none"> a. Utilizing the policy workgroup from section 3.1.1, review and revise Kids Come First (KCF) policy framework and tools to include 6-month after care support program. b. Management review and approves appropriate recommendations. c. Revise academy training to reflect policy and tool revisions. d. Provide <i>refresher</i> training on the Kids Come First revised tools and policies to all CA social workers and supervisors. e. Begin implementation <i>6-month after care support plan policy incorporated into Trial Home visit policy and re-reviewed by CA management</i> f. Implementation of permanency policy <i>Trial Home visit policy that includes 6-month after care support plan.</i> 	<p>9/04-12/04</p> <p>1/05</p> <p>2/05</p> <p>2/05-6/05</p> <p>2/05</p> <p>6/05</p>	<p>Complete (12/04)</p> <p>Complete (1/05)</p> <p>Complete (4/05)</p> <p>Complete (3/06)</p> <p>Completed 8/06</p> <p>Completed 9/06</p>	<p>Complete</p> <p>In the Annual PIP review, we proposed and the ACL/FO concurred with adding the term “refresher” to benchmark “d”, and changing the last two benchmarks to include a management review and implementation of the policy.</p> <p>In the response to the 4th quarterly report, ROX requested a copy of the 6-month after care support plan. We anticipate that this will be ready for attachment in the next quarterly report.</p> <p>7th quarter - Propose change to Action step and benchmark “e” and “f” to reflect that after care support is incorporated into trial home visit policy (attached).</p> <p>8th quarter - Policy Completed and effective 9/30/06. All materials were posted for staff on the CA intranet 9/25/06 - see electronic file 4.2.1</p>	<p>3.3.1</p>

Item 4

Risk of harm
Action Steps

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
		4.2.2	Implement 30 day visits with all children receiving in-home services.	<i>(Refer to 19.1.3)</i>	<i>Deleted</i>	This action step was added to the PIP. Deleted - See 19.1.3	14.1.4 and 14.1.5

4.3	Improve protection and permanency for children.	4.3.1	<p>Restructure Child Protective Services / Child Welfare Services Model.</p> <p>a. Undertake review of CPS/CWS practice models in other jurisdictions including consultation with appropriate National Resource Center.</p> <p>b. Management selects and approves new CPS/CWS practice model.</p> <p>c. Develop draft policy, practice guide, and training to support new CPS/CWS model.</p> <p>d. Test new model through initial targeted implementation in one region.</p> <p>e. Develop plan for statewide implementation.</p> <p><i>*NEW*</i> Submitted to ROX (06/28/06) Restructure Child Protective Services / Child Welfare Services Model.</p> <p>a. Undertake review of CPS/CWS practice models in other jurisdictions including consultation with appropriate National Resource Center.</p> <p>b. Management selects and approves new CPS/CWS practice model.</p> <p>c. Develop draft policy, practice guide, and training to support new CPS/CWS model.</p> <p>d. Test new model through initial targeted implementation in one region.</p> <p>e. Orientate all regions and offices to the new redesign model so offices can begin to plan for their individual restructuring</p> <p>f. Test the tools associated with the redesign in 6 offices</p> <p>g. Regions submit restructuring plans</p> <p>h. Provide training on the redesign and tools to all staff</p> <p>i. Provide implementation plan for ROX approval</p>	<p>1/06</p> <p>4/06</p> <p>5/06</p> <p>6/06-9/06</p> <p>9/06</p> <p>1/06</p> <p>4/06</p> <p>5/06</p> <p>5/06-9/06</p> <p>9/06</p>	<p><i>Deleted</i></p> <p>Complete (2/06)</p> <p>Complete (5/06)</p> <p>Complete 6/06</p> <p>Deleted</p> <p>Complete (7/06)</p> <p>Complete (07/06-09/06)</p> <p>Complete(9/06)+2/06</p> <p>Deleted</p> <p>01/07-Complete 09/06</p>	<p>In the Annual PIP review, we proposed and the ACF/RO concurred with adding this new action step to the PIP.</p> <p>CA will research and move towards implementation of a revised CPS/CWS service model. This is a major restructuring initiative. It will be implemented based on the development and testing of the model and the phase in of additional CA staff allocated in the 2005-2007 biennium budget.</p> <p>Proposed features of this model include:</p> <ol style="list-style-type: none"> 1. CPS team who will focus on safety and risk assessment, investigation and completion of investigations within 45 days 2. Transfer of out-of-home cases from CPS to CWS out-of-home services within 72 hours of removal 3. Development of new CWS in-home service teams to serve at risk children and families. <p>The model is being tested at:</p> <ul style="list-style-type: none"> • Moses Lake • Richland • Lynnwood • Bellevue • Kent • Aberdeen • Stevenson <p>More information about the implementation of the model in these offices will be available during the next conference call.</p>	4.1.1 and 11.1.1
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						<p>8th Quarter - CA management approved the CPS/CWS Redesign model, Policy accompanying documents.</p> <p>CPS/CWS Redesign presentations have been completed in all regions and almost all offices.</p> <p>July 2006 all six test site offices were trained on the policies and tools and began testing them in practice. Testing of the tools was completed September 2006. (See attachments in electronic folder 4.3.1)</p> <p>All regions have submitted proposed plans for the implementation of the redesign in every office. These plans will be final by October 1, 2006. Example of a Regional Plan provided in the 4.3.1 electronic file.</p>	
	4.3.2	<p>Define the new practice model for Child Protective Services / Child Welfare Services.</p> <ul style="list-style-type: none"> a. Meeting with Legislature to determine the design requirements that the Legislature wishes to see in the model. b. CA will determine the leads for the project c. CA will charter the project team d. The Team will issue a preliminary report to CA management 	2/06	Complete (2/06)	<p>Complete Attachment C: Legislative Committee Meeting Agenda</p> <p>In the response to the 4th quarterly report, ROX requested that we consider breaking practice model and restructure into two tasks, by adding a new 4.3.2.</p> <p>8th Quarter - CA has developed and completed the following work on the Practice model:</p> <ul style="list-style-type: none"> o Charter, 		

						<ul style="list-style-type: none">○ Practice model areas of focus document○ Framework for assessment and case planning,○ Framework for a service delivery system○ Practice model preliminary report <p>See electronic file 4.3.2 for copies of these documents.</p>	
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		4.3.3	<p>Implement a re-designed ISSP.</p> <ol style="list-style-type: none"> Consult with judiciary for feedback on proposed changes to the ISSP. Consult with National Resource for Family Practice and Permanency Planning. Consult with ROX regarding the re-design. Management approves re-designed ISSP. Train staff <u>in pilot sites</u>. Implement re-designed ISSP <u>in pilot sites</u>. <u>Develop and submit a plan for statewide implementation.</u> 	<p>1/06</p> <p>3/06</p> <p>3/06</p> <p>4/06</p> <p>6/06</p> <p>7/06</p> <p>--</p>	<p>Complete (3/06)</p> <p>Complete (3/06)</p> <p>Complete (3/06)</p> <p>Complete 4/06</p> <p>Complete 6/06</p> <p>Completed 7/06</p> <p>Complete 9/06</p>	<p>Complete</p> <p>In the response to the 4th quarterly report, ROX requested that we ensure the new ISSP continues to include and require PIP items. This new action step has been added in response to that request. Also see 7.1.1, 14.1.1, 14.1.2, 16.1.3, and 17.1.1 for ISSP-related actions steps.</p> <p>We have incorporated feedback from judiciary, NRC, and ROX in the final version of the ISSP.</p> <p>In the 6th quarterly report, we propose a modification to benchmarks "e", "f", and "g" to indicate our plans to first pilot the re-designed ISSP.</p> <p>Pilot sites to be used to implement the ISSP</p> <ul style="list-style-type: none"> • Moses Lake • Richland • Lynnwood • Bellevue • Kent • Aberdeen • Stevenson <p>7th quarter - CA requested and ROX approved the addition of a new action step "g" on implementation plan.</p> <p>8th Quarter - CA has submitted an implementation plan as required in benchmark "g" - see status update and implementation plan in electronic file 4.3.3.</p>	
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4.4	Improve practice related to child safety	4.4.1	Implement statewide case review model for assessing and improving practice related to Safety, <u>Permanence, and Well-being.</u> <ul style="list-style-type: none"> a. Implement schedule of annual review of case practice in each office b. Complete written report of annual review of each office's case practice c. In consultation with the offices, develop practice improvement plans d. Provide statewide quarterly reports of case practice 			Complete In the Annual PIP review, we proposed and the ACF/RO concurred with adding this new action step to the PIP. In October 2005 we completed an annual review of case practice in each office. This has been provided to ROX. No change to report in the 6 th quarter report. 7 th quarterly report - Item completed. 1 st and 2 nd Quarterly reports attached. 8 th quarter -On 10/12 CA submitted roll up of case review results to demonstrate this action step and case review action steps are now complete. A copy of this is also in electronic file 4.4.1 - includes both quarterly report and annual roll-up of items 14, 15 and 22)	4.6.1
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