



# Child and Family Well-being

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Well Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.		
Item 17	Needs and services of child, parents, and foster parents <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 2003	46%	64%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	52% (Within one year from approval of PIP)  61% (Within two years from approval of PIP)	66%** (Within one year from approval of PIP)  71% **(Within two years from approval of PIP)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	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.

\*\*Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.						
Item 17	Needs and services of child, parents, and foster parents <i>Case Review Measures</i>						
Progress Updates	1 <sup>st</sup> Quarter (Oct-Dec 2004)	2 <sup>nd</sup> Quarter (Jan-Mar2005)	3 <sup>rd</sup> Quarter (Apr-Jun 2005)	4 <sup>th</sup> Quarter (Jul-Sept 2005)	5 <sup>th</sup> Quarter (Oct-Dec 2005)	6 <sup>th</sup> Quarter (Jan-Mar 2006)	
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	64%*	55%	50%	86% - <i>The state met the 2<sup>nd</sup> year achievement goal for one quarter.</i>	72% - <i>The state met the 2<sup>nd</sup> year achievement goal for second quarters.</i>	No further reports are due
Improvement Goal	52% (Within one year from approval of PIP)  61% (Within two years from approval of PIP)	66% by 10/05**  71% by 10/06**					

\*Baseline using the new case review tool

\*\*Due to a new baseline, improvement goals were adjusted, with approval from DHHS Region X.

**Item 17**

Needs and services of child, parents, and foster parents  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
17.1	Increase early and ongoing involvement of children, parents, resource families and Tribes in the assessment, development of case plans and major decisions.	17.1.1	Review and revise policy and procedure regarding when and how service plans are written and updated, the involvement of children and parents and Tribes in assessments, development of case plans for in-home cases and out-of-home cases, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process. <ul style="list-style-type: none"> <li>a. Establish policy workgroup to review current policy and make recommendations for necessary revisions.</li> <li>b. Management team review and approval of appropriate recommendations.</li> <li>c. Revise academy training and post-academy training on permanency to reflect policy changes.</li> <li>d. Provide training to social workers and supervisors on policy and procedure revisions.</li> <li>e. Implement policy revisions.</li> </ul>	12/04-4/05 4/05-6/05 7/05 7/05-9/05 10/05	Complete (4/05) Complete (4/05) Complete (7/05) Complete (3/05) Complete (12/04)	Complete  The Training Curriculum Outline was attached to the 4 <sup>th</sup> quarterly report.  The ISSP (service plan) and guide with these changes has been completed and distributed to CA staff.  The information was included in the service plan and guide in 12/04. Originally a policy was going to be implemented to support this and was reviewed by management in April 2005. Management has since decided there is no need for a policy as it is part of the plan and guide and training on the plan and guide was provided 1/05-3/05. ROX concurred that this could be considered part of the original plan and guide.	13.1.1
		17.1.2	Develop and implement a strength-based family assessment tool. <ul style="list-style-type: none"> <li>a. Establish workgroup, including representatives from CATS, to develop a strength-based family assessment tool, supporting policies and automation requirements.</li> <li>b. Workgroup to report out on recommendations.</li> <li>c. Management Team reviews recommendations and</li> </ul>	9/04-12/04 12/04 2/05	Complete (12/04) Complete (12/04) Complete (2/05)	Completed  The Family Assessment Tool (from Sky Valley) was attached to the 4 <sup>th</sup> quarterly report.	13.1.3

**Item 17**

Needs and services of child, parents, and foster parents  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
			approves appropriate policy/tool changes.				
			d. <del>Implement electronic version of family assessment tool (pending new information system automation changes)</del>	6/05	Deleted	CA continues to seek accreditation of all offices through the Council On Accreditation. (COA) CA proposes that this item be implemented in accordance with the State accreditation schedule. As a result of this request, the ACF/RO requested submission of an amended implementation plan and schedule.  We have completed implementation in 32 offices and will complete the remaining 12 offices in Spring 2006.  No status change to report in the 6 <sup>th</sup> quarterly report.  7 <sup>th</sup> quarter - CA Requested and ROX approved changes to the wording of benchmark "f" to say 73% of offices will have implemented strength based family assessment by 9/30  8 <sup>th</sup> quarter - 32 offices (73%) of all offices) have implemented Strength Based Family Assessment. This represents 58% of the total statewide CWS caseload. The reason for the difference in	
			e. <del>Provide training to staff, community partners and service providers to support improved assessment and case planning.</del>	3/05-6/05	Deleted		
			f. <del>Revise academy training to include family assessment tool.</del>	6/05	Deleted		
			g. <del>Implement strength based family assessment tool.</del>	6/05	Deleted		
			d. Implementation of strength-based family assessment in offices currently meeting COA accreditation standards (19 offices)	--	Complete (10/05)		
			e. Implementation of strength-based family assessment in additional offices assessed by COA as meeting COA standards offices by 9/06 (estimated to be 29 offices)	--	Complete (12/05)		
			f. Implementation of strength-based family assessment in 73% of offices ( <del>statewide implementation</del> ) <del>Continue to implement until all offices are complete</del>	--	Complete 4/06-9/06		

**Item 17**

Needs and services of child, parents, and foster parents  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
						percentage between the number of offices and cases is that the larger offices have not yet completed the accreditation. See electronic file 17.1.2 for verification of completed benchmarks.	
17.2	Increase quality and frequency of social worker contact with children, parents and caregivers.	17.2.1	For children placed in out-of-home care, develop and implement an <i>INTERIM</i> policy and practice guideline for 30-day visits between social worker and parents, and social worker and child.	<i>(Refer to 19.1.1)</i>	Deleted		14.1.1
		17.2.2	For dependent children and families receiving services in their own home develop and implement an <i>INTERIM</i> policy and practice guidelines for 30-day visits between social worker and parents and social worker and child that address monitoring safety issues.	<i>(Refer to 19.1.3 and 20.1.3 and 20.1.4)</i>		Complete	14.1.4

\*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.

\*\*Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:		Families have enhanced capacity to provide for their children's needs.	
Item 18		Child and family involvement in case planning <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 2003	48%	43%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	54% (Within one year from PIP approval)	46% (Within one year from PIP approval)
		63% (Within two years from PIP approval)	51% (Within two years from PIP approval)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	9/06	9/06

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.				
Item 18	Child and family involvement in case planning <i>Case Review Measures</i>				
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)	4 <sup>th</sup> Quarter (July-September 2005)	
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	43%*	66% - <i>The state met the 2<sup>nd</sup> year achievement goal for one quarter.</i>	62% - <i>The state met the 2<sup>nd</sup> year achievement goal for two consecutive quarters.</i>	No more reports are due
Improvement Goal	54% (Within one year from PIP approval)  63% (Within two years from PIP approval)	46% by 10/05**  51% by 10/06**	46% by 10/05  51% by 10/06	46% by 10/05  51% by 10/06	

\*Baseline using new case review tool

\*\*Due to a new baseline, improvement goals were adjusted, with approval from DHHS Region X.

**Item 18**

**Child and family involvement in case planning**  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
18.1	Increase early and ongoing involvement of children, parents, resource families and Tribes in the assessment, development of case plans and major decisions.	18.1.1	Review and revise policy and procedure regarding when and how service plans are written and updated, the involvement of children and parents and Tribes in assessments, development of case plans, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process.	<i>(Refer to 17.1.1)</i>		Complete	13.1.1
		18.1.2	Implement Family-Team Decision Making meetings (which include meetings to be conducted within 72 hours of a child's placement into care, and during placement moves).	<i>(Refer to 3.1.1)</i>		Complete	3.2.1
		18.1.3	Develop and implement tools to maximize maternal and paternal involvement in decision making for the needs of their child.	<i>(Refer to 16.1.3)</i>	Deleted		13.2.1
18.1	Increase early and ongoing involvement of children, parents, resource families and Tribes in the assessment, development of case plans and major decisions.	18.1.4	Obtain funding and develop video to help adolescents understand and maneuver through the dependency process. a. Obtain funding for the production of the video. b. Develop film with input for the Youth Advisory Board. <del>c. Final product and implementation of the video.</del> Video production complete.	-- -- --	Complete(3/06) Complete (7/06) Complete (9/06)	Complete In the Annual PIP review, we proposed and the ACF/RO concurred with adding this new action step to the PIP.  In the 4 <sup>th</sup> quarter we proposed and ROX concurred with adjusting dates on benchmarks "a" and "b".  In the 5 <sup>th</sup> quarterly report, we proposed that this item be removed from the PIP. We did not obtain funding to proceed with this item.	13.1.7

**Item 18**

Child and family involvement in case planning  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
						<p>In the response to the 5<sup>th</sup> quarterly report, ROX correctly states that we have received funding and we continue to plan to complete this action step. Updated 7<sup>th</sup> quarter - Propose language change for benchmark "c" 9/19/06 - resubmitting request to change language for benchmark "c" which was approved by ROX.</p> <p>8<sup>th</sup> quarter - Video production complete. Copy of the video is submitted with 8<sup>th</sup> quarter report.</p>	

Well Being Outcome 1:		Families have enhanced capacity to provide for their children's needs.	
Item 19		Worker visits with child <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 2003	36%	36%
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	44% (Within one year from PIP approval)  56% (Within two years from PIP approval)	38%* (Within one year from PIP approval)  48%* (Within two years from PIP approval)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	9/06	9/06

\*Although the baseline remained the same using the case review tool, the improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.							
Item 19	Worker visits with child <i>Case Review Measures</i>							
Progress Updates	1 <sup>st</sup> Quarter (Oct-Dec 2004)	2 <sup>nd</sup> Quarter (Jan-Mar2005)	3 <sup>rd</sup> Quarter (Apr-Jun 2005)	4 <sup>th</sup> Quarter (Jul-Sept 2005)	5 <sup>th</sup> Quarter (Oct-Dec 2005)	6 <sup>th</sup> Quarter (Jan-Mar 2006)	7 <sup>th</sup> Quarter (Apr-Jun 2006)	8 <sup>th</sup> Quarter (Jul-Sept 2006)
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	36%	61% - <i>The state met the 1<sup>st</sup> year achievement goal for one quarter.</i>	42% - <i>The state met the 1<sup>st</sup> year achievement goal for two consecutive quarters.</i>	69%- <i>The state met the 2<sup>nd</sup> year achievement goal for one quarter.</i>	45%	41%	54% - Quarterly **49% Annualized from Jul 2005 - Jun 2006
Improvement Goal	44% (Within one year from PIP approval)	38% by 10/05*						
	56% (Within two years from PIP approval)	48% by 10/06*						

\*Although the baseline remained the same using the case review tool, the improvement goals were adjusted with approval from DHHS Region X.

\*\* There are 46 CA offices providing services in Washington State. Given the number of offices CA requested and ROX approved performance measurements based on the average of the previous four quarters rather than the results of the two consecutive quarters.

**Item 19**

Worker visits with child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
19.1 Increase quality and frequency of social worker contact with children, parents and caregivers.	19.1.1 For children placed in out-of-home care, develop and implement an <i>INTERIM</i> policy and practice guideline for 30-day visits between social worker and parents, and social worker and child. <ul style="list-style-type: none"> <li>a. Establish policy workgroup to develop interim policy recommendations and practice guidelines to include caseload threshold for which the 30-day rule would apply and alternate frequency for when it does not. <i>(alternate frequencies based on case load ratio)</i></li> <li>b. Workgroup to report out recommendations.</li> <li>c. Management team reviews and approves appropriate policy recommendations.</li> <li>d. Revise new social worker academy training to support interim policy and practice guidelines.</li> <li>e. Provide training to staff, caregivers and community partners to support policy implementation.</li> <li>f. <del>Implement policy and practice guidelines.</del></li> <li>g. <del>Establish baseline for compliance with 30-day visits and set performance measure.</del></li> <li>h. <del>Review and report on progress quarterly <i>(based on offices rolled out per implementation plan)</i>.</del></li> <li>i. <del>Achieve performance measure <i>(refer to case review measures for Items 19 and 20)</i>.</del></li> </ul>	9/04  11/04 12/04  1/05  1/05  3/05 5/05  9/05-9/06  9/06	<p style="text-align: center;"><i>Deleted and Replaced by 19.1.4</i></p> Complete (10/04)  Complete (11/04) Complete (12/04)  Complete (1/05)  Complete (1/05)  Deleted Deleted  Deleted  Deleted	In the 4 <sup>th</sup> quarter we proposed and ROX concurred with the deletion of this item from the plan. This item has been replaced with 19.1.4.  <i>(Refer to 19.1.4)</i>	14.1.1
	19.1.2 Review and revise contracts/licenses with Child Placing Agencies and make necessary changes to support 30-day Monthly visits. <ul style="list-style-type: none"> <li>a. Review CPA contracts to determine what changes need to be made, and determine affected contracts</li> <li>b. <del>Make necessary changes to contracts.</del> Complete development of contract language.</li> <li>c. <del>Provide training to CPA's and staff on contract changes.</del></li> </ul>	12/04  9/05 10/05 1/06	Complete (12/04)  Completed 8/06 Deleted Deleted	Completed  The CPA contracts have been reviewed as part of the CA internal contract review process; however the contracts will be executed prior to policy	14.1.3

**Item 19**

Worker visits with child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p>d. <del>Implement statewide.</del></p>			<p>implementation. The contracts will be updated to reflect this requirement after the policy has been implemented. We propose the removal of this action step from the PIP since it will occur in the non-overlapping year.</p> <p>7<sup>th</sup> quarter - CA proposes and ROX approved the deletion of actions steps "c" and "d" and update language in "b" to say complete development of contract language. <del>Thirty day visit language will be included in the revised CPA contracts effective 1/1/07.</del> A copy of that contractual language reflecting the requirement is attached.</p>	
	<p>19.1.3 For dependent children and families receiving services in their own home (<del>non-dependent</del>), develop and implement an <del>an</del> <b>INTERIM</b> policy and practice guidelines for 30-day visits between <del>social worker and parents and</del> social worker and child, which address monitoring safety issues.</p> <p>a. Utilizing workgroup in 19.1.1, establish policy workgroup to develop interim policy recommendations and practice guidelines to include caseload threshold for which the 30-day rule would apply and alternate frequency for when it does not. (<i>alternate frequencies based on case</i></p>	9/04	Complete (11/04)	<p>Complete</p> <p>The 30-day policy and guidelines were attached to the 4<sup>th</sup> quarterly report.</p> <p>The Governor directed that CA staff visit children who are receiving in-home services every 30 days effective 10/05</p>	14.1.4, 14.15

**Item 19**

Worker visits with child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p><i>load ratio)</i></p> <ul style="list-style-type: none"> <li>b. Workgroup to report out recommendations.</li> <li>c. Management team reviews and approves appropriate policy recommendations.</li> <li>d. Provide training to staff, caregivers and community partners to support policy implementation.</li> <li>e. Revise new social worker academy training to support interim policy and practice guidelines.</li> <li>f. <u>Implement policy and practice guidelines.</u></li> <li>g. <del>Establish baseline for compliance with 30-day visits and set performance measure.</del></li> <li>h. <u>Initiate monthly quarterly reporting of performance to the field (based on offices rolled out per the implementation plan).</u></li> </ul>	<p>11/04 12/04  1/05 5/05  5/05 9/05 12/05</p>	<p>Complete (11/04) Complete (12/04)  Complete (1/05) Complete (1/05)  Complete (10/05) Deleted Complete (12/05)</p>	<p>The policy was implemented 10/05. In the 4<sup>th</sup> quarterly report, we proposed and ROX concurred with changing the action steps and timeframes to reflect this.</p> <p>This action step was reported as complete in the 5<sup>th</sup> quarterly report. In the response to the 5<sup>th</sup> quarterly report, ROX requested clarification. The current policy applies to in-home dependency cases in all offices. In July 2006, based on the supplemental budget, we will begin hiring staff to increase capacity to provide 30-day visits to all in-home cases.</p> <p>8<sup>th</sup> quarter - ROX requested CA provide data on dependent children in their own home: <u>Dependent children in their own home (in-home dependencies</u> Accredited Offices - 871 (62.6%) Non accred. Offices - 520 (37.4%) Total - 1391 (100%)</p>	

**Item 19**

Worker visits with child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p>19.1.4 For children placed in out-of-home care, develop and implement a policy to require 30-day visits between social worker and parents, and social worker and child <del>IN ALL CASES</del></p> <ul style="list-style-type: none"> <li>a. <del>Develop policy recommendations</del></li> <li>b. <del>Workgroup to report out recommendations</del></li> <li>c. <del>CA Management reviews and approves appropriate policy recommendations</del></li> <li>d. <del>Provide orientation to staff, caregivers and community partners on new policy requirement</del></li> <li>e. <del>Revise new social worker academy training to support new policy and practice guidelines</del></li> <li>f. <del>Phase in new policy and provide orientation as additional staff are hired and local offices meet COA case load standards of 1:18.</del></li> <li>g. <del>Review office caseloads quarterly.</del></li> <li>h. <del>Review performance quarterly through the case review process.</del></li> <li>a. <u>Implementation of 30 day visits to children in out of home placement in offices currently meeting COA accreditation standards (19 offices)</u></li> <li>b. <u>Implementation of 30 day visits to children in out of home placement in additional offices assessed by COA as meeting COA standards offices by 9/06 (estimated to be 29 offices)</u></li> <li>c. <u>Submit a plan for implementation of 30 day visits to children in out of home placement in all offices (state wide implementation)</u></li> </ul>	<p><del>3/05-5/05</del>  <del>5/05</del>  <del>6/05</del>    <del>7/05</del>  <del>7/05-9/05</del>    <del>9/05</del>    <del>10/05</del>  <del>3/06</del>    <del>6/06</del>    --  --  --</p>	<p><del>Deleted</del>  <del>Deleted</del>  <del>Deleted</del>    <del>Deleted</del>  <del>Deleted</del>    <del>Deleted</del>  <del>Deleted</del>      Complete (10/05)    Complete (12/05)      9/06</p>	<p>Completed  In the Annual PIP review, we proposed and the ACF/RO concurred with replacing benchmark 19.1.1 with this new action step.    In the 4<sup>th</sup> quarter, CA proposes that this item be implemented in accordance with the State accreditation schedule.    In the response to the 4<sup>th</sup> quarterly report, ROX requested that adjustments be made to benchmark "c" to complete within the PIP timeframe. Adjustments were made in the 5<sup>th</sup> quarterly report.    We have completed implementation in 32 offices and will complete the remaining 12 offices in Summer 2006.    No status change to report in the 6<sup>th</sup> quarterly report.    See the response for 19.1.3 above  Attachment: 30 day visit plan for visits with children.</p>	<p>14.1.2</p>

**Item 19**

*Worker visits with child  
Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
						<p>Currently, COA offices account for 59% of children in out of home care. COA offices complete 30 day visits on children in out of home care. Non-COA account for 40.5 %. (Based on 33 offices accredited by 9/06.</p> <p>8<sup>th</sup> quarter - An Implementation Plan has been developed to meet PIP requirement of statewide implementation by September 2007. See implementation plan in electronic file 19.1.4.</p>	
		19.1.5	<p><del>Develop and implement a policy to require 30-day visits between social worker and child who are receiving in-home services.</del></p> <ul style="list-style-type: none"> <li><del>a. Implement 30-day visit policy.</del></li> <li><del>b. Revise new social worker Academy training to support new policy and practice guidelines.</del></li> <li><del>c. Establish baseline for compliance with policy changes and set performance measures.</del></li> <li><del>d. Initiate quarterly reviews</del></li> </ul>	<p>10/05</p> <p>10/05</p> <p>11/05</p> <p>1/06</p>	Deleted	<p>In the Annual PIP review, we proposed and the ACF/RO concurred with adding this new action step to the PIP.</p> <p>In the 4<sup>th</sup> quarterly report, we proposed and ROX concurred with the removal of this new item and incorporation of this into 19.1.3.</p>	14.1.5

Well Being Outcome 1:		Families have enhanced capacity to provide for their children's needs.	
Item 20		Worker visits with parents <i>Case Review Measures</i>	
Measurement or Goal Description (as negotiated 10/04)		Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review
Measurement Method	Case Review		
Baseline Measure	CFSR onsite review, November 2003	28%	26%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	36% (Within one year from approval of PIP)	28%** (Within one year from approval of PIP)
		48% (Within two years from approval of PIP)	42%** (Within two years from approval of PIP)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	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.

\*\*Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.						
Item 20	Worker visits with parents <i>Case Review Measures</i>						
Progress Updates	1 <sup>st</sup> Quarter (Oct-Dec 2004)	2 <sup>nd</sup> Quarter (Jan-Mar2005)	3 <sup>rd</sup> Quarter (Apr-Jun 2005)	4 <sup>th</sup> Quarter (Jul-Sept 2005)	5 <sup>th</sup> Quarter (Oct-Dec 2005)	6 <sup>th</sup> Quarter (Jan-Mar 2006)	
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	26%*	36% - <i>The state met the 1<sup>st</sup> year achievement goal for one quarter.</i>	26%	51% - <i>The state met the 2<sup>nd</sup> year achievement goal for one quarter.</i>	51% - <i>The state met the 2<sup>nd</sup> year achievement goal for two quarters.</i>	No further reports are due
Improvement Goal	36% (Within one year from approval of PIP)  48% (Within two years from approval of PIP)	28% by 10/05** 42% by 10/06**					

\*Baseline using the new case review tool

\*\*Due to a new baseline, improvement goals were adjusted, with approval from DHHS Region X.

**Item 20**

Worker visits with parents  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
20.1	Increase quality and frequency of social worker contact with children, parents and caregivers.	20.1.1	For children placed in out-of-home care, develop and implement an <i>INTERIM</i> policy and practice guideline for 30-day visits between social worker and parents, and social worker and child.	<i>(Refer to 19.1.1)</i>	Deleted		14.1.1
		20.1.2	Review and revise contracts/licenses with Child Placing Agencies and make necessary changes to support 30-day visits.	<i>(Refer to 19.1.2)</i>	Deleted	ROX requests that the state submit a work plan in the APSR that will address the implementation of 30 day visits between workers and parents with cases assigned to child placing agencies in the future for us to concur with this deletion.  8 <sup>th</sup> quarter - This item will be addressed by CA using CA social workers - CA has adopted the COA standard for social worker visits with bio-parents with children in out-of home care. In addition, CA will apply the monthly visitation standard to visits with bio-parents with children residing at home (In-home dependency cases). This standard will be incorporated into the CA Practice model. see electronic files 4.3.2, 20.1.4 and 20.1.6.	14.1.3

**Item 20**

Worker visits with parents  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p>20.1.3 For dependent children and families receiving services in their own home (<del>non-dependent</del>), develop and implement an <del>INTERIM</del> policy and practice guidelines for 30-day visits between social worker and parents and social worker and child that address monitoring safety issues.</p> <p>Proposed New Action Steps to increase worker visits with parents statewide:</p> <p>20.1.4 a. Identify high performing offices regarding Item 20, worker visit with parents.                      b. Conduct focus groups with the high performing offices to determine which strategies have enabled these offices meet performance measures with parents.                      c. Match these high performing offices with other offices in their region to share strategies and information about successful strategies                      d. Review strategies and standards about worker visits with children, caregivers and parents with regional management.</p> <p>20.1.5 Establish implementation coordinators in each region to support implementation of new polices and procedures</p> <p>20.1.6 CA Management approval of professional standards concerning frequency of visits with parents into the CA practice model</p>	<p>(Refer to 19.1.3)</p>	<p>Completed (9/06)</p> <p>Completed (9/06)</p> <p>Completed (9/06)</p> <p>Completed (9/06)</p> <p>Completed (9/06)</p> <p>Completed (9/06)</p>	<p>Completed</p> <p>8<sup>th</sup> quarter -                      20.1.4 - Offices with the highest performance were Olympia, Aberdeen, Port Angeles, Everett, and Sunnyside. A focus group was conducted with representatives from these offices. The focus group identified a variety of strategies that contributed to frequent contact and visits with parents. The strategies have been shared with regions and other offices. (See electronic file 20.1.4)</p> <p>20.1.5 - Coordinators have been identified in each region to support implementation of new polices and procedures. (See electronic file 20.1.5).</p> <p>20.1.6 - Standards related to visits with parents, including what constitutes a visit, have been identified and incorporated into the practice model. (see electronic file 20.1.6) These have also been shared with regional management.</p>	<p>14.1.4</p>

Well Being Outcome 2:		Children receive services to meet their educational needs.	
Item 21		Educational needs of child <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 2003	77%	96%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	81% (Within one year from approval of PIP)	90%** (Within one year from approval of PIP)
		87% (Within two years from approval of PIP)	90%** (Within two years from approval of PIP)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	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.

\*\*Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 2:	Children receive services to meet their educational needs.			
Item 21	Educational needs of child <i>Case Review Measures</i>			
Progress Updates	1 <sup>st</sup> Quarter (Oct-Dec 2004)	2 <sup>nd</sup> Quarter (Jan- Mar 2005)	3 <sup>rd</sup> Quarter (Apr-Jun 2005)	
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	96%*	100% - <i>Complete. The 2<sup>nd</sup> year achievement goal has been met for 2 consecutive quarters.</i>	No more reports are due
Improvement Goal	81% (Within one year from approval of PIP)  87% (Within two years from approval of PIP)	90% by 10/05**  90% by 10/06**	90% by 10/05**  90% by 10/06**	

\*Baseline using the new case review tool

\*\*Due to a new baseline, improvement goals were adjusted with approval from DHHS Region X.

**Item 21**

Educational needs of child  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
21.1	Improve response to educational needs of children.	21.1.1	Establish expectations and practice guidelines for social workers regarding educational assessment and advocacy across all programs for in-home and out-of-home cases. <ul style="list-style-type: none"> <li>a. Establish workgroup to develop expectations and practice guidelines.</li> <li>b. Workgroup releases draft of practice guidelines to management team for review and comment.</li> <li>c. Management team reviews and approves appropriate recommendations.</li> <li>d. Orient staff to guidelines.</li> <li>e. Implement statewide.</li> </ul>	12/04 5/05 6/05 7/05-9/05 10/05	Complete (12/04) Complete (7/05) Complete (10/05) Complete (2/06) Complete (2/06)	Complete  A copy of the draft guidelines was attached to the 4 <sup>th</sup> quarterly report.  The guidelines were distributed to staff in February 2006.	15.1.1
		21.1.2	Revise FRS program to address issue of educational advocacy for children receiving services in their own home. <ul style="list-style-type: none"> <li>a. Establish policy workgroup, including FRS social workers, to develop policy recommendations and practice guidelines for addressing issue of educational advocacy within the FRS program.</li> <li>b. Workgroup reports out on recommendations.</li> <li>c. Management team reviews and approves appropriate recommendations.</li> <li>d. Provide training to FRS workers and contract providers to support policy changes.</li> <li>e. Implement statewide.</li> </ul>	9/04 1/05 3/05 4/05-6/05 7/05	Complete (10/04)  Complete (1/05) Complete (3/05) Complete (8/06) Complete (9/06)	Complete The contracted education coordinators (see 21.1.3.) will provide training to FRS workers and contract providers beginning in early 2006. CA staff and contract providers have received training. Educational advocacy training has been incorporated into training of staff at the Academy.  8 <sup>th</sup> quarter - This action step was implemented - see electronic file 21.1.2 for verification of completion.	15.2.2

**Item 21**

Educational needs of child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p>21.1.3 Establish education coordinators in each region to provide educational advocacy for youth 9-16 years old in out-of-home care.</p> <p><u>The items below are subject to 2005 budget request:</u></p> <ul style="list-style-type: none"> <li>a. Develop roles and responsibilities for educational coordinators.</li> <li>b. Hire regional educational coordinators to provide educational advocacy.</li> <li>c. Train regional <i>contracted</i> educational coordinators.</li> <li>d. <del>Regional coordinators work with community partners to develop regional plans, including of existing community resources and tutoring/mentoring programs.</del></li> <li>e. Communicate program to staff, youth, caregivers and community partners.</li> <li>f. <del>Implement regional plans.</del> <i>Implement direct advocacy.</i></li> <li>g. Initiate quarterly reporting to the field.</li> </ul>	<p>7/05</p> <p>8/05</p> <p>9/05</p> <p><del>12/05</del></p> <p>1/06</p> <p>1/06</p> <p>4/06</p>	<p>Complete (10/05)</p> <p>Complete (12/05)</p> <p>Complete (12/05)</p> <p>Deleted</p> <p>Complete (2/06)</p> <p>Complete (2/06)</p> <p>Complete 6/06</p>	<p>Complete</p> <p>CA obtained funding for contracted education coordinators.</p> <p>In the 4<sup>th</sup> quarterly report, we proposed a change to benchmarks "c", "d", and "f" accordingly. The response to the 4<sup>th</sup> quarterly report did not provide feedback on the proposal.</p> <p>The Educational Coordinators Communication Plan was attached to the 5<sup>th</sup> quarterly report.</p> <p>In the response to the 5<sup>th</sup> quarterly report, ROX requested that we continue to include an action step to work with community partners. We agree with ROX regarding the intent and plan to work with community partners on an ongoing basis. However, since the plans were developed and the contracts were executed in December 2005, we request that this</p>	<p>15.2.3</p>

**Item 21**

Educational needs of child  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
						<p>ongoing step not be included as part of the PIP.</p> <p>The Education Advocacy Program contractor reports progress quarterly (Attachment). This report is sent to the HQ Education Program Manager. The HQ program manager, the Regional Education Leads and the Contractor meet to review the report and develop strategies to address any issues. Regional Education Leads then share this report with their management teams. The Education Leads work with the field to share successes and to troubleshoot any issues.</p>	
21.2	Collaborate with partners to improve educational outcomes for children receiving services from Children's Administration.	21.2.1	<p>In collaboration with partners, develop interagency working agreements between OSPI and CA to include protocols for effective information sharing and service planning for children in care.</p> <ul style="list-style-type: none"> <li>a. Statewide MOU between OSPI and CA signed.</li> <li>b. Conduct statewide summit to bring together regions with local school districts to get acquainted, build awareness, plan for regional meetings, and outline steps that will lead to a MOU between DCFS and local school districts.</li> <li>c. Each region completes agreements with 3-6 local</li> </ul>	<p>7/04 10/04</p> <p>7/05</p>	<p>Complete (7/04) Complete (10/04)</p> <p>Complete (7/05)</p>	<p>Complete</p> <p>A copy of the MOU was mailed following the 4<sup>th</sup> quarterly report.</p> <p>The Interagency Agreement between DCFS and School districts was attached to the 1<sup>st</sup> quarter report.</p>	15.3.1

**Item 21**

Educational needs of child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p>school districts and report to HQ including basic elements of statewide MOU and address specifics such as transportation issues for children changing placements or transferring to other schools.</p> <p>d. Complete protocols with 30% of school districts within two years.</p>	7/06	Complete	<p>No status change to report in the 6<sup>th</sup> quarterly report.</p> <p>As of June 2006 CA has completed agreements with over 30% of the school districts (<del>Attachment #1</del>). Of the 296 school districts 96 agreements have been completed. Copies of agreements have been posted on regional shared drive for CA staff and contracted Education Advocates.</p>	
	<p>21.2.2 In collaboration with OSPI and local schools conduct regional Educational Achievement Summits.</p> <p>a. Regional representatives attend statewide summit and regional breakout groups begin to plan region summits.</p> <p>b. Regions develop collaborative planning workgroups with local districts.</p> <p>c. Develop training and communication plan for staff in region and local school districts.</p>	<p>10/04</p> <p>6/05</p> <p>9/05</p>	<p>Complete (10/04)</p> <p>Complete (6/05)</p> <p>Complete (9/05)</p>	Complete	15.3.2
	<p>21.2.3 Implement regional and statewide information and referral liaisons.</p> <p>a. Regions identify Education leads.</p> <p>b. Provide regional and/or office contacts in local agreements.</p> <p>c. Establish protocols in local agreements.</p> <p>d. Communicate with staff regarding identified contacts</p>	<p>10/04</p> <p>12/04</p> <p>6/05</p> <p>6/05</p>	<p>Complete (10/04)</p> <p>Complete (12/04)</p> <p>Complete (6/05)</p> <p>Complete (9/05)</p>	Complete	15.3.3

**Item 21**

Educational needs of child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	and local agreements.			<p>notified regarding identified contracts and local agreements.</p> <p>An example of the communication with staff was attached to the 4<sup>th</sup> quarterly report.</p>	
	<p>21.2.4 Develop and distribute educational brochures and/or information packets in collaboration with the education sector (<i>Packets to include basic statewide information including: mandatory reporting information, and program descriptions for CA and schools</i>)</p> <ul style="list-style-type: none"> <li>a. In collaboration with OSPI, develop packet contents.</li> <li>b. Consolidate work products developed from HB 1058 workgroups for inclusion in packets.</li> <li>c. Customize information to target respective areas.</li> <li>d. <del>Revise/draft CA policy to include distribution of materials and to clarify roles of youth and caregivers.</del></li> <li>e. Develop plan for distribution of packets to youth, parents, relative caregivers, foster parents, school staff, social workers and courts.</li> <li>f. Begin implementation of distribution plan.</li> </ul>	<p>10/04</p> <p>3/05</p> <p>6/05</p> <p><del>6/05</del></p> <p>9/05</p> <p>12/05</p>	<p>Complete (10/04)</p> <p>Complete (3/05)</p> <p>Complete (6/05)</p> <p>Deleted</p> <p>Complete (2/06)</p> <p>Complete (2/06)</p>	<p>Complete</p> <p>Contents of the package were attached in the 2<sup>nd</sup> quarter.</p> <p>Information was distributed along with information about the new Education Coordinators (21.1.3) in February 2006.</p>	15.4.1
	<p>21.2.5 Implement Foster Care to College Plan (FCTC).</p> <ul style="list-style-type: none"> <li>a. Finalize the Foster Care to College budget</li> <li>b. <del>Finalize coordinator position and placement</del> Hire Coordinator</li> <li>c. <del>Begin implementation</del></li> <li>d. <del>Full implementation</del> Implementation of FCTC program (<del>depending on extent of fund raising</del>)</li> </ul>	<p>--</p> <p>--</p> <p>--</p> <p>--</p>	<p>Complete (9/05)</p> <p>(Complete (2/06)</p> <p>Deleted</p> <p>Completed (9/06)</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>In the 4<sup>th</sup> quarterly report the language of these benchmarks was slightly modified.</p>	15.3.4

**Item 21**

Educational needs of child  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
						Copies of FCTC proposal and budget were attached to the annual report.  8 <sup>th</sup> quarter - Foster Care to College permanent policy was implemented effective September 5, 2006 (see electronic file 21.2.5 for verification of completion.	

Well Being Outcome 3:		Children receive services to meet their physical and mental health needs.	
Item 22		Physical health of the child <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 2003	83%	86%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	85% (Within one year from approval of PIP)	86%** (Within one year from approval of PIP)
		88% (Within two years from approval of PIP)	88% (Within two years from approval of PIP)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	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.

\*\*Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 3:	Children receive services to meet their physical and mental health needs.							
Item 22	Physical health of the child <i>Case Review Measures</i>							
Progress Updates	1 <sup>st</sup> Quarter (Oct-Dec 2004)	2 <sup>nd</sup> Quarter (Jan-Mar2005)	3 <sup>rd</sup> Quarter (Apr-Jun 2005)	4 <sup>th</sup> Quarter (Jul-Sept 2005)	5 <sup>th</sup> Quarter (Oct-Dec 2005)	6 <sup>th</sup> Quarter (Jan-Mar 2006)	7 <sup>th</sup> Quarter (Apr-Jun 2006)	8 <sup>th</sup> Quarter (Jul-Sept 2006)
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	86%*	85%	74%	94% - <i>The state met the 2<sup>nd</sup> year achievement goal for one quarter.</i>	85%	96%	90% - Quarterly *** 91% - Annualized Oct 2005 - Sept 2006
Improvement Goal	85% (Within one year from approval of PIP)  88% (Within two years from approval of PIP)	86% by 10/05** 88% by 10/06						

\*Baseline using the new case review tool

\*\*Due to a new baseline, improvement goals were adjusted with approval from DHHS Region X.

\*\*\*There are 46 CA offices providing services in Washington State. Given the number of offices CA requested and ROX approved performance measurements based on the average of the previous four quarters rather than the results of the two consecutive quarters.

**Item 22**

Physical health of the child  
*Action Steps*

	Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
22.1	Improve health care assessments and resources for children receiving services from Children's Administration.	22.1.1 Develop and implement an integrated, tiered system for evaluation of the health, development and educational needs for children in out-of-home care. <ul style="list-style-type: none"> <li>a. Establish policy workgroup to develop recommendations for integration of Pre-Passport and Passport Programs including the development of criteria, based on Pre-Passport results, to provide Passport services to children who have additional health needs.</li> <li>b. Workgroup report out on recommendations.</li> <li>c. Management review and approve policy/program recommendations.</li> <li>d. Train Pre-Passport and Passport staff on <u>CHET</u> program/policy changes.</li> <li>e. Orientate staff, caregivers, providers and community partners on changes to program.</li> <li>f. Implement integration plan.</li> </ul>	9/04  3/05 6/05  6/05-12/05  6/05-12/05  1/06	Complete (8/04)  Complete (3/05) 4/06  6/06  Complete (8/06)  Complete (9/06)	Complete The policy workgroup has completed development of recommendations for integration of Pre-Passport and Passport Programs.  In the response to the 4 <sup>th</sup> quarterly report, ROX asked us to determine what can be done to better meet the physical health needs of children. The CHET / Passport integration will be reviewed by management in April 2006 and will be provided to ROX by the end of May, 2006.  In the response to the 5 <sup>th</sup> quarterly report, ROX asked that we modify benchmark "d" to clarify "CHET".  CA anticipates impact of CHET on goal achievement during the non-overlapping year will be earlier more complete health reports.  8 <sup>th</sup> quarter -The CHET policy was implemented effective September 1 - see electronic file 22.11 for	16.1.1

**Item 22**

Physical health of the child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	<p>22.1.2 Expand Pre-Passport to serve children in their own homes for whom CA has legal authority. <u><i>This action step and benchmarks are Subject to 2005 budget request.</i></u></p> <ul style="list-style-type: none"> <li>a. Utilizing policy workgroup from 22.1.1, establish policy and practice guidelines to identify children to be served and timelines for providing the service and report out recommendations.</li> <li><del>b. Management review and approve policy/program recommendations.</del></li> <li><del>c. Train Pre Passport staff on program changes.</del></li> <li><del>d. Orientate staff, caregivers, providers and community partners on changes to program.</del></li> <li><del>e. Implement program changes.</del></li> </ul>	<p>3/05</p> <p><del>6/05</del></p> <p><del>6/05-9/05</del></p> <p><del>6/05-9/05</del></p> <p><del>1/06</del></p>	<p>Complete (3/05)</p> <p>Deleted</p> <p>Deleted</p> <p>Deleted</p> <p>Deleted</p>	<p>documentation)</p> <p>In the Annual PIP review, we proposed and ACF/RO concurred with the removal of this item. CA did not receive funding for this item in the biennium budget.</p>	<p>16.1.3</p>
	<p>22.1.3 In collaboration with community partners, utilizing Pre-Passport and Passport profiles, or any successor model, identify service gaps and create state or regional plans to fill gaps through maximizing local resources.</p> <ul style="list-style-type: none"> <li><del>a. Establish regional workgroups. Create regional and local office child profiles utilizing pre-passport and passport data.</del></li> <li><del>b. Workgroups report out on recommendations and plans.</del></li> <li><del>c. Regional management teams review plans and approve recommendations.</del></li> <li><del>d. Begin implementation of approved portions of regional plans.</del></li> <li>g. Review child profiles with regional and local office staff</li> <li>h. Regions will identify partnership committee to review child profiles and gaps in services</li> <li>i. Regions will provide child profiles to partnership</li> </ul>	<p>12/04</p> <p><del>6/05</del></p> <p><del>6/05-9/05</del></p> <p><del>10/05</del></p>	<p>Complete (12/04)</p> <p>Deleted</p> <p>Deleted</p> <p>Deleted</p> <p>Completed (4/05)</p> <p>Completed (6/06)</p> <p>Complete (9/06)</p> <p>Complete (9/06)</p>	<p>Complete</p> <p>In the 6<sup>th</sup> quarterly report, we propose to remove this action step from the PIP. The structure envisioned in the underlying sub-steps created a new process where none was needed. Currently, Regional Administrators sit on the board of an Executive Level Community Mental Health Council serving their respective regions. These councils work to identify, advocate for, and supply services to children and families in their regions. We plan to formalize the existing Executive</p>	<p>16.1.4</p>

**Item 22**

Physical health of the child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	committees.		Complete (9/06)	<p>Committees in place of regional workgroups to provide annual Community Mental Health needs assessment; however this will occur outside the PIP timeframe.</p> <p>In response to questions raised by ROX, please see attached plan.</p> <p>8<sup>th</sup> quarter - The CA Regions collaborate with the following committees to accomplish these benchmarks: Region1: Regional Well-being Team Region 2: Children’s Mental health Regional Committee Region 3: Children’s policy Executive Team Region 4: Youth and Family Systems of Care Committee Region 5: Shared Children’s Committee (Pierce County) Region 6: Local Regional Support Networks throughout the Region</p>	
	<p>22.1.4 Improve availability and utilization of regional medical consultants.</p> <ul style="list-style-type: none"> <li>a. Restructure use of medical consultants by identifying clear roles and responsibilities.</li> <li>b. Fill current open positions for medical consultants in each region.</li> </ul>	<p>12/04</p> <p>5/05</p>	<p>Complete (12/04)</p> <p>Complete (8/05)</p>	<p>Complete</p> <p>During the 1<sup>st</sup> quarter, a copy of the Initial Description of Roles and Responsibilities was attached to the report. The plan was to fill the</p>	<p>16.2.1</p>

**Item 22**

Physical health of the child  
*Action Steps*

Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
		c. Communicate to staff about roles and responsibilities of medical consultants and how to access their services.	6/05	Complete (8/05)	current open positions by May 2005, but due to budget issues, all vacant positions within CA were frozen. The positions were filled after the beginning of the new biennium.	
	22.1.5	Identify service needs and connect to services and resources through the utilization of "No Wrong Door" staffings within six months prior to the child exiting care.			Complete	16.2.2
		a. Establish workgroup, including CATS representatives, to determine criteria and policy requirements for staffings, including a process for tracking of "No Wrong Door" staffings in each region.	9/04	Complete (12/04)	We are no longer depending on NWD as the exclusive vehicle to achieve these staffings for adolescents exiting care. We do remain committed to providing multi-disciplinary staffings for youth six months before exiting out-of-home care using the Shared Planning policy which consolidates various case staffings into a streamlined, multi-disciplinary staffing framework. This draft policy will require staffings at 72 hrs (if there is an FTDM available), by 30 days, and every 6 months thereafter. All staffings must be multi-disciplinary and address the child's Safety, Permanency and Well-being. Identifying and addressing mental health concerns are included under the Well-being focus.	
		b. Workgroup reports out on recommended strategies.	12/04	Complete (2/05)		
		c. Management team reviews and approves appropriate strategies.	1/05	Complete (4/05)		
		<del>d. CATS completes requirements and design</del>	<del>2/05</del>	<del>Deleted</del>		
		<del>e. CATS completes construction complete (coding)</del>	<del>3/05</del>	<del>Deleted</del>		
		<del>f. CATS completes testing</del>	<del>4/05</del>	<del>Deleted</del>		
		<del>g. Pilot complete</del>	<del>6/05</del>	<del>Deleted</del>		
		<del>h. Orientate all staff to "No Wrong Door" criteria.</del>	<del>7/05</del>	<del>Deleted</del>		
		<del>i. Implement strategies.</del>	<del>9/05</del>	<del>Deleted</del>		
		<del>j. Report out on implementation and initiate quarterly reporting to the field on use of "No Wrong Door" staffings.</del>	<del>12/05</del>	<del>Deleted</del>		
		d. Develop Shared Planning policy and include staffings within six months prior to the child exiting care.	6/05	Complete (12/05)	In the 3 <sup>rd</sup> quarterly report we	
		e. Obtain Braam panel comments of the draft policy	11/05	Complete (2/06)		
		f. Complete revisions to Shared Planning policy	12/05	4/06		
		g. Orientate staff to the new Shared Planning policy	1/06	Complete 8/06		

**Item 22**

Physical health of the child  
*Action Steps*

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
	h. Implement Shared Planning policy	2/06	Complete 9/06	<p>provided the Shared Planning Policy and Form. We also proposed and the ACF/RO concurred with changing this item.</p> <p>In the 4<sup>th</sup> quarter report we proposed and ROX concurred with replacing “d-j” with new “d-h” benchmarks. Due to limitations related to the CAMIS system it is not possible to continue with the system changes are originally proposed.</p> <p>We have received comments from the Braam panel and are finalizing the policy. This will be provided to ROX by the end of May, 2006.</p> <p>No additional status changes to report in the 6<sup>th</sup> quarterly report.</p> <p>7<sup>th</sup> quarter - Shared Planning is being implemented in July and August 2006. A proposed implementation plan is attached.</p> <p>8<sup>th</sup> quarter - Policy went into effect 9/1/06 (all documentation sent with 7<sup>th</sup> quarter report and available again in the 8<sup>th</sup> quarter electronic file folder 8.4.3).</p>	

**Item 22**

Physical health of the child  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
		22.1.6	Develop and implement a case filing system to consolidate health records for children in care. (i.e. developing a separate binder for health care records)		Deleted	This item will be implemented in conjunction with 22.1.1.	16.2.3
			a. Establish policy workgroup to develop recommendations for consolidation of health care records for children in out-of-home care, including policies for dissemination of health care records to resource families caring for the children.	12/04	Complete (12/04)	In the response to the 4 <sup>th</sup> quarterly report, ROX asked us to determine what can be done to better meet the physical health needs of children. See 22.1.1.	
			b. Workgroup to report out on recommendations.	6/05	Complete (7/05) 6/06	The Well-Being Binder was presented to the CA Management Team on April 6, 2006 but was not approved. The Management Team reviewed the results of the pilot but decided the results were inconclusive. The benefit to clients was not significant based on the amount of staff time invested.	
			c. Management to review and approve appropriate recommendations.	8/05			
			<del>d. Train staff on policy changes for dissemination of the health care records and processes for consolidation of records.</del>	<del>9/05</del>	Deleted		
			<del>e. Implement policy and procedure changes.</del>	<del>12/05</del>	Deleted		

Well Being Outcome 3:		Children receive services to meet their physical and mental health needs.	
Item 23		Mental health of the child <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 2003	64%	83%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	68% (Within one year from approval of PIP)	85%** (Within one year from approval of PIP)
		74% (Within two years from approval of PIP)	89%** (Within two years from approval of PIP)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	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.

\*\*Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 3:	Children receive services to meet their physical and mental health needs.							
Item 23	Mental health of the child <i>Case Review Measures</i>							
Progress Updates	1 <sup>st</sup> Quarter (Oct-Dec 2004)	2 <sup>nd</sup> Quarter (Jan-Mar2005)	3 <sup>rd</sup> Quarter (Apr-Jun 2005)	4 <sup>th</sup> Quarter (Jul-Sept 2005)	5 <sup>th</sup> Quarter (Oct-Dec 2005)	6 <sup>th</sup> Quarter (Jan-Mar 2006)	7 <sup>th</sup> Quarter (Apr-Jun 2006)	8 <sup>th</sup> Quarter (July-September)
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	83%*	82%	88% - <i>The state met the 1<sup>st</sup> year achievement goal for one quarter.</i>	83%	93% - <i>The state met the 1<sup>st</sup> year achievement goal for one quarter.</i>  <i>The state met the 2<sup>nd</sup> year achievement goal for one quarter.</i>	79%	76% - <i>Quarter</i>  <i>*** 90% - Annualized from July 2005 - Jun 2006</i>
Improvement Goal	68% (Within one year from approval of PIP)  74% (Within two years from approval of PIP)	85% by 10/05**  89% by 10/06**						

\*Baseline using the new case review tool

\*\*Due to a new baseline, improvement goals were adjusted with approval from DHHS Region X.

\*\*\* There are 46 CA offices providing services in Washington State. Given the number of offices CA requested and ROX approved performance measurements based on the average of the previous four quarters rather than the results of the two consecutive quarters.

**Item 23**

Mental health of child  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
23.1	Improve quality and accessibility of mental health services to children receiving services from Children's Administration.	23.1.1	Regions develop (or update) resource guides for staff regarding existing mental health resources available in each region. <ul style="list-style-type: none"> <li>a. Regions complete resource guides.</li> <li>b. Resource guides linked to intranet for staff to utilize.</li> </ul>	12/04 3/05	Complete (12/04) Complete (3/05)	Complete  A copy of the CA Intranet Mental Health Guides was attached to the 2 <sup>nd</sup> quarterly report.	17.1.1
		23.1.2	In collaboration with community partners, utilizing Pre-Passport and Passport profiles, or any successor model, identify service gaps and create state or regional plans to fill gaps through maximizing local resources.	(Refer to 22.1.3)	22.1.3 approved for deletion		16.1.4
		23.1.3	Complete implementation of the newly developed agreements with Regional Support Networks (RSN) in each region by conducting informational sessions to RSN's and Children's Administration field offices on: <ul style="list-style-type: none"> <li>▪ <i>MOU between CA and Mental Health</i></li> <li>▪ <i>Access to care standards</i></li> <li>▪ <i>RSN protocols</i></li> </ul> <ul style="list-style-type: none"> <li>a. In coordination with regional offices, establish schedule for informational sessions</li> <li>b. Develop materials for sessions.</li> <li>c. Begin implementation of schedule for informational sessions.</li> </ul>	10/04  3/05 5/05	Complete (11/04)  Complete (3/05) Complete (5/05)	Complete  The schedule of sessions and materials was attached to the 2 <sup>nd</sup> quarterly report.	17.1.4
		23.1.4	Improve availability and utilization of regional medical consultants ( <i>e.g. psychiatrists</i> )	(Refer to 22.1.4)		Complete	17.1.6
		23.1.5	Expand Pre-Passport to serve children in their own homes for whom CA has legal authority.	(Refer to 22.1.2)	Deleted		16.1.3

**Item 23**Mental health of child  
*Action Steps*

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross-Reference Item to KCF II
		23.1.6	Develop and implement a strength-based family assessment tool.	<i>(Refer to 17.1.2)</i>			17.2.2
23.2	Improve practice related to well-being	23.2.1	Implement statewide case review model for assessing and improving practice related to Safety, Permanence and Well-being.	<i>(Refer to 4.4.1)</i>		This new step was added in the annual report.	18.4.1