

Department of Health & Welfare Division of Family & Community Services Children and Family Services

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Introduction

Idaho participated in the on-site portion of the DHHS Child and Family Services Review (CFSR) during the week of May 12, 2003. The Final Report was received on August 14, 2003. The document which follows is Idaho's proposed Program Improvement Plan (PIP) to address the issues identified during the CFSR process.

Development of the PIP

To develop Idaho's PIP, Children and Family Services convened 90 individuals with interest, experience, enthusiasm and excellent ideas about how to improve the state's child welfare system. The group met as a whole on several occasions and participated in small workgroups throughout the ninety- day plan development period. The group included judges, prosecutors, defense attorneys, Deputy Attorneys General, Children and Family (CFS) supervisors, program managers, and chiefs of social work, foster parents, law enforcement, minister, tribal representatives, staff of the Casey Family Programs, university partners, legislators, citizen review panel members and staff of private child welfare organizations (see Attachment A - Program Improvement Plan Committee list). Due to the diversity and strength of this group, their work plans have depth and perspective beyond what could have been done by IDHW in isolation.

Throughout this CFSR process, we have become increasingly aware of specific challenges we face in ensuring the safety, permanency, and well-being of children in Idaho. This PIP addresses each of the areas that were identified as needing improvement from our self-assessment and the final report of the on-site review. Idaho's Program Improvement Plan is organized into a detailed work plan for each item and each data indicator identified as needing improvement and not in substantial conformity with the national outcomes. Each work plan contains all the items prescribed by the mandatory CFSR PIP Matrix/Monitoring Form. A few additional items are included such as the identification of sources of technical assistance and issues identified specific to the item.

Major Themes Addressed in Idaho's PIP

Several major themes occur throughout the final report and will be the major focus of our attention, energy, and available resources. This is by no means an exhaustive list, but does represent the major areas cited as needing improvement.

Theme: Family Engagement and Contact

One of the primary goals in this area will be the development of worker skills in engaging parents to work with CFS to lower the risk of child abuse and neglect without court intervention. More attention will be given to the delivery of in-home services to prevent the removal of children from their homes. Family group decision making and increased "meaningful" contact by the social worker with children and family members are also seen as critical. Family engagement strategies will also extend to supporting and encouraging participation of foster families.

Theme: Risk Assessment and Service Planning

Action steps in this area will lead to risk assessments that are sufficiently comprehensive to identify underlying issues and service needs. Family involvement will be a priority in the assessment and planning process. Additional training and supervisory review will ensure that individualized service needs identified during the assessment process will be met.

As a guide to understanding Idaho's PIP, it is helpful to know that Idaho uses three standardized risk assessment instruments. The "Immediate Safety Assessment" is completed within five working days after seeing the child. It focuses on factors that pose immediate risk of harm to a child and is used to assess a child's safety and determine the level of risk that exists in the home. If the risk level is determined to be moderate to high or the social worker opens the case for services, a "Comprehensive Risk Assessment" is completed within thirty days from the time CFS received the referral. The Comprehensive Risk Assessment is designed to be a more thorough assessment, requiring additional contacts with the family and is to be a basis for planning service needs and interventions. It also provides a baseline of information about risk to be compared later on, using the "Re-Assessment" instrument. A reassessment is to be conducted prior to reunification or before a case, opened for services, can be closed. During the time frames of the PIP, standards which clarify the use of these instruments will be developed and the quality of assessments will be monitored closely through supervision.

Theme: Permanency Planning

In this area of the PIP, we have identified a number of issues which need action on the part of our agency as well as the courts. Action steps are targeted at reducing delays at nearly every step in the permanency process including timely establishment of a permanency goal, timely filing of Termination of Parental Rights, paternity establishment, locating family members, standards and training regarding concurrent planning, and pre and post reunification services.

Theme: Initial and On-Going Training

PIP action steps in this area focus on development of a competency-based model for training and evaluation for all staff. In this model, performance expectations will be clear and learning needs can be assessed and individualized. With competencies defined, supervisors will be better able to target their supervision. Initial learning will be expanded and designed to maximize transfer of learning from the CFS Child Welfare Academy to the field practice of the new worker. On-going advanced training for existing workers is organized and standardized. This part of the PIP also incorporates the skills and participation of our university partners and seeks improvements in foster parent preparation.

A major change in training will be the enhancement of Idaho's Child Welfare Academy. Currently new social work hires, clinicians, and community partners such as tribal social services, attend a five day academy which is offered three or four times per year. The academy will be expanded to include more in-depth training and additional

subjects. For example, presently the Child Welfare Academy offers the following trainings:

Day One -- Agency Structure, Child Welfare Goals, ASFA, ICWA, Laws, Rules, Policy, and Interstate Compact

Day Two -- Child Protective Act, Intake and Screening, Priority Response Guidelines and Immediate Safety Assessment

Day Three -- Comprehensive Risk Assessment and Service Planning

Day Four -- Children's Mental Health Act, Alternate Care, and Independent Living

Day Five, Adoption and Worker Safety

Additional sessions will allow us to pursue these same subjects more thoroughly while adding the following sample topics:

- Engaging Families Through Family Centered Practice;
- How to Use Family Group Decision Making;
- Documentation:
- Impact of Child Maltreatment on Child Development;
- Assessing and Meeting the Well-Being Needs of Children;
- Court Preparation;
- Effective Case Management;
- Providing Appropriate Service Intervention (What Works in Child Welfare);
 and
- Supporting Foster Families and Including Them as a Member of the Professional Team.

The Child Welfare Academy will be extended through a "phase-in process" that will be developed through action steps in this plan. Acknowledging that supervisors are the keystone to implementing and monitoring this plan of improvement, specialized training will be developed for new supervisors and annual training will be held for existing supervisors.

CFS Training Plan is attached (see Attachment F) with additional detail.

Theme: Quality Assurance

When implemented according to this PIP, Idaho will have a mechanism to regularly and predictably assess practice performance and via feedback, introduce systemic changes. Idaho's Continuous Quality Improvement Process will have three components consisting of: (1) case review system; (2) an internal review system; and (3) an external review system. Additional detail regarding Idaho's CQI process will be included in this document under the explanation of "Monitoring the PIP" and the attached proposed Continuous Quality Improvement Plan (see Attachment B).

PIP Process

Idaho's self-assessment and on-site review pointed out the need for clear case practice expectations. Therefore, most of the action steps and benchmarks of Idaho's PIP contain the following steps:

Develop standards to address areas identified as needing improvement

A comprehensive list of standards to be developed are identified in Idaho's PIP, was organized into the following categories:

- (1) Screening/Intake;
- (2) Risk Assessment:
- (3) Case Management (includes Engagement, Teaming and Case Transfer);
- (4) Permanency;
- (5) Child Well-Being;
- (6) In-Home Services:
- (7) Alternate Care;
- (8) Quality Assurance; and
- (9) Administrative Support

See attached list of Standards to be Developed (see Attachment E).

Committees for each category were formed and are currently convening to develop standards. Committee membership in each category includes a regional program manager, a regional Chief of Social Work, a program specialist, child welfare supervisors, child welfare line staff, and a member of the Division's Program Evaluation and Training Team. Prior to finalization, the draft standards will be circulated to all regions for regional input. The standard committees will consider the input and make revisions. Training to the standards will begin upon approval from the Program Management Team.

Train CFS Staff On Newly Developed Standards

Training staff to the newly developed standards will occur by first training the regional chief of social work and supervisors through Web-X teleconference calls. The teleconference calls will give the chief of social work and supervisors an opportunity to gain expertise in the standards, thereby allowing them to train the staff they supervise at their weekly staff meetings.

The regional trainings on standards will be reinforced as the standards are incorporated into larger trainings such as "Risk Assessment," "Service Planning," "Using Family Centered Practice Methods to Engage Families," "Concurrent Planning," and "Child Well-Being," conducted by the national resource centers, central office program specialists, judges from the Court Improvement Project and university partners. These trainings are scheduled throughout 2004 and into 2005 and will occur in three areas of the state such as Coeur d'Alene/Lewiston, Boise/Caldwell, and Pocatello/Idaho Falls to allow all staff to attend. See attached Training Plan (Attachment F) for detail.

The newly developed standards will also be incorporated into the revised Child Welfare Practice Manual and the Child Welfare Academy (foundation training for all new workers and existing workers who can benefit from additional training).

Training will also be provided on enhancements and newly developed reports from our information system, FOCUS. Each region has an Information Systems Coordinator (ISC) who is proficient in navigating and training staff to use FOCUS. After the regional ISC is trained through Web-X teleconference calls, the ISC will train program managers, chief of social work, and supervisors to use newly developed reports. The use of reports as a supervisory tool in changing and monitoring outcomes will also be included in the annual supervisory training.

Implementation of the Standards

After training, given the implementation date of each standard, the regional chief of social worker and the regional supervisors will be responsible for ensuring the standards are being implemented. They will do this through case staffing, team consultation, supervisory review, and Idaho's CQI process.

Monitor the Standards Through Idaho's Revised CQI Process and FOCUS Reports

The "Priority Response Guideline Report" from FOCUS that determines if social workers sees the child within the mandated time frames will be used monthly by all child welfare supervisors to monitor Idaho's progress regarding timely response (Item 1). The Child Welfare Outcome Report, that closely mirrors the national child welfare outcomes, will be produced quarterly, by field office, by program managers to closely monitor progress. Additional FOCUS reports have been requested in order to monitor specific items on the CFSR instrument. The use of these reports will be implemented as they are developed and released.

Until additional FOCUS reports can be used to monitor Idaho's progress, a CQI case summary, adapted from the CFSR instrument and information incorporating the hearings and IV-E findings will be used to review cases. Cases include in-home services opened for a minimum of sixty days and cases with children in out-of-home placement. Every three months, a total of 36 cases will be reviewed from three field offices. Boise, the largest metropolitan office, will be included in each review. An annual schedule has been developed to include all field offices in the review process.

The case review will include interviews with the family and children being served, foster families, and the social worker and supervisor assigned to the case. Cases for review will be randomly selected, drawn from the FOCUS system at Central Office, using a rolling period of time to include 13 months prior to the date of the case review. The regional CQI team will give feedback to the social worker whose case has been reviewed. The social worker's supervisor should also be included in that discussion.

The regional CQI team will also prepare a summary report that outlines the results of the quarterly case reviews. The quarterly summary report will be discussed at a

regional management team meeting to identify regional training needs, supervisory needs, and monitor compliance with best practice standards. Quarterly summary reports will also be forwarded to Central Office with the CQI Case Summary instruments. Central Office will assist in monitoring the process and the outcomes. See attached Case Summary tool (Attachment D), outline of Idaho's CQI process (Attachment B), and case review schedule for 2004 (Attachment C).

Develop Regional Field Office Plans of Improvement if Outcomes Fall Below the Projected Improvement Goal Specified in the PIP

A regional field office improvement plan will be developed for each item in which the field office does not meet projected improvement goal for 2005 and 2006. If the field office outcomes does not meet or exceed the improvement goal of the PIP, the regional program manager and the Chief of Social Work will convene staff (and in some cases, community partners) to explore why the percentages are lower than desired and to create a regional field office plan for improvement. The regional plans for improvement will be recorded on a matrix developed by the Child Welfare Subcommittee as part of the CQI process. The regional PIP matrices will be forwarded to Central Office. Together, Central Office and the regional program managers will monitor progress on the plans, adjusting them when necessary to achieve improvement.

Enlist Assistance From Community Partnerships Such as Idaho's Court Improvement Process, Casey Family Program, and the Six Indian Tribes Located in Idaho.

Sustainable change can not occur without systemic change. Children and Family Services is fortunate in having an excellent working relationship with the Supreme Court Committee to Reduce Delays for Children in Foster Care, associated with Idaho's Court Improvement Project. The court committee has been actively involved in Idaho's Self-Assessment and PIP process. For the next two years, their strategic plan will incorporate the actions steps and benchmarks identified in Idaho's PIP to be accomplished by the Court Improvement Project. They will assist us in training the judiciary, particularly in the areas of concurrent and permanency planning.

The Casey Family Programs have a significant presence in Idaho. Representatives from Casey were also involved in the Self-Assessment and PIP process. To assist in improving outcomes for children, they have incorporated many of the action steps of Idaho's PIP into their strategic plan for this coming year. Additionally, on January 7, 2004, representatives from Idaho's Casey Family Programs and CFS met to develop a joint plan to maximize resources, work in partnership on our PIP, especially in the area of seeking out kin and enhancing kinship relations.

Representatives from all six Idaho Indian tribes were encouraged to participate in Idaho's PIP process. At the quarterly Idaho State and Idaho Indian Child Welfare Committee meetings, we will continue to involve the tribes as we discuss and report our progress.

In summary, this proposed PIP is an effort of all systems working together, assessing what they can do to improve outcomes and make a difference in the lives of children and families. Additionally, the action items and benchmarks of this PIP will be incorporated into Idaho's Comprehensive Child Welfare Plan.

Item Summary Table

	Outcome, Systemic Factor or Item	Area Needing Improve ment	Strength
Outcome S1:	Children are, first and foremost, protected from abuse and neglect	XXX	
	Item 1: Timeliness of investigation	XXX	
	Item 2: Repeat maltreatment	XXX	
	Recurrence of Maltreatment (Statewide data indicator)	XXX	
Outcome S2:	Children are safely maintained in their homes whenever possible and	XXX	
	Appropriate		
	Item 3: In-home services and prevention of removal	XXX	
	Item 4: Risk of harm to the child	XXX	
	Child Abuse and/or Neglect in Foster Care (Statewide data indicator)		XXX*
Outcome P1:	Children have permanency and stability in their living situations	XXX	
	Item 5: Foster care re-entries	XXX	
	Foster Care Re -entries (Statewide data indicator)	XXX	
	Item 6: Stability of foster care placement	XXX	
	Stability of Foster Care Placement (Statewide data indicator)	XXX	
	Item 7: Permanency goal for child	XXX	
	Item 8: Reunification, guardianship, or permanent placement with relatives	XXX	
	Length of Time To Achieve Permanency Goal of Reunification (Statewide data indicator)		XXX*
	Item 9: Adoption	XXX	
	Length of Time to Achieve Permanency Goal of Adoption (Statewide data indicator)		XXX*
	Item 10: Permanency goal of other planned permanent living arrangement	XXX	
Outcome P2:	The continuity of family relationship and connects is preserved for posterity.		XXX
Outcome WB1:	Families have enhanced capacity to provide for their children's needs	XXX	
	Item 17: Needs and services of child, parents, foster parents	XXX	
	Item 18: Child and family involvement in case planning	XXX	
	Item 19: Worker visits with child	XXX	
	Item 20: Worker visits with parent(s)	XXX	
Outcome WB2:	Children Receive appropriate services to meet their educational needs		XXX
Outcome WB3:	Children receive adequate services to meet their physical and mental	XXX	
	health needs Item 22: Physical health of the child	W W W	
		XXX	
Systemic Factor	Item 23: Mental health of the child 1. Statewide Information System	XXX	VVV
•	1: Statewide Information System 2: Case Povious System	VVV	XXX
Systemic Factor	2: Case Review System Itom 25: Written case plan for each shild developed icintly w/parents	XXX	
	Item 25: Written case plan for each child developed jointly w/parents Item 26: Court review of child's status at least once every 6 months	XXX	VVV
	Item 27: Permanency Hearing no later than 12 months after entering care		XXX
	·	VVV	XXX
	Item 28: Process for TPR according to ASFA rules Item 29: Notification of foster parents of any review or hearing	XXX	
Systemic Factor	3: Quality Assurance System	XXX XXX	
Systemic Factor	Item 30: Standards developed and implemented to ensure children in foster	71771	XXX
	care have quality services that protect the safety and health of the children		AAA
	Item 31: Identifiable QA system to monitor and evaluate practice/programs	XXX	

Systemic Factor 4: Training	XXX	
Item 32: Staff development and training programs	XXX	
Item 33: Ongoing training for staff		XXX
Item 34: Training for current and prospective care providers	XXX	
Systemic Factor 5: Service Array	XXX	
Item 35: Array of services in place		XXX
Item 36: Array of services is accessible	XXX	
Item 37: Services can be individualized to meeting needs of child and family	XXX	
Systemic Factor 6: Agency Responsiveness to the Community		XXX
Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment and Retention		XXX

^{*} Data Indicator met or exceeded the National Standard

SAFETY OUTCOME 1: Children are first and foremost, protected from abuse and neglect.

Item 1. Timeliness of initiating investigations of reports of child maltreatment Agency has had face-to-face contact with children who were the subject of a maltreatment report in accordance with the required timeframes.	Percent or Date
Measurement Method: FOCUS Timeliness Report- % of cases meeting guidelines	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	74%
Improvement Goal: When 2 consecutive quarters meet the improvement goal of 90%	90%
Goal's Projected Date of Achievement: 2/2005 82% 2/2006 90%	2/2006

Technical Assistance Needs:

Barry Salovich, National Resource Center on Child Maltreatment regarding intake information and decision making

Geographical Area: Statewide CFSR findings: Ada – 50% Bannock – 100% Nez Perce – 100%

Issues Identified: Priority II's and III's are delayed due to need to respond immediately to Priority I's; lack of clarity around what should be "Information and Referral"

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
1.1 Revise FOCUS report	1.1.1 Submit request to revise the existing report.	.1 Feb 2004	.1 S. Alexander
to calculate the percentage of cases that	1.1.2 Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 She rry Brown
meet timeframes of IDHW Priority Response Guidelines.	1.1.3 Business requirements for the report revision are developed.	.3 May 2004	.3 Sherry Brown
response dudennes.	1.1.4 System analysis for the report revision is completed.	.4 Aug 2004	.4 Sherry Brown
	1.1.5 Prototype and detail design for the report revision is developed	.5 Nov 2004	.5 Sherry Brown

	.1.6 Prototype and detail d programmed in FOCU	esign for the report revision is US.	.6 Jan 2005	.6 Sherry Brown
	.1.7 Report revision is teste	ed by FOCUS staff.	.7 Feb 2005	.7 Sherry Brown
	.1.8 Regional FOCUS Info (ISC's) are trained on	ormation System Coordinators the pending release.	.8 Mar 2005	.8 Sherry Brown
	.1.9 The revised Priority R released and implement	Response Guidelines report is nted.	.9 Mar 2005	.9 Sherry Brown
	.1.10 Regional staff are tra	ined on the release by ISCs.	.10 Mar 2005	.10 Sherry Brown
1.2 Implement consistent methods to monitor timeliness of investigations.	report, develop and d regional supervisors fo	e FOCUS priority response istribute a methodology to or calculating the percentage of nformity using the existing	.1 Feb 2004	.1 Kathy Morris
	percentage of cases in FOCUS timeliness rep which fails to meet the are delayed by a docu reviewed by the super	rvisors will calculate the compliance on the existing port once per month. Each case e timelines, including those which mented variance, will be rvisor to identify any trends or se communicated to the regional	.2 Feb 2004	.2 Mike Peterson
	of Social Work) will re	nmittee members (regional Chiefs eview the regional percentages of tions at the quarterly statewide	.3 Quarterly beginning May 2004	.3 S. Alexander
1.3	.3.1 Based on monthly mon	itoring, when compliance rates	.1 as needed	.1 Kathy Morris

Review results of monitoring timeliness of initial investigation and implement recommended changes.	fall below 82% (during year one) and 90% (during year two) the risk assessment supervisor will develop and monitor regional improvement plans. Regional Improvement Plan is submitted to and reviewed by Central Office. Results will be reported to Central Office per the timeframes of the regional improvement plan.	beginning Mar 2004	
	1.3.2 Members of the Child Welfare Subcommittee will provide feedback on regional compliance as well as the results of regional improvement plans.	.2 ongoing beginning May 2004	.2 S. Alexander
	1.3.3 Child Welfare Subcommittee members will make recommendations for ways to further improve timeliness.	.3 ongoing beginning June 2004	.3 S.Alexander
1.4 Develop standards to determine priorities for intake/screening	1.4.1 Convene Intake/Screening workgroup to develop standards to clarify what constitutes assignment for further assessment and which referrals are documented as information and referral (I and R).	.1 Feb 2004	.1 S. Alexander
	1.4.2 Intake/Screening workgroup examines current rule, policy, law, and practice.	.2 Feb 2004	.2 S. Alexander
	1.4.3 Seek consultation from National Resource Center on Child Maltreatment on maximizing inter-rater reliability in prioritizing referrals.	.3 Feb 2004	.3 S. Alexander
	1.4.4 Intake/Screening workgroup to draft standards.	.4 Mar 2004	.4 S. Alexander
	1.4.5 Intake/Screening workgroup to get feedback from field staff and Child Welfare Subcommittee. Make revisions as needed.	.5 Apr 2004	.5 S.Alexander
	1.4.6 Get approval for release of standards from Program Managers.	.6 Apr 2004	.6 S.Alexander

	1.4.7 Release standards to regional management (sups, chief, program manager) followed by release to all staff. Release will include training of risk assessment supervisors to the standard via WebX (interactive	.7 Apr 2004	.7 S. Alexander
	teleconferencing). 1.4.8 Include standards in CFS Practice Manual.	.8 Apr 2004	.8 S. Alexander
1.5 Develop and provide training to risk	1.5.1 Develop statewide risk assessment supervisor training on priority response standards to increase reliability of response prioritization.	.1 June 2004	.1 S. Alexander
assessment supervisors regarding prioritizing referrals.	1.5.2 Train risk assessment supervisors annually to assess and maintain reliability.	.2 ongoing beginning July 2004	.2 S.Alexander
1.6 Develop and provide training regarding timeliness and the agency's priority	1.6.1 Child Welfare Academy (quarterly or 3 times per year as scheduled) will continue to train on the requirement for and importance of timeliness in responding to CPS referrals and timely documentation.	.1 ongoing Mar 2004	.1 S. Alexander
response guidelines.	1.6.2 The Chief of Social Work in each region will provide annual training for regional staff regarding the CFS Response Priorities per IDAPA 16.06.01.554. Additional regional training will be provided on an as needed basis as part of a regional improvement plan.	.2 ongoing beginning Feb 2004	.2 S. Alexander

SAFETY OUTCOME 1: Children are first and foremost, protected from abuse and neglect.

Item 2: Repeat Maltreatment	
For a child with a substantiated report of maltreatment, was there another substantiated report	
within a 6 month period before or after the report in question?*	
Data Indicator: Recurrence of maltreatment	
Another substantiated referral within 6 months.	Percent or Date
Measurement Method: FOCUS Child Welfare Outcomes Report	National Standard:
	6.1% or less
Baseline Measure: State Data Profile	9.3%
Improvement Goal: Sampling Error .90% Two consecutive quarters at goal of 8.4%	8.4%
Goal's Projected Date of Achievement: by 2/2005 - 8.9% by 2/2006 - 8.4%	2/2006

^{*}Item passed criteria, but was rated as Area Needing Improvement due to failure of Data Indicator – Recurrence of Maltreatment to meet substantial conformity. All remaltreatment issues identified in the CFSR Final Report are addressed under Data Indicator – Recurrence of Maltreatment.

Technical Assistance Needs:

National Resource Center on Child Maltreatment

Geographical Area: Statewide

Issues Identified: Failure to "open" or "serve" families with risk factors which lead to recurrence of maltreatment.

Action Step	Benchmarks/Tasks	Dates of Benchmark Achievement	Lead Person(s)
2.1 Establish and implement	2.1.1 Convene Risk Assessment workgroup to develop standards for conducting risk assessments.	.1 Mar 2004	.1 S. Alexander

standards for immediate			
safety assessment, comprehensive assessment and re-assessment.	2.1.2 Risk Assessment workgroup to examine current rule, policy, law and practice.	.2 Mar 2004	.2 S. Alexander
and re-assessment.	2.1.3 Consult with NRC on Child Maltreatment regarding standard development.	.3 Apr 2004	.3 S. Alexander
	2.1.4 Risk Assessment workgroup to draft standards.	.4 Apr 2004	.4 S. Alexander
	2.1.5 Risk Assessment workgroup to get feedback from field staff and make revisions as needed.	.5 May 2004	.5 S. Alexander
	2.1.6 Get approval for release of standards from Program Managers .	.6 May 2004	.6 S. Alexander
	2.1.7 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.7 June 2004	.7 S.Alexander
	2.1.8 Regional Chief of Social Work and supervisors will train staff to the new standard.	.8 June 2004	.8 S. Alexander
	2.1.9 Include standards in CFS Practice Manual.	.9 June 2004	.9 S. Alexander
2.2 Develop training to assist workers to conduct a thorough family centered	2.2.1 Consult with NRC on Child Maltreatment regarding development of training on completing risk assessments and making decisions based on those assessments.	.1 Apr 2004	.1 S. Alexander
safety/risk assessment using the existing CFS Risk Assessment tool as part of a decision making process.	2.2.2 Develop "Conducting a Thorough Risk Assessment (Risk Assessment Module B1)" training for new workers.	.2 July 2004	.2 S. Alexander
	2.2.3 Develop "Conducting a Thorough Risk Assessment (Risk Assessment Module B2)" training for	.3 July 2004	.3 S. Alexander

	experienced workers.		
2.3 Deliver training to assist workers to conduct a thorough family centered safety/risk assessment using the existing CFS Risk Assessment tool.	 2.3.1 Add the training module for new workers (see 2.2.2 above) to the Child Welfare Academy. 2.3.2 Provide on-going training (see 2.2.3 above) for experienced workers. Will be combined with training in 2.4.3 below. 	.1 Oct 2004 .2 Aug 2004	.1 S. Alexander .2 S. Alexander
2.4 Develop worker skills in interviewing families to assist the worker in	2.4.1 Contact National Resource Centers for assistance in training regarding interviewing families for safety and risk.	.1 Apr 2004	.1 S. Alexander
conducting a thorough family cente red safety/risk assessment.	2.4.2 Develop and add a module on interviewing skills to the enhanced Child Welfare Academy.	.2 Oct 2004	.2 S. Alexander
assessment.	2.4.3 Provide on-going training to existing staff on interviewing families regarding factors on the safety/risk assessment tool. Will be combined with training in 2.3.2 above.	.3 Aug 2004	.3 S. Alexander
2.5 Develop supervisory skills in monitoring the safety/risk assessment	2.5.1 Contact National Resource Centers to assist in developing supervisor training on how to monitor appropriate use of safety/risk tools and teach their staff to do a thorough assessment.	.1 Apr 2004	.1 S. Alexander
process to reduce likelihood of recurrence.	2.5.2 Work with resource centers to develop "critical questions" for supervisors to ask social workers in order to monitor appropriate use of the safety/risk assessment tools.	.2 June 2004	.2 S. Alexander
	2.5.3 Train supervisors how to monitor the safety/risk	.3 Aug 2004	.3 S. Alexander

	assessment process. Training will occur in conjunction with risk assessment training identified in 2.3 and 2.4. above.		
	2.5.4 Monitor use of risk assessment through regional CQI case review process to determine the percentage of cases in which assessment tools are being used appropriately to make decisions, plans are individualized based on the identified needs . See Item 2(f) on CQI case summary tool.	.4 Sept 2004	.4 Wes Engel
	2.5.5 The Regional Program Manager and Chief of Social Work office will develop a Regional Improvement Plan if monitoring (see 2.5.4) reveals that in more than 10% of cases reviewed the worker failed to use the risk assessment tool appropriately to make decisions. See CQI plan for discussion of developing and reporting on regional improvement plans.	.5 as needed beginning Oct 2004	.5 Mike Peterson
	2.5.6 Regional improvement plan is submitted to and reviewed by Central Office. Region will report results to Central Office per the timeframes of the regional improvement plan.	.6 as needed beginning Oct 2004	.6 Kathy Morris
2.6 Monitor regional and state recurrence of maltreatment rates.	2.6.1 At the end of each reporting quarter, regions will pull and review a regional and statewide report on recurrence of maltreatment. Central Office will also pull and review the report.	.1 end of quarter beginning June 2004	.1 Kathy Morris
	2.6.2 If recurrence of maltreatment rate does not meet the projected improvement goal for that period (8.9% in 2004 and 8.4% in 2005), analyze individual cases of re-maltreatment for variables influencing recurrence.	.2 Feb 2005	.2 Kathy Morris
	2.6.3 Develop regional improvement plans in conjunction	.3 Apr 2005	.3 Kathy Morris

	with the Child Welfare Subcommittee, to address variables identified in 2.6.2 above. 2.6.4 Monitor effectiveness of interventions developed in 2.6.3.	.4 July 2005	.4 Kathy Morris
2.7 Develop FOCUS reports to enable staff to access and analyze recurrence data on a statewide and regional	2.7.1 Submit FOCUS work authorization for report to identify children who experience repeat maltreatment as well as to analyze at trends and patterns.	.1 Feb 2004	.1 Sherry Brown
basis.	2.7.2 Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
	2.7.3 Business requirements for the report are developed.	.3 May 2004	.3 Sherry Brown
	2.7.4 System analysis for the report is completed.	.4 Aug 2004	.4 Sherry Brown
	2.7.5 Prototype and detail design for the report is developed.	.5 Dec 2004	.5 She rry Brown
	2.7.6 Prototype and detail design for the report is programmed in FOCUS.	.6 Mar 2005	.6 Sherry Brown
	2.7.7 Report is tested by FOCUS staff.	.7 May 2005	.7 Sherry Brown
	2.7.8 Regional FOCUS Information System Coordinators (ISC's) are trained by FOCUS staff on the pending release.	.8 June 2005	.8 Sherry Brown
	2.7.9 The revised Recurrence of Maltreatment report is released and implemented.	.9 June 2005	.9 Sherry Brown
	2.7.10 ISC's train supervisors and managers in use of new monitoring report.	10. June 2005	.10 Sherry Brown

SAFETY OUTCOME 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3. Services to family to protect child(ren) in home and prevent removal Agency made diligent efforts to provide services to families to prevent removal of children from their homes while at the same time ensuring their safety.	Percent or Date
Measurement Method: FOCUS report (3.5) and CQI case review (3.6) will determine efforts to prevent removal of children from their homes.	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	78%
Improvement Goal: Two consecutive quarters at or above the improvement goal of 87%	87%
Goal's Projected Date of Achievement: by 2/2005-82% by 2/2006 – 87%	2/2006

Technical Assistance Needs:

National Resource Center on Child Maltreatment

National Resource Center on Family Centered Practice

National Child Welfare Resource Center on Legal and Judicial Issues

Geographical Area: Statewide CFSR findings: Ada – 67% Bannock - 89% Nez Perce - 87.5%

Issues Identified: Families provided with EA, without risk assessment or other services; Lack of services post reunification to prevent re-removal

Action Step	Benchmarks/Tasks	Dates of Benchmark Achievement	Lead Person(s)
3.1 Develop and implement	3.1.1 Convene In-Home Services workgroup to develop protective supervision standards.	.1 Feb 2004	.1 S. Alexander
standard for use of Protective Supervision when risk is moderate to	3.1.2 In-Home Services workgroup examines current rule, policy and practice.	.2 Feb 2004	.2 S. Alexander
high, but the case doesn't meet the standard of imminent danger	3.1.3 In-Home Services workgroup to draft standard regarding the use of protective supervision.	.3 Mar 2004	.3 S. Alexander

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	3.1.4 In-home Services workgroup to get feedback from field staff and make revisions as needed. Present standard to Court Improvement Project (CIP) Committee for review and approval.	.4 Apr 2004	.4 S. Alexander
	3.1.5 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.5 May 2004	.5 S.Alexander
	3.1.6 Regional Chief of Social Work and supervisors will train staff to the new standard. The standard will also be trained to in Risk Assessment Module B2.	.6 May 2004	.6 S.Alexander
	3.1.7 Include standards in CFS Practice Manual.	.7 June 2004	.7 S. Alexander
3.2 Train the judiciary, law enforcement and agency staff to apply the standard of	3.2.1 Request the Court Improvement Project (CIP) and Peace Officer's Standards and Training (POST) to assist in developing and providing training.	.1 June 2004	.1 S. Alexander & Judge Murray- CIP
using protective supervision to prevent removal of children from their home.	3.2.2 Form workgroup to develop training.	.2 June 2004	.2 S. Alexander & Judge Murray- CIP
	3.2.3 Train in each judicial district on the use of protective supervision to prevent removal from their homes. Audience to include judiciary, law enforcement and agency staff.	.3 Sept 2004 – Jan 2005	.3 S.Alexander & Judge Murray- CIP
	3.2.4 Add training on use of protective supervision to the Child Welfare Academy (new workers). This standard will be included in Risk Assessment Module B1.	.4 3 times per year beginning Oct 2004	.4 S. Alexander

3.3 Establish and implement standards for opening an inhome case for services	3.3.1	Convene In-Home Services workgroup to develop standards on when to offer services/open an in- home case. Criteria should address cumulative risk and substantiated dispositions.	.1 Feb 2004	.1 S. Alexander
including development of an individualized case plan and monitoring.	3.32.	Workgroup examines current rule, policy and practice.	.2 Feb 2004	.2 S. Alexander
	3.3.3	Workgroup to draft standards.	.3 Mar 2004	.3 S. Alexander
	3.3.4	Workgroup to get feedback from field staff and make revisions as needed.	.4 Apr 2004	.4 S. Alexander
	3.3.5	Get approval for release from Program Managers.	.5 May 2004	.5 S. Alexander
	3.3.6	Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.6 May 2004	.6 S. Alexander
	3.3.7	Revise practice manual to include standards on opening an in-home case for services and safety plans for children who are the subject of a valid report of child abuse or neglect.	.7 June 2004	.7 S.Alexander
3.4 Train workers on standards for opening an in-home case	3.4.1	Train supervisors and workers on newly developed standards to ensure cases are "opened" for services.	.1 May 2004	.1 S. Alexander
for services including development of an individualized case plan and monitoring.	3.4.2	Add information on in-home standards to the Child Welfare Academy	.2 3 times per year beginning Mar 2004	.2 S. Alexander
3.5 Pending release of FOCUS	3.5.1	FOCUS will print a report of the number of in- home cases (by region and by state) from January	.1 Mar 2004	.1 Sherry Brown

report on in-home cases, regions will monitor the increase of in-home cases	2004 to March 31, 2004 to serve as a base line for improvement.		
during the quarterly review.	3.5.2 Regional Chie f of social Work will review the inhome case report to verify the validity of the number of in-home cases.	.2 Mar 2004	.2 S. Alexander
	3.5.3 Quarterly, FOCUS will print a report of the number of in-home cases and the Chief of Social Work will review the report for accuracy.	.3 Quarterly beginning June 2004	.3 Sherry Brown
	3.5.4 Regional Program Management Team will review the reports, monitor the increase, and promote the use of in-home services by making it a regular topic of regional staff meetings.	.4 Quarterly beginning June 2004	.4 Mike Peterson
3.6 Increase the percentage of families receiving services to prevent removal of children from their home while at the same time ensuring their	3.6.1 Monitor percentage of in-home cases where the agency provided or arranged for services for a family to protect the child in his/her own home to prevent removal, if applicable. See 3(a) on CQI case summary tool.	.1 June 2004	.1 Kathy Morris
safety.	3.5.2 The Regional Program Manager and Chief of Social Work office will develop a Regional Improvement Plan if monitoring show that inhome services (in applicable cases) falls below 82% during 2004 and 87% during 2005. See CQI plan for discussion of regional improvement plans.	.2 as needed beginning July 2004	.2 Mike Peterson
	3.5.3 Regional improvement plan is submitted to and reviewed by Central Office. Results will be reported to Central Office per the timeframes of the regional improvement plan.	.3 July 2004	.3 Kathy Morris

3.7 Train CFS risk assessors and law enforcement to make	3.7.1 Convene a committee to develop training on safety plans.	.1 Mar 2004	.1 Shirley Alexander
reasonable efforts through the use of safety plans associated with the CFS	3.7.2 Consult with National Resource Center on Child Maltreatment on making reasonable efforts with safety plans.	.2 Apr 2004	.2 Shirley Alexander
immediate risk and safety assessment tool.	3.7.3 Develop training on reasonable efforts through safety planning.	.3 June 2004	.3 Shirley Alexander
	3.7.4 Invite law enforcement participation and train all regional staff on the use of safety plans to reduce	.4 Aug 2004	.4 Shirley Alexander
	out of home placements. 3.7.5 Add to enhanced new worker academy curriculum. This is included in Risk Assessment Module B1.	.5 3 times per year beginning	4. Shirley Alexander
		Oct 2004	
3.8 Develop FOCUS report to identify and monitor the	3.8.1 Submit FOCUS work authorization for report to identify the number of in-home cases by worker.	.1 Feb 2004	.1 Shirley Alexander
increase of in-home cases.	3.8.2 Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
	3.8.3 Business requirements for the report are developed.	.3 May 2004	.3 Sherry Brown
	3.8.4 System analysis for the report is completed.	.4 Aug 2004	.4 Sherry Brown
	3.8.5 Prototype and detail design for the report is developed.	.5 Dec 2004	.5 Sherry Brown
	3.8.6 Prototype and de tail design for the report is programmed in FOCUS.	.6 Feb 2005	.6 Sherry Brown
	3.8.7 Report is tested by FOCUS staff.	.7 Mar 2005	.7 Sherry Brown

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	3.8.8 Regional FOCUS Information System Coordinators (ISC's) are trained by FOCUS staff on the pending release.	.8 Apr 2005	.8 Sherry Brown
	3.8.9 The revised in-home cases by worker report is released and implemented.	.9 Apr 2005	.9 Sherry Brown
	3.8.10 ISC's train supervisors and managers in use of new monitoring report.	.10 Apr 2005	.10 She rry Brown
3.9 Develop worker skills in engaging parents to work with CFS to lower the risk of child abuse and neglect without court intervention.	3.9.1 Contact National Resource Center on Family- Centered Practice for consultation and training request.	.1 Feb 2004	.1 Shirley Alexander
	3.9.2 Provide annual family-centered practice training on engaging families to all CFS staff.	.2 beginning May 2004	.2 Mardell Nelson
	3.9.3 Expand Child Welfare Academy to include a component of engaging families. Session II, see discussion in narrative on academy expansion.	.3 Beginning Nov 2004	.3 Mardell Nelson
	3.9.4 Expand use of Family Group Decision Making to increase family involvement. (see 18.1 and 18.2).	.4 July 2004	.4 Mardell Nelson

SAFETY OUTCOME 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 4. Risk of Harm to Child Has the agency made, or is making, diligent efforts to reduce the risk of harm to the children involved in each case.	Percent or Date
Measurement Method: CQI case review process will determine appropriateness of decision making in risk of harm to child.	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	71%
Improvement Goal: Two consecutive quarters of meeting the goal of 76%	76%
Goal's Projected Date of Achievement: by 2/2005 - 73% by 2/2006 - 76%	2/2006

Technical Assistance Needs:

National Resource Center on Child Maltreatment

Geographical Area: Statewide CFSR Findings: Ada – 54% Bannock – 92% Nez Perce – 83%

Issues Identified: Lack of assessment of families and children to determine the level of risk and the services needed to address the risk.

ACTION STEP		BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)	
See Item 2 action steps re	See Item 2 action steps regarding risk/safety assessment and services to reduce risk.				
4.1 Develop and implement a standardized process	4.1.1	Child Welfare Subcommittee to develop a standardized process for responding to allegations of abuse and neglect against members of foster families.	.1 Feb 2004	.1 Shirley Alexander	
for responding to child abuse and neglect	4.1.2	Submit to Program Managers for review and approval.	.2 Mar 2004	.2 Shirley Alexander	
allegations made on members of foster families.	4.1.3	Provide training to all staff on the standardized process.	.3 Apr 2004	.3 Shirley Alexander	
rammes.	4.1.4	Incorporate training on the standardized process into	.4 3 times per year	.4 Mickey Harmer	

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		the Child Welfare Academy.	beginning July 2004	
	4.1.5	Provide training to all foster families on the standardized process by incorporating this material into the PRIDE curriculum and into the Foster Parent Manual.	.5 June 2004	.5 Mickey Harmer
	4.1.6	Place standardized process description in the CFS Manual.	.6 June 2004	.6 Mickey Harmer
	4.1.7	Monitor implementation of standardized process through examination of the Critical Incident Reports on each incident. This is to be done by the regional Chief of Social Work or Program Manager.	.7 Sept 2004	.7 Mike Peterson
4.2 Develop and implement a standardized process for responding to child abuse and neglect allegations made on an employee of a residential facility.	4.2.1	Develop a standardized process for risk assessment on children abused or neglected in a residential facility in conjunction with the FACS Child Care Licensing Team.	.1 Mar 2004	.1 Mickey Harmer & Ed VanDusen
	4.2.2	Train intake workers, risk assessors and case management agency staff to the standardized process of risk assessment of child abuse/neglect in a residential facility.	.2 June 2004	.2 Mickey Harmer
	4.2.3	Train new workers on how to response to child abuse and neglect allegations made on an employee of a residential facility in the Child Welfare Academy.	.3 3 times per year beginning July 2004	.3 Shirley Alexander
		Place standardized process description in the CFS Manual.	.4 June 2004	.4 Shirley Alexander
	4.2.5	Monitor implementation of process through review by the regional Program Manager or Chief of Social Work of each incident for conformance with the standardized process.	.5 Sept 2004	.5 Shirley Alexander

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situations.

Item 5: Foster Care Re-entries:	
Did any foster care entries during the period under review occur within a 12-month period	
of the child being discharged from another foster care entry?*	
Data Indicator: Foster Care Re-entry	Percent or Date
Measurement Method: FOCUS Child Welfare Outcomes Report. Pending revision of report, will	National Standard:
establish baselines and monitor through CQI case review process.	8.6 % or less
Baseline Measure: FY 2001 State Data Profile	11.9%
Improvement Goal: Sampling Error 1.35% Two consecutive quarters at goal of 10.5%	10.5%
Goal's Projected Date of Achievement: by 2/2005 -11.2% by 2/2006 – 10.5%	2/2006

^{*}Item passed criteria, but was rated as Area Needing Improvement due to failure of Data Indicator – Foster Care Re-Entry to meet substantial conformity. All re-entry issues identified in the CFSR Final Report are addressed under Data Indicator – Foster Care Re-entry.

Technical Assistance Needs: NRC for Child Maltreatment

Geographical Area: Statewide

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
5.1 Train workers and supervisors in the use of the CFS Risk Re-Assessment Tool to complete a reassessment as part of decision making for reunification or case closure.	See 2.2 and 2.3 - Risk Assessment Training Module B1	and B2 - includes re -	assessment.

5.2 Develop and implement standards regarding what must happen prior to case closure and post case closure to prevent foster care re -entry.	See 2.1 - includes a standard for re-assessment prior to	o reunification or case	closure.
5.3 Improve availability of substance abuse services which focus on relapse planning to prevent re-entry into foster care.	*See 35.1 and 35.2		
5.4 Prior to availability of FOCUS enhancement (see 5.7 below), monitor administration of reassessment when making reunification, case closure or other case decisions in which risk/safety is a critical factor.	 5.4.1 Monitor administration of the Risk Reassessment Tool through the CQI process and supervision. See 5(f) on CQI Case Summary. 5.4.2 The Program Manager, Chief of Social Work, and field office supervisor will develop a regional improvement plan whenthe field office reassesses cases less than 90% of the time. 5.4.3 Submit plan to Central Office for review. Region will send subsequent progress reports on the plan to Central Office according to regional improvement plan timeframes. 	.1 Apr 2004 .2 as needed beginning May 2004 .3 May 2004	.1 Wes Engel .2 Mike Peterson .3 Kathy Morris
5.5	5.5.1 Identify the percentage of children re -entering	.1 Apr 2004	.1 Wes Engel

Monitor the percentage of children who re -entered foster care after being discharged from a prior entry within the last 12 months.	foster care during the last 12 months through the CQI process. See Item 5 (a) and (b) on the CQI Case Summary. 5.5.2 The Program Manager and Chief of Social Work will develop a regional improvement plan when a field office falls beneath the projected level of improvement – 11.2% during 2004 and 10.5% during 2005.	.2 May 2004	.2 Mike Peterson
	5.5.3 Submit plan to Central Office for review. Send subsequent progress reports on the plan according to plan timeframes.	.3 May 2004	.3 Kathy Morris
5.6 Provide information to magistrate judges regarding the use of court -ordered home visitation, not to exceed 6	5.6.1 Include as a topic in training at Magistrate's	.1 Beginning Nov 2004	.1 Court Improvement Project (CIP)
months.	benefits of using court-ordered home visitation rather than sending a child home under Protective Supervision.	.2 June 2004	.2 CIP
5.7 Develop and implement a FOCUS alert and integrity rule	5.7.1 Submit a request for a FOCUS alert and integrity rule that prevents a social worker from closing an open case prior to completing a re-assessment.	.1 Feb 2004	.1 Shirley Alexander
that prevents a social worker from closing an open case prior	5.7.2 Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
to completing a re -assessment.	5.7.3 Business requirements for the alert and integrity rule are developed.	.3 May 2004	.3 Sherry Brown
	5.7.4 System analysis for the integrity rule and alert is completed	.4 Aug 2004	.4 Sherry Brown

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	5.7.5 Prototype and detail design for the integrity rule and alert are developed.	.5 Dec 2004	.5 Sherry Brown
	5.7.6 Prototype and detail design for the integrity rule and alert are programmed in FOCUS.	.6 Mar 2005	.6 Sherry Brown
	5.7.7 Integrity rule and alert are tested by FOCUS staff.	.7 May 2005	.7 Sherry Brown
	5.7.8 Regional FOCUS Information System Coordinators (ISC's) are trained on the pending release.	.8 June 2005	.8 Sherry Brown
	5.7.9 The integrity rule and alert are released and implemented.	.9 June 2005	.9 Sherry Brown
	5.7.10 ISC's train supervisors and managers in use of new features.	.10 June 2005	.10 Sherry B rown
5.8 Develop and implement a FOCUS report to identify and	5.8.1 Submit FOCUS work authorization for report to identify cases of re-entry into foster care.	.1 Feb 2004	.1 Sherry Brown
analyze cases of re -entry of	5.8.2 Request is revie wed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
children into foster care.	5.8.3 Business requirements for the report are developed.	.3 May 2004	.3 Sherry Brown
	5.8.4 System analysis for the report is completed.	.4 Aug 2004	.4 Sherry Brown
	5.8.5 Prototype and detail design for the report is developed.	.5 Dec 2004	.5 Sherry Brown
	5.8.6 Prototype and detail design for the report is	.6 Mar 2005	.6 Sherry Brown

	programmed in FOCUS.		
5.8.7	Report is tested by FOCUS staff.	.7 May 2005	.7 Sherry Brown
5.8.8	Regional FOCUS Information System Coordinators (ISC's) are trained on the pending release.	.8 June 2005	.8 Sherry Brown
5.8.9	The revised Foster Care Re-Entry Report is released and implemented.	.9 June 2005	.9 Sherry Brown
5.8.10	0 ISC's train supervisors and managers in use of new monitoring report.	.10 June 2005	.10 Sherry Brown

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situations.

Item 6: Stability of foste Did child experience multi permanency goal or meet	Percent or Date	
Measurement Method:	FOCUS report on number of placements per child in care	National Standard: n/a
Baseline Measure:	Percentage based on CFSR 5/03	76%
Improvement Goal:	2 consecutive quarters at improvement goal of 83%	83%
Goal's Projected Date of Achievement: by 2/2005 - 79% by 2/2006 - 83%		2/2006 – two years

Technical Assistance Needs:

National Child Welfare Resource Center for Family-Centered Practice National Resource Center for Foster Care and Permanency Planning

Geographical Area: Statewide CFSR findings: Ada – 69% Bannock – 83% Nez Perce – 83%

Issues Identified: poor matching; foster parents inadequately informed about child; child placed in foster home when relative available; foster parents not sufficiently trained; foster parents need additional supports, scarcity of placement resources

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
6.1 Revise, implement and monitor standards as	6.1.1 Convene the Alternate Care workgroup to review current rule, law. policy and practice on relatives as foster parents.	.1 Mar 2004	.1 Mickey Harmer
outlined in FACS Policy Memo 00-03 on relative placement	6.1.2 Workgroup to revise standards as needed	.2 May 2004	.2 Mickey Harmer
	6.1.3 Workgroup to get feedback from field staff and make	.3 June 2004	.3 Mickey Harmer

	additional revisions as needed.		
	6.1.4 Get approval for release from Program Managers.	.4 July 2004	.4 Mickey Harmer
	6.1.5 Release revised standards to regional management (sups, chief, program manager) followed by release to all staff.	.5 July 2005	.5 Mickey Harmer
	6.1.6 Include standards in CFS Practice Manual.	.6 July 2004	.6 Mickey Harmer
6.2 Train staff on revised relative placement	6.2.1 Train all CFS agency staff on revised relative standards.	.1 July 2005	.1 Mickey Harmer
standards.	6.2.2 Incorporate revisions regarding relative placement into Child Welfare Academy.	.2 July 2004	.2 Mickey Harmer
	6.2.3. Incorporate revisions regarding relative placement standard into PRIDE curriculum	.3 Aug 2004	.3 Mickey Harmer
6.3 Monitor compliance with relative placement standards to increase	6.3.1 Monitor compliance with standard regarding relative placement preference. See Item 15 (a) and (b)	.1 quarterly beginning Oct 2004	.1 Mickey Harmer
standards to increase stability of children in foster care	6.3.2 The Program Manager and Chief of Social Work will review the results of the quarterly CQI review process regarding relative placements, monitor the increase, and promote identification and consideration of maternal and paternal relatives as placement resources by making it a regular topic of regional staff meetings.	.2 Nov 2004	.2 Mickey Harmer/Kathy Morris
	6.3.3 Submit plan to Central Office for review. Submit subsequent progress reports on the plan to Central Office according to regional improvement plan timeframes.	.3 Nov 2004	.3 Kathy Morris

6.4 Monitor the stability of foster care placements by reviewing the FOCUS Child Welfare	6.4.1 Regional Program Manager and Chief of Social Work will review the child Welfare Outcomes Report to see the percentage of children who had 2 or fewer foster care placements.	.1 Apr 2004	.1 Mike Peterson
Outcome Report quarterly.	6.4.2 The Regional Program Manager and Chief of Social Work will develop a regional improvement plan when the number of children with no more than 2 moves falls below 79% during the first year and 83% during the second year. The plans will include analyzing individual cases of foster care instability for variables influencing stability.	.2 May 2004	.2 Mike Peterson
	6.4.3 Submit regional improvement plans to Central Office for review.	.3 May 2004	.3 Kathy Morris
	6.4.4 Monitor effectiveness of interventions develop in 6.4.2 and report progress to Central Office based on the frequency described in the plan.	.4 June 2004	.4 Kathy Morris
6.5 Develop standards for responding to inquiries	6.5.1 Convene Alternate Care workgroup to develop standards for agency response to inquiries.	.1 Apr 2004	.1 Mickey Harmer
by those interested in applying to become	6.5.2 Workgroup examines current rule, policy and practice.	.2 Apr 2004	.2 Mickey Harmer
foster parents	6.5.3 Workgroup to draft standards including time frames and process for response.	.3 May 2004	.3 Mickey Harmer
	6.5.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 June 2004	.4 Mickey Harmer
	6.5.5 Get approval for release from Program Managers.	.5 July 2004	.5 Mickey Harmer

	6.5.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.6 July 2004	.6 Mickey Harmer
	6.5.7 Train foster care licensing staff on standards.	.7 Aug 2004	.7 Mickey Harmer
	6.5.8 Work with CareLine to become the initial point of contact for all foster care licensing inquiries.	.8 Sept 2004	.8 Mickey Harmer
	6.5.9 CareLine will monitor timely and helpful regional responses to inquiries through ongoing re-contact of a random sample of those inquiries forwarded to the regions.	.9 Oct 2004	.9 Pat Williams
	6.5.10 Quarterly, CareLine will submit a report of their recontacts to the Program Managers.	.10 Jan 2005	.10 Pat Williams
6.6 CareLine will develop a monthly report to assist	6.6.1 CareLine will develop a report of the inquires received each month.	.1 Mar 2004	.1 Pat Williams
Program Managers and Licensing Supervisors in	6.6.2 CareLine will send a monthly report to regional Program Managers.	.2 Monthly beginning Apr 2004	.2 Pat Williams
monitoring regional responses to families who have inquired about becoming a foster parent.	6.6.3 Regional Program Managers or designee will review monthly report with licensing supervisor or staff to ensure licensing staff is following standards in 6.4 above	.3 Monthly beginning Apr 2004	.3 Mickey Harmer

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6.7.1 Convene Alternate Care workgroup to develop standards.	.1 Apr 2004	.1 Mickey Harmer
6.7.2 Workgroup examines current rule, policy and practice.	.2 Apr 2004	.2 Mickey Harmer
6.7.3 Workgroup to draft standards.	.3 May 2004	.3 Mickey Harmer
6.7.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 June 2004	.4 Mickey Harmer
6.7.5 Get approval for release from Program Managers.	.5 July 2004	.5 Mickey Harmer
6.7.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.6 July 2004	.6 Mickey Harmer
6.7.7 Include standards in CFS Practice Manual.	.7 July 2004	.7 Mickey Harmer
6.8.1 Train case management staff on standards including the importance of full disclosure of information about each foster child.	.1 July 2004	.1 Mickey Harmer
6.8.2 Incorporate standard regarding disclosure into Child Welfare Academy.	.2 3 times per year beginning Aug 2004	.2 Mickey Harmer
6.8.3 Incorporate disclosure standard into PRIDE curriculum	.3 Ongoing beginning Aug 2004	.3 Mickey Harmer
6.9.1 Monitor compliance with standards through interviews with foster parents included in the CQI process.	.1 Sept 2004	.1 Mickey Harmer/Kathy Morris
	 standards. 6.7.2 Workgroup examines current rule, policy and practice. 6.7.3 Workgroup to draft standards. 6.7.4 Workgroup to get feedback from field staff and make revisions as needed. 6.7.5 Get approval for release from Program Managers. 6.7.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff. 6.7.7 Include standards in CFS Practice Manual. 6.8.1 Train case management staff on standards including the importance of full disclosure of information about each foster child. 6.8.2 Incorporate standard regarding disclosure into Child Welfare Academy. 6.8.3 Incorporate disclosure standard into PRIDE curriculum 6.9.1 Monitor compliance with standards through interviews 	standards. 6.7.2 Workgroup examines current rule, policy and practice. 6.7.3 Workgroup to draft standards. 6.7.4 Workgroup to get feedback from field staff and make revisions as needed. 6.7.5 Get approval for release from Program Managers. 6.7.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff. 6.7.7 Include standards in CFS Practice Manual. 6.8.1 Train case management staff on standards including the importance of full disclosure of information about each foster child. 6.8.2 Incorporate standard regarding disclosure into Child Welfare Academy. 6.8.3 Incorporate disclosure standard into PRIDE curriculum 6.9.1 Monitor compliance with standards through interviews 1.1 Sept 2004

6.10 Develop readily accessible resources for foster parents.	6.10.1 Convene Alternate Care workgroup to identify resources most commonly needed by foster parents.	.1 Oct 2004	.1 Mickey Harmer
	6.10.2 Regional licensing staff and foster parents to identify available resources, gaps in available resources, and other service access barriers faced by foster parents.	.2 Dec 2004	.2 Mickey Harmer
	6.10.3 Develop regional plan for reducing barriers to accessing resources.	.3 May 2004	.3 Mickey Harmer
	6.10.4 Distribute list of available resources to licensed foster parents and train them to access Idaho's CareLine.	.4 July 2004	.4 Mickey Harmer
	6.10.5 Distribute list of available resources to new foster parents and incorporate using CareLine to access services as part of the PRIDE curriculum.	.5 Ongoing beginning Aug 2004	.5 Mickey Harmer
6.11 Develop standard for	6.11.1 Convene the Alternate Care workgroup to review current rule, policy and practice.	.1 Apr 2004	.1 Mickey Harmer
supporting foster parents and including	6.11.2 Workgroup to develop standard.	.2 May 2004	.2 Mickey Harmer
them as a member of the professional team.	6.11.3 Workgroup to get feedback from field staff and make revisions as needed.	.3 June 2004	.3 Mickey Harmer
	6.11.4 Get approval for release from Program Managers.	.4 July 2004	.4 Mickey Harmer
	6.11.5 Release standard for supporting foster parents to regional management (sups, chief, program manager) followed by release to all staff.	.5 July 2004	.5 Mickey Harmer
	6.11.6 Include standards in CFS Practice Manual.	.6 July 2004	.6 Mickey Harmer

6.12 Train staff on new foster parent standard in 6.11	6.12.1 Train all CFS agency staff on standard.6.12.2 Incorporate into Child Welfare Academy.6.12.3. Incorporate standard into PRIDE curriculum.	.1 July 2004 .2 Aug 2004 .3 Aug 2004	.1 Mickey Harmer .2 Mickey Harmer .3 Mickey Harmer
6.13 Monitor compliance with standard in 6.11.	 6.13.1 Monitor compliance with standard through interviews with foster parents using quarterly CQI process. 6.13.2 If compliance with the standard falls below 90%, a regional improvement plan must be developed by the regional chief of social work and monitored quarterly for improvement. 	.1 Sept 2004 .2 as needed beginning Oct 2004	.1 Mickey Harmer .2 Mickey Harmer
6.14 Train experienced CFS social workers, community partners, and foster families to work together as a professional team.	 6.14.1 Contact National Resource Center for Foster Care and Permanency Planning for technical assistance in training foster care team to work together. 6.14.2 Provide training to experienced CFS social workers, community partners and foster parents in three locations in the state to facilitate attendance. 	.1 Feb 2004	.1 Mickey Harmer
	6.14.3 Continue team approach in Child Welfare Academy.	.3 3 times per ye ar beginning Aug 2004	.3 Mickey Harmer
	6.14.4 New CFS social workers will attend the PRIDE preservice training to reinforce team approach through a shared training experience and shared knowle dge.	.4 ongoing beginning Feb 2004	.4 Mickey Harmer
	6.14.5 Provide training on team approach at annual foster care conference.	.5 Oct 2005	.5 Mickey Harmer

	6.14.6	Provide regional PRIDE training to experienced staff to support a team approach.	.6 Dec 2004	.6 Mickey Harmer
6.15 Develop and implement a FOCUS report to analyze and monitor	6.15.1	Submit FOCUS work authorization for report to to monitor multiple placements and stability of children in foster care.	.1 Feb 2004	.1 Sherry Brown
multiple placements and stability of	6.15.2	Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
children in foster care.	6.15.3	Business requirements for the report are developed.	.3 May 2004	.3 Sherry Brown
	6.15.4	System analysis for the report is completed.	.4 Aug 2004	.4 Sherry Brown
	6.15.5	Prototype and detail design for the report is developed.	.5 Dec 2004	.5 Sherry Brown
	6.15.6	Prototype and detail design for the report is programmed in FOCUS.	.6 Mar 2005	.6 Sherry Brown
	6.15.7	Report is tested by FOCUS staff.	.7 May 2005	.7 Sherry Brown
	6.15.8	Regional FOCUS Information System Coordinators (ISC's) are trained by FOCUS staff on the pending release.	.8 June 2005	.8 Sherry Brown
	6.15.9	The report is released and implemented.	.9 June 2005	.9 Sherry Brown
	6.15.10	ISC's train supervisors and managers in use of new monitoring report.	.10 June 2005	.10 She rry Brown
6.16 Monitor regional and state foster care stability rates.	6.16.1	At the end of each reporting quarter, the regional and statewide Child Welfare Outcomes Report on stability of foster care will be reviewed.	.1 end of quarter beginning June 2004	.1 MikePeterson

6.16.2	If stability does not meet the projected improvement goal for that period (one year), analyze individual cases of foster care instability for variables influencing stability.	.2 July 2004	.2 Kathy Morris
6.16.3	Develop plan to address variables identified in 6.15.2 above.	.3 Aug 2004	.3 Kathy Morris
6.16.4	Monitor effectiveness of interventions developed in 6.15.3	.4 Aug 2004	.4 Kathy Morris

Data Indicator: Stability	y of foster care placement	
		Percent or Date
Measurement Method:	FOCUS report on number of placements per child in care	National Standard:
		86.7% or more
Baseline Measure:	Percentage based on CFSR 5/03	81.1 %
Improvement Goal:	2 consecutive quarters at improvement goal of 83%	83%
Goal's Projected Date of	EAchievement: by 2/2005 - 79% by 2/2006 - 83%	2/2006 – two years

See Detailed Work Plan Item 6 – Stability of Foster Care Placement.

Item 7: Permanency goal for child Agency has established an appropriate permanency goal for the child in a timely manner.	Percent or Date
Measurement Method: CQI case review	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	64%
Improvement Goal: Two consecutive quarters at the improvement goal of 74%	74%
Goal's Projected Date of Achievement: by 2/2005 - 69% by 2/2006 - 74%	2/2006

Technical Assistance Needs:

National Child Welfare Resource Center on Legal and Judicial Issues National Resource Center for Foster Care and Permanency Planning National Indian Child Welfare Association

Geographical Area: Statewide CFSR findings: Bannock – 100% Ada – 54% Nez Perce – 50%

Issues Identified: Reunification pursued too long and maintained even when there was a poor prognosis for reunification; Extensions of ASFA 15/22 guidelines; Need more effective concurrent planning; delays in filing TPR's

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
7.1 Develop and implement concurrent planning standard which includes time frames and critical decision making points in a case.	 7.1.1 Convene Case Management workgroup to develop standard. 7.1.2 Consult with National Child Welfare Resource Center on Legal and Judicial Issues and the National Resource Center for Foster Care and Permanency Planning around best practice standards on concurrent planning. 	.1 Apr 2004 .2 Apr 2004	.1 Shirley Alexander .2 Shirley Alexander

	7.1.3 Workgroup examines current rule, policy and practice.	.3 May 2004	.3 Shirley Alexander
	7.1.4 Workgroup develops standard for concurrent planning.	.4 May 2004	.4 Shirley Alexander
	7.1.5 Workgroup gets feedback from field staff and makes revisions as needed.	.5 June 2004	.5 Shirley Alexander
	7.1.6 Submits to program managers for approval and release.	.6 July 2004	.6 Shirley Alexander
	7.1.7 Release standard to regional management (sups, chief, program manager) followed by release of standards to all staff.	.7 July 2004	.7 Shirley Alexander
	7.1.8 Incorporate standard into CFS Practice Manual.	.8 July 2004	.8 Shirley Alexander
7.2 Train workers on concurrent planning standards	7.2.1 Chiefs of Social Work to train existing regional workers and supervisors on concurrent planning standards. See 7.5 for additional concurrent planning training)	.1 July 2004	.1 Shirley Alexander
	7.2.2 Incorporate training on the standard into the Child Welfare Academy.	.2 July 2004	.2 Mardell Nelson
7.3 Monitor establishment of an appropriate permanency goal for a child in a timely manner.	7.3.1 Through quarterly CQI process, gather the percent of children who have an appropriate permanency goal established in a time ly manner. See CQI Case Summary item 7(a) and (e).	.1 Oct 2004	.1 Wes Engel
	7.3.2 Regional Program Manager and Chief of Social	.2 as needed	.2 Mike Peterson

	Work will develop a regional improvement plan when percentage of children with an appropriate and timely permanency goal falls below 69% during 2004 and 74% during 2005.	beginning Nov 2004	
	7.3.3 Submit plan to Central Office for review. Send subsequent progress reports on the plan to Central Office according to plan timeframes.	.3 Nov 2004	.3 Kathy Morris
7.4 Develop a judicial checklist to assist judges in monitoring concurrent planning at judicial reviews	7.4.1 Consult with National Child Welfare Resource Center on Legal and Judicial Issues around best practice standards on monitoring concurrent planning at judicial reviews.	.1 May 2004	.1 Court Improvement Project (CIP)
planning at judicial reviews	7.4.2 Create checklist for judges.	.2 July 2004	.2 CIP
	7.4.3 Distribute checklist to judicial staff statewide. To be combined with Judicial District Training (see 3.2.3)	.3 Beginning Sept 2004 – Jan 2005	.3 CIP
7.5 Deliver training on monitoring concurrent planning at judicial reviews to judges, prosecutors,	7.5.1 Consult National Resource Center on Legal and Judicial Issues and Permanency Planning to assist in developing curriculum for ongoing training on concurrent planning.	.1 June 2004	.1 S. Alexander
CASA, and IDHW staff	7.5.2 Develop or adopt curriculum on concurrent planning.	.2 Nov 2004	.2 S. Alexander
	7.5.3 Deliver individualized judicial training for new judges.	.3 Nov 2004	.3 Judge Murray
	7.5.4 Train magistrate, prosecutors, CASA, DAGs and CFS staff at training to be held in each judicial district.	.4 Beginning Sept 2004 – Jan 2005	.4 CIP/S. Alexander

	 7.5.5 Train all experienced child welfare staff on concurrent planning principles and methods. 7.5.6 Include concurrent planning curriculum in Child Welfare Academy. 	.5 Jan 2005 .6 Jan 2005	.5 Shirley Alexander .6 Mardell Nelson
7.6 Assess current practice issues and develop plan for addressing cessation of reunification efforts.	7.6.1 Contact National Resource Center for Legal and Judicial Issues for consultation on best practice standards for ceasing reunification efforts when the permanency hearing determines the need to TPR or change a child's goal to long-term foster care.	.1 May 2004	.1 Court Improvement Project (CIP)
	7.6.2 Develop feasibility plan regarding cessation of reunification efforts.	.2 Sept 2004	.2 CIP
	7.6.3 Train judicial and IDHW staff on cessation of reunification efforts. See 3.2.3, 7.4.3, 7.5.4	.3 Beginning Sept 2004 through Feb 2005	.3 CIP
7.7 Develop and implement training on ICWA	7.7.1 Contract with National Indian Child Welfare Association for assistance in developing and delivering training.	.1 Sept 2004	.1 Kathi McCulley
provisions for early identification, prompt notification of tribes, placement preferences, and active efforts.	7.7.2 In consultation with Idaho tribes, develop training on ICWA provisions for early ide ntification, prompt notification of tribes, placement preferences, and active efforts.	.2 Dec 2004	.2 Kathi McCulley/ CIP
	7.7.3 Deliver training to include IDHW staff, judicial staff, private attorneys, providers, tribal courts, and tribal Indian Child Welfare personnel.	.3 May 2005	.3 S. Alexander/ CIP

7.7.4 Expand ICWA training through Child Welfare Academy.	.4 3 times per year beginning Nov 2004	.4 Kathi McCulley
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Item 8. Reunification, Guardianship, or Permanent Placement with Relatives Agency has achieved goals of reunification, guardianship or permanent placement with relative in a timely manner or was in the process of making diligent efforts to achieve one of those goals.	Percent or Date
Measurement Method: CQI Case Review.	National Standard: n/a
Baseline Measure: Based on CFSR 5/03	55%
Improvement Goal: Two consecutive quarters at the 65% improvement goal	65%
Goal's Projected Date of Achievement: by 2/2005 - 60% by 2/2006 -65%	2/2006

Technical Assistance Needs:

National Resource Center for Foster Care and Permanency Planning

National Resource Center on Family Centered Practice

Geographical Area: Statewide

Issues Identified: Delays while mothers are incarcerated; Significant substance abuse issues are delaying reunification.

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
8.1 Develop and implement standards and resources for	8.1.1 Convene Case Management workgroup to develop standards.	.1 Feb 2004	.1 Shirley Alexander
identifying, locating, and engaging parents who are unidentified, incarcerated or living long distances from their children to assure reasonable	8.1.2 Consult with National Resource Centers listed above on best practice standards and assistance on training staff regarding engagement techniques. (To be combined with 3.7.2)	.2 Feb 2004	.2 Shirley Alexander
efforts to reunify the family are addressed and other relative placements are identified.	8.1.3 Workgroup examines current rule, laws, policy, practice and drafts standards.	.3 Mar 2004	.3 Shirley Alexander

	8.1.4 Workgroup gets feedback from field staff and makes revisions as needed.	.4 Apr 2004	.4 Shirley Alexander
	8.1.5 Submits to program managers for approval and release.	.5 Apr 2004	.5 Shirley Alexander
	8.1.6 Release standards to regional management (sups, chief, program manager) followed by release of standards to all staff.	.6 Apr 2004	.6 Shirley Alexander
	8.1.7 Incorporate standards into CFS Practice Manual.	.7 May 2004	.7 Shirley Alexander
8.2 Train CFS staff to identify, locate and engage parents	8.2.1 Train CFS staff on standards and engagement techniques using Family Centered Practice. (Combined with the training in benchmark 3.7.4 and 3.7.5)	.1 Apr 2004	.1 Shirley Alexander
	8.2.2 Add session "Introduction to Engaging Families Through Family Centered Practice" to Child Welfare Academy.	.2 Nov 2004	.2 Mardell Nelson
8.3 Monitor compliance with the agency achieving the goal of reunification, guardianship or permanent placement with a relative within 12 months of the date the child entered	8.3.1 Monitor percentage of cases where the goal of reunification, guardianship or perament placemen with a relative has been accomplished within 12 months of the date the child entered care through the quarterly CQI case review process. See item 8(a) on the CQI Case Summary.	.1 July 2004	.1 WesEngel
foster care.	8.3.2 Regional Program Manager and Chief of Social Work will develop a regional improvement plan when percentage falls below 60% during 2004 and 65% during 2005.	.2 as needed beginning Aug 2004	.2 Mike Peterson

	8.3.3 Monitor regional improvement plan for improvement. See CQI process for details regarding regional improvement plans.	.3 Aug 2004	.3 Kathy Morris
8.4 Monitor the length of time to achieve a permanency goal of reunification by reviewing the FOCUS Child Welfare	8.4.1 At the end of each reporting quarter, a regional and statewide FOCUS Child Welfare Outcome Report on length of time to achieve a permanency goal of reunification will be reviewed.	.1 July 2004	.1 Mike Peterson
Outcome Report quarterly.	8.4.2 If reunification does not meet the projected improvement goal for that period (one year), analyze individual cases of reunification taking longer than 12 months.	.2 as needed beginning Aug 2004	.2 Kathy Morris
	8.4.3 Develop plan to address variables identified in 8.4.2 above. Integrate with plan developed for 8.3	.3 Aug 2004	.3 Kathy Morris
	8.4.4 Monitor effectiveness of interventions per integrated plan (8.3 and 8.4)	.4 Aug 2004	.4 Kathy Morris

Item 9. Adoption Agency has made or is making diligent efforts to achieve finalized adoptions in a timely manner (within 24 months)	Percent or Date
Measurement Method: CQI case review process.	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	46%
Improvement Goal: Two consecutive quarters at the improvement goal of 65% or above	65%
Goal's Projected Date of Achievement: by 2/2005 - 56% by 2/2006 - 65%	2/2006

Technical Assistance Needs:

National Child Welfare Resource Center on Legal and Judicial Issues National Resource Center for Foster Care and Permanency Planning National Resource Center for Special Needs Adoptions

Geographical Area: Statewide CFSR findings: Bannock – 100% Ada – 14% NezPerce County – 50%

Issues Identified:: Delays in seeking adoptive families; agency related delays pertaining to paternity testing, filing TPR, conducting home study; court related delays in granting TPR.

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
9.1 Until legal representation issues	9.1.1 Schedule meeting with IDHW Chief Legal Counsel and FACS Division Administrator to discuss and determine appropriate direction for Deputy Attorneys General.	.1 Mar 2004	.1 Mike Peterson
can be resolved statewide, develop and implement county protocols for	9.1.2 Program manager, regional DAG and prosecuting attorney meet to discuss regional protocols.	.2 Apr 2004	.2 Mike Peterson
representation of IDHW in court child	9.1.3 Develop regional protocol.	.3 June 2004	.3 Mike Peterson

protection cases, determining when representation will occur by the prosecuting attorney's office and when by regional deputies attorney general. Also see 28.4	9.1.4 Implement regional protocol.	.4 July 2004	.4 Mike Peterson
9.2 Resolve legal representation issues for IDHW in Child	9.2.1 Identify key participants to consider a plan for legal representation of IDHW in Juvenile Court by the Offic the Attorney General.	.1 Apr 2004	1. Court Improvement Project (CIP)
Protection Also see 28.4	9.2.2 Arrange meeting of key participants to discuss legal representation for IDHW and make recommendations.	2 June 2004	.2 Ken Deibert
	9.2.3 Contact National Resource Center on Legal and Judici Issues for consultation on legal representation informat about models used in other states.		.3 Ken Deibert
	9.2.4 Research models of representation in other states and implement feasible strategies.	.4 July 2004	.3 CIP
	9.2.5 Present recommendations and a feasible phase-in plan decision makers – the Attorney General, IDHW Directo and Court System Administrator.		.5 Ken Deibert
	9.2.6 Implement recommendations as approved by decision makers in 9.2.5.	.6 Oct 2005	.6 Ken Deibert/Jeanne Goodenough

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9.3 Develop and implement standards for timely	9.3.1 Recruit a cross division workgroup to develop standards. Workgroup to include Child Support Services staff.	.1 Mar 2004	.1 Wes Engel
paternity testing and locating absent parents. Also see 28.6	9.3.2 Workgroup examines current rule, policy, practice of working cross program to locate and identify unavailable parents.	.2 Mar 2004	.2 S. Alexander
	9.3.3 Workgroup to draft standards including how to establish case-specific timelines for identifying potential fathers and arranging testing by the Adjudicatory Hearing, when possible (see 8.1). Standards will include an agreement for use of the federal parent locator service.	.3 Apr 2004	.3 S. Alexander
	9.3.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 May 2004	.4 S.Alexander
	9.3.5 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.5 June 2004	.5 S. Alexander
	9.3.6 Include standards in CFS Practice Manual.	.6 June 2004	.6 S. Alexander
9.4 Conduct training on standards for Child	9.4.1 Conduct joint training on standards (see 9.3.5) for Child Support and Children and Family Services staff.	.1 July 2004	.1 S. Alexander
Support and CFS staff. Also see 28.6	9.4.2 Include training on standards in 8.2.1 and 3.9.2 regarding engaging families in the child welfare system.	.2 Nov 2004	.2 S. Alexander
	9.4.3 Incorporate training on standards into Child Welfare Academy	.3 Nov 2004	.3 Mardell Nelson
9.5 Develop and implement standards for due	9.5.1 Convene Case Management workgroup to create new policy regarding TPR on all potential fathers.	.1 Mar 2004	.1 Meri Brennan

process and notification for TPR on	9.5.2 Dr	raft standards.	.2 May 2004	.2 Meri Brennan
all potential fathers to clarify IDHW's		orkgroup to get feedback from field staff and make visions as needed.	.3 June 2004	.3 Meri Brennan
position regarding best	054 Ca	A compacted from the program managem	.4 July 2004	.4 Meri Brennan
practice procedures in regard to Idaho's	9.5.4 Ge	et approval from the program managers.		
putative father's statute. Also see 28.6	9.5.5 Res	elease to regional management followed by release to all ff.	.5 July 2004	.5 Meri Brennan
		ovide training to the standard. Include regional Deputy torneys General.	.6 July 2004	.6 Meri Brennan
	Qua	onitor compliance with the policy through Central Office lality Process in reviewing cases prior to finalization of option.	.7 Oct 2004	.7 Meri Brennan
9.6 Develop standard to increase timely completion of	for	onvene Permanency workgroup to develop standards r incremental timely completion of required TPR and option paperwork.	.1 Mar 2004	.1 Meri Brennan
termination and adoption paperwork requirements (see benchmark 7.1.1)	ext fos	camine current paperwork flow for ways to pedite the process such as making the family's ster care home study the basis for the family's option homestudy.	.2 Apr 2004	.2 Meri Brennan
Also see 28.3	9.6.3 Co Ad	onsult with National Resource Center on Special Needs loption regarding improving timely submission of ocumentation.	.3 Mar 2004	.3 Meri Brennan
			.4 May 2004	.4 Meri Brennan
	9.6.4 Per	rmanency workgroup to draft standards.		
		rmanency workgroup to get feedback from field staff d make revisions as needed.	.5 June 2004	.5 Meri Brennan

	9.6.6 Get approval for release of standards from Program Managers.	.6 July 2004	.6 Meri Brennan
	9.6.7 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.7 July 2004	.7 S. Alexander
	9.6.8 Include standards in CFS Practice Manual	.8 July 2004	.8 S. Alexander
9.7 Train workers on standard for timely	9.7.1 Train existing CFS staff to new standard for timely documentation.	.1 July 2004	.1 S. Alexander
completion of termination and adoption paperwork.	9.7.2 Include training on standards in Child Welfare Academy.	.2 Sept 2004	.2 M. Nelson
9.8 Monitor finalization of adoptions within 24 months by reviewing the FOCUS Child Welfare Outcome	9.8.1 Regional Program Manager, Chief of Social Work and Central Office will review the FOCUS Child Welfare Outcomes Report to see the percentage of finalized adoptions occurring within 24 months of removal from home.	.1 Apr 2004	.1 Kathy Morris
Report quarterly.	9.8.2 The Regional Program Manager and Chief of Social Work will develop a regional improvement plan when the percentage of finalized adoptions occurring within 24 months of removal from home drops below 32%.	.2 May 2004	.2 Mike Peterson
	9.8.3 Submit regional improvement plans to Central Office for review.	.3 May 2004	.3 Kathy Morris
	9.8.4 Monitor effectiveness of interventions in develop in and report progress to Central Office based on the frequency described in the plan.	.4 June 2004	.4 Kathy Morris

9.8 When the goal is adoption, monitor whether the adoption is	9.8.1 Monitor likelihood of adoption within 24 months when the plan is adoption. Monitor through CQI Case Summary (see Item 9(a)).	.1 Apr 2004	.1 Wes Engel
likely to finalize within 24 months.	9.8.2 Program Manager and Chief of Social Work will develop a regional improvement plan when fewer than 56% (in 2004) and 65% (in 2005) adoptions are likely to be completed within 24 months.	.2 as needed beginning May 2004	.2 Mike Peterson
	9.8.3 Submit plan to Central Office for review. Send subsequent progress reports on the plan to Central Office according to the regional improvement plan timeframes.	.3 June 2004	3. Kathy Morris

Item 10. Permanency goal of other planned permanent living arrangement Agency has or is making diligent efforts to assist youth in attaining their goals related to other planned permanent living arrangements.	Percent or Date
Measurement Method: CQI case review to measure whether the goal of permanency in "long term	National Standard: n/a
foster care" is being achieved. It is being achieved when the placement is stable and the youth is	
receiving appropriate services.	
Baseline Measure: Percentage based on CFSR 5/03	67%
Improvement Goal: Meet goal of at least 77% for two consecutive quarters	77%
Goal's Projected Date of Achievement: by 2/2005 – 70% by 2/2006 – 77%	2/2006

Technical Assistance Needs:

National Resource Center for Special Needs Adoption National Resource Center for Foster Care and Permanency Planning

Geographical Area: Statewide

Issues: Baseline based on 1 case with lack of Indian foster home

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
10.1 Develop and implement	10.1.1 Convene Permanency workgroup to develop standards.	.1 May 2004	.1 M. Harmer
permanency practice standards for older youth.	10.1.2 Workgroup examines current rule, policy, practice.	.2 May 2004	.2 M. Harmer
	10.1.3 Workgroup consults with the National Resource Center for Foster Care and Permanency Planning regarding best practices for permanency planning with older	.3 June 2004	.3 M. Harmer

	youth.		
	10.1.4 Workgroup to draft standards.	.4 July 2004	.4 M. Harmer
	10.1.5 Workgroup to get feedback from field staff and make revisions as neede d.	.5 Aug 2004	.5 M. Harmer
	10.1.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.6 Sept 2004	.6 M. Harmer
	10.1.7 Include standards in CFS Practice Manual.	.7 Sept 2004	.7 S. Alexander
10.2 Train staff on permanency practice standards for older youth.	10.2.1 Train staff on standards.	.1 Sept 2004	.1 M. Harmer
10.3 Monitor whether the current permanency	10.3.1 Monitor achievement of permanency in long term foster care is being achieved through the CQI case review process (Case Summary Item 10(a).	.1 May 2004	.1 Wes Engel
goal of long term foster care is being achieved as measured by stability of the placement and if the youth is receiving appropriate services.	10.3.2 Program Manager and Chief of Social Work will develop a regional improvement plan if the quarterly CQI process reveals that less than 70% in 2004 and 77% in 2005 of youth with a permanency goal of long term foster care are achieving that goal.	.2 June 2004	.2 Mike Peterson
appi opi iate sei vices.	10.3.4 Regional improvement plan to submitted to Central Office for review. Plan progress reports will be forwarded to Central Office according to the timeframes specified in the regional improvement plan.	.3 June 2004	.3 Kathy Morris

10.4 Monitor the percentage of youth, whose goal is long term foster care, who have	10.4.1 Monitor the percentage of youth in long term foster care youth who have an independent living plan. Monitor through CQI Case Summary Item 10(c).	.1 Apr 2004	.1 Kathy Morris
an independent living plan.	10.4.2 Program Manager and Chief of Social Work will develop a regional improvement plan if the quarterly CQI process reveals that less than 90% of youth (over the age of 15 and have a goal of long term foster care) have an Independent Living Plan.	.2 as needed beginning May 2004	.2 Mike Peterson /Kathy Morris
	10.4.3 Submit plan to Central Office for review. Send subsequent progress reports on the plan to Central Office according to plan timeframes.	.3 June 2004	3. Kathy Morris
10.5 Develop resources for "permanency options" counseling for youth	10.5.1 Contact resource center on special needs adoption for consultation on permanency options for youth and curriculum for training.	.1 Aug 2004	.1 Meri Brennan
who do not have the permanency goal of adoption.	10.5.2 Develop or adopt a training module on permanency options for youth. This training will be incorporated with Concurrent Planning Training Module A and CW Adoption Academy (see 7.3, 9.6, 10.1)	.2 Nov 2004	.2 Meri Brennan
	10.5.3 Offer training to staff, community counselors and therapists.	.3 Jan 2005	.3 Meri Brennan
10.6 Research concept of open adoption for youth through review	10.6.1 Convene workgroup to research other state models of "open adoption"	.1 Feb 2004	.1 Court Improvement Project (CIP)
of other state's open adoption models to identify and resolve barriers to open	10.6.2 Develop recommendations based on research and use as the basis for drafting legislation	.2 June 2004	.2 CIP

adoption legislation.			
10.7 Introduce open adoption legislation in the 2005 legislative	10.7.1 Based on 10.6.2, if open adoption legislation is recommended, convene workgroup to draft legislation based on review of other models (item 10.6).	.1 Feb 2004	.1 Court Improvement Project (CIP)
session.	10.7.2 Find sponsor to introduce legislation.	.2 July 2004	.2 CIP
	10.7.3 Testify before germane committees.	.3 Feb 2005	.3 CIP

Item 17: Needs and services of child, parent, foster parents Were the needs of child, parents and foster parent adequately assessed and were services, necessary to meet those needs, provided.	Percent or Date
Measurement Method: CQI case review process and interview with alternate care providers.	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	44%
Improvement Goal: Two consecutive quarters at or above the improvement goal of 60%	60%
Goal's Projected Date of Achievement: by 2/2005 - 50% by 2/2006 - 60%	2/2006

Technical Assistance Needs:

National Resource Center on Child Maltreatment;

National Resource Center for Foster Care and Permanency Planning

Geographical Area: Statewide CFSR findings: Ada – 32% Bannock – 54% NezPerce – 58%

Issues Identified: lack of assessment was a key finding; assessment done, but services didn't follow; foster parents needs not assessed or addressed, assessment insufficient to address underlying needs.

Action Step	Benchmarks/Tasks	Dates of Benchmark Achievement	Lead Person(s)
17.1 Develop and implement standards for linking the assessment to services and developing service plans to address	17.1.1 Convene Case Management workgroup to develop service planning standards which will give workers specific direction on using the assessment to develop the service plan for delivery of services to children, their families and foster families.	.1 Apr 2004	.1 S. Alexander
the needs of the child's mother and father, the	7.1.2 Review current rules, policy, practice and existing service plan.	.2 May 2004	.2 S.Alexander

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child, foster and pre - adoptive parents, absent parents and relatives for	17.1.3 Workgroup to draft standards.	.3 June 2004	.3 S. Alexander
both in-home and out- of-home cases.	17.1.4 Send to field for review. Incorporate suggestions.	.4 June 2004	.4 S. Alexander
	17.1.5 Submit to program managers for approval to release	.5 June 2004	.5 S. Alexander
	17.1.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff	.6 July 2004	.6 S. Alexander
	17.1.7 Include standards in CFS Practice Manual	.7 July 2004	.7 S. Alexander
	Work on Item 17 is also being addressed in: Assessment (see Item 2)		
	In-home standards (see Item 3)		
	Engaging families (see Item 3, 8, 9and 17)		
	Standards for involving family members in development of their case plan (see 18.1)		
	Family Group Decision Making (see 18.2)		
	Standards for including in-home cases that address assessment		
	and meeting the physical and mental health needs of children		
	in in-home and out of home case (see 22.1 and 23),		
	individualized case plans (see 25.1) supporting foster parents (see 6.11)		
1-2		1.0	
17.2 Train social workers to	17.2.1 Train all existing CFS staff on standards.	.1 Sept 2004	.1 S. Alexander
identify the needs of	17.2.2 Incorporate standards into the Child Welfare Academy.	.2 Oct 2004	.2 S. Alexander
children, parents, and	Trans meet potate sumuitus mee the emit mentre reduciny.	.2 00, 2007	.2 5. meander
foster parents and			
provide services to meet			

those needs.			
17.3 Monitor standards for meeting the needs of the child, child's parents, relatives, foster and adoptive family.	17.3.1 The quarterly CQI case review process will be used to monitor appropriate identification of parent(s)', children's, and foster/adoptive parents needs and provision of appropriate services. See CQI Case Summary items 17(a)(b)(c)(d).	.1 Apr 2004	.1 Wes Engel
	17.3.2 The Regional Program Manger and Chief of Social Work will develop a plan for improvement if the CQI case review finds that that workers are meeting the service needs of the child(ren), mother, father, and foster parents in less than 50% of the cases in 2004 and 60% of the cases in 2005.	.2 as needed beginning May 2004	.2 Mike Peterson
	17.3.3 The region will submit an improvement plan to Central Office for review and monitor the plan for improvement and report results to Central Office.	.3 June 2004	.3 Kathy Morris

Item 18: Child and family involvement in case planning Has agency made diligent efforts to have (and other permanent caregivers) and the children (if not contrary to their best interests) actively participate in identifying the services and goals included in	
the case plan.	Percent or Date
Measurement Method: CQI case review and interviews with parents and caregivers	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	60%
Improvement Goal: Two consecutive quarters at or above the improvement goal	70%
Goal's Projected Date of Achievement: by 2/2005 – 65% by 2/2006 – 70%	2/2006

Technical Assistance Needs:

National Child Welfare Resource Center for Family-Centered Practice

Geographical Area: Statewide CFSR findings: Ada – 44% Bannock – 61% Nez Perce – 92% Foster care 76% In-home 44%

Issues Identified: Mothers, fathers and children not actively participating in case plans; Court stipulations appear to be a key barrier to involvement of family members in case planning

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
18.1 Develop standards for workers on involving	18.1.1 Convene Case Management workgroup to develop standards.	.1 Feb 2004	.1 S. Alexander
all family members and permanent caregivers in the development of	18.1.2 Workgroup examines current rule, policy, practice and consults with the National Child Welfare Resource Center for Family-Centered Practice.	.2 Feb 2004	.2 S. Alexander
the case plan. See action step 3.3	18.1.3 Workgroup to draft standards.	.3 Apr 2004	.3 S. Alexander

pertaining to the development of case plans in in-home cases	18.1.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 May 2004	.4 S. Alexander
plans in in-nome cases	18.1.5 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.5 June 2004	.5 S. Alexander
	18.1.6 Include standards in CFS Practice Manual.	.6 June 2004	.6 S. Alexander
18.2 Train staff on standards for involving	18.2.1 Train existing staff on standards per Service Planning Module A1.	.1 Sept 2004	.1 S. Alexander
family members and permanent caregivers in case planning.	18.2.2 Incorporate training on standards into Service Planning Module A2 of the Child Welfare Academy	.2 Oct 2004	.2 Mardell Nelson
18.3 Monitor family's involvement in case planning.	18.3.1 Monitor family involvement in case planning through supervision, contact with family members and permanent caregivers, and the CQI case review process. See CQI Case Summary items 18(a)(b)(c)(d).	.1 Apr 2004	.1 Wes Engel
	18.3.2 The Program Manager and Chief of Social Work will develop and monitor an improvement plan when the percentage of cases with family involvement in case planning falls beneath 65% during 2004 and 70% during 2005.	.2 May 2004	.2 MikePeterson
	18.3.3 Region to forward improvement plan to Central Office for review. Region will send progress reports to Central Office according to the timeframes identified in the plan. See CQI plan for discussion of regional improvement plans.	.3 May 2004	.3 Kathy Morris
18.4	18.4.1 Identify various models of family group decision	.1 Apr 2004	.1 S. Alexander

making.		
18.4.2 Convene the Case Management workgroup to review	.2 May 2004	.2 S.Alexander
1		
Managers.		.3 S. Alexander
18.4.3 Develop strategy for implementation of selected models including training of staff, CASA and courts. Combine with trainings in 17.2, 25.2 and 3.3.	.3 June 2004	
	 18.4.2 Convene the Case Management workgroup to review possible models and make recommendations to Program Managers. 18.4.3 Develop strategy for implementation of selected models including training of staff, CASA and courts. Combine 	18.4.2 Convene the Case Management workgroup to review possible models and make recommendations to Program Managers. 18.4.3 Develop strategy for implementation of selected models including training of staff, CASA and courts. Combine

Item 19: Worker visits with child Child/worker visits were sufficient to ensure adequate monitoring of the child's safety and well- being. Meetings focused on case planning, service delivery and goal attainment.	Percent or Date
Measurement Method: CQI case review process.	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	68%
Improvement Goal: Two consecutive quarters at or above the improvement goal of 75%	75%
Goal's Projected Date of Achievement: by 2/2005 - 70% by 2/2006 - 75%	2/2006

Technical Assistance Needs: n/a

Geographical Area: Statewide CFSR findings: Ada – 48% Bannock 85% NezPerce – 92%

Issues Identified: Insufficient visits and no focus on issues; Sufficient visits and no focus on issues; No visiting at all; limited monitoring of number and quality of worker/child visits; no policy on worker/child contact with in-home cases

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
19.1 Develop standards for worker/child	19.1.1 Convene Case Management workgroup to develop standards.	.1 Feb 2004	.1 S. Alexander
visitation(s) in the child's home or foster	19.1.2 Workgroup examines current rule, policy and practice.	.2 Feb 2004	.2 S. Alexander
home for both open in- home and foster care cases. Combine with worker/parent	19.1.3 Workgroup to draft standards. Include location of the visit, time with child alone, purpose of the visit and documentation.	.3 Mar 2004	.3 S. Alexander
standard in 20.1	19.1.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 Mar 2004	.4 S. Alexander

	19.1.5 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.5 Apr 2004	.5 S. Alexander
	19.1.6 Include standards in CFS Practice Manual.	.6 Apr 2004	.6 S. Alexander
	19.1.7 Train CFS staff on worker/child visitation standards. Combine with training on worker/parent visitation standards (see 20.1)	.7 May 2004	.7 S. Alexander
19.2 Develop and implement FOCUS enhancement	19.2.1 Submit request for FOCUS enhancement for development of the "Contact Visitation" screen and visitation report capabilities.	.1 Feb 2004	.1 S. Alexander
for "contact visitation" screen to include both	19.2.2 Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
worker/child visitation and worker/parent visitation (see action step 20.2)	19.2.3 Convene workgroup for input on Contact Visitation screen.	.3 Mar 2004	.3 Sherry Brown
	19.2.4 Business requirements for enhancement are developed.	.4 May 2004	.4 Sherry Brown
	19.2.5 System analysis for enhancement is completed	.5 Aug 2004	.5 Sherry Brown
	19.2.6 Prototype and detail design for Contact Visitation screen is developed.	.6 Nov 2004	.6 Sherry Brown
	19.2.7 Prototype and detail design for the Contact Visitation screen is programmed in FOCUS.	.7 Feb 2005	.7 Sherry Brown
	19.2.8 Contact Visitation screen is tested by FOCUS staff.	.8 Apr 2005	.8 Sherry Brown
	19.2.9 Regional FOCUS Information System Coordinators (ISC's) are trained by FOCUS staff on the pending release.	.9 May 2005	.9 Sherry Brown

	19.2.10 The Contact Visitation screen is released and implemented.	.10 June 2005	.10 Sherry Brown
	19.2.11 Regional staff are trained by regional ISCs how to enter information into the Contact Visitation screen for both worker/child visits and worker/parent visits (20.2)	.11 June 2005	.11 Sherry Brown
19.3 Monitor compliance with worker/child and worker/parent visits (20.3)	19.3.1 Monitor compliance with worker/child and worker/parent visits through CQI case review process during year one of the PIP. See CQI Case Summary, see items 19(a)(b)(c)(d) and 20(a)(b)(c).	.1 Apr 2004	.1 Wes Engel
(20.3)	19.3.2 The Program Manager and Chief of Social Work will develop and implement an improvement plan if monthly "meaningful" worker/child contacts fall below 70 % in 2004 and worker/parent contacts fall below 63% in 2004.	.2 as needed beginning May 2004	.2 Mike Peterson
	19.3.3 Regional improvement plans will be sent to Central for review. Progress reports will be sent to Central Office according to the timeframes identified in the plan.	.3 May 2004	.3 Kathy Morris
	19.3.4 In year two, train supervisors to use the new developed monthly contact/visitation report to monitor compliance with the worker/child and worker/parent (20.1) visitation standards.	.4 July 2005	.4 Kathy Morris
	19.3.5 Monitor compliance with worker/child and worker/parent visits through FOCUS reports in year two (2005) of the PIP.	.5 Aug 2005	.5 Kathy Morris
	19.3.6 Program Manager and Chief of Social Work will develop and implement a plan for improvement if "meaningful" monthly worker/child contacts fall below 75% in 2005 or worker/parent contacts (20.1) fall below 68%.	.6 Sept 2005	.6 Mike Peterson

19.3.7 Regional improvement plans are sent to Central Office for review. Progress reports are sent to Central Office according to timeframes identified in the regional improvement plan.	.7 Sept 2005	.7 Kathy Morris
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	h the child's father and mother of sufficient frequency goals and/or ensure the children's safety and well being. ivery and goal attainment.	Percent or Date
Measurement Method: CQI case review	process.	National Standard: n/a
Baseline Measure: Percentage base	ed on CFSR 5/03	58%
Improvement Goal: Two consecutive	quarters at or above the improvement goal	68%
Goal's Projected Date of Achievement:	by 2/2005 – 63% by 2/2006 – 68%	2/2006

Technical Assistance Needs:

National Child Welfare Resource Center for Family-Centered Practice

Geographical Area: Statewide CFSR findings: Ada – 44% Bannock – 67% Nez Perce – 75%

Issues Identified: low frequency visits; visits in office rather than family home

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
20.1 Develop and implement standards for	20.1.1 Convene Case Management workgroup to develop standards.	.1 Feb 2004	.1 S. Alexander
worker/parent visitation to include both "in-home" and	20.1.2 Workgroup examines current rule, policy and practice	.2 Feb 2004	.2 S. Alexander
alternate care cases. Combine with worker/child visitation standard in 19.1	20.1.3 Workgroup to draft standards. Include location of the visit, length of visit, purpose of visit and documentation.	.3 Mar 2004	.3 S. Alexander

	20.1.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 Mar 2004	.4 S. Alexander
	20.1.5 Get approval to release from Program Managers.	.5 Apr 2004	.5 S. Alexander
	20.1.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.6 Apr 2004	.6 S. Alexander
	20.1.7 Include standards in CFS Practice Manual.	.7 Apr 2004	.7 S. Alexander
	20.1.8 Train CFS staff on worker/parent visitation standards. Combine with training on worker/child visitation standards in action step 19.1.	.8 May 2004	.8 S. Alexander
20.2 Develop and implement FOCUS enhancement for "contact visitation" screen.	Benchmarks for this action step will be combined with 19.2 - FOC visitation.	US enhancement for	worker/parent
20.3 Monitor compliance with worker/child (19.3) and worker/parent visits.	Benchmarks for this action step can be found in 19.3 above.		

WELL BEING OUTCOME 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child Child's physical health needs were appropriate assessed and services to meet those needs were provided or being provided.	Percent or Date
Measurement Method: CQI case review process.	National Standard: n/a
Baseline Measure: Percentage based on CFSR 5/03	77%
Improvement Goal: Two consecutive quarters at or above the improvement goal of 90%	90%
Goal's Projected Date of Achievement: by 2/2005-82% by 2/2006-90%	2/2006 (2 years)

Technical Assistance Needs:

National Resource Center for Foster Care and Permanency Planning

Geographical Area: Statewide CFSR findings: Ada – 59% Bannock – 92% Nez Perce – 88%

Issues Identified: Children entering foster care not receiving health services according to CFS requirements.

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
22.1 Establish and implement standards for all open cases, including in-home	22.1.1 Convene Well-Being workgroup to develop standards for meeting physical and mental health needs and providing access for parents and foster parents to a child's health records.	.1 Mar 2004	.1 S. Alexander
cases that address assessment of and	22.1.2 Workgroup examines current rule, policy and practice.	.2 Mar 2004	.2 S. Alexander
meeting the physical and mental health	22.1.3 Workgroup to draft standards.	.3 Apr 2004	.3 S. Alexander
needs of children.	22.1.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 May 2004	.4 S. Alexander
23.1 (mental health) is			

incorporated into this Action Step 22.1.	22.1.5 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.5 May 2004	.5 S. Alexander
	22.1.6 Include standards in CFS Practice Manual.	.6 June 2004	.6 S. Alexander
22.2 Train CFS staff on	22.2. 1 Train staff to new standard in 22.1	.1 May 2004	.1 S. Alexander
standards and importance of assessing and meeting the physical and mental health needs of children in all cases	22.2.2 Train CFS staff, and contractors regarding new standard, EPSDT, Medicaid services, and current rules and policy involving physical and mental health services for children.	.2 May 2004	.2 Chuck Halligan
opened for services (including in-home cases).	22.2.3 Incorporate standards into Child Welfare Academy under a new "Child Well-Being" session.	.3 Nov 2004	.3 Mardell Nelson
23.2 is incorporated into this Action Step 22.2.			
22.3 Develop a FOCUS report for supervisors	22.3.1 Submit request for FOCUS enhancement for development of child well-being screen.	.1 Feb 2004	.1 S. Alexander
to monitor children's physical and mental	22.3.2 Request is reviewed by FOCUS staff	.2 Feb. 2004	.2 Sherry Brown
health assessment and services. 23.3 is incorporated in	22.3.3 Convene workgroup to make recommendations regarding report of physical and mental health needs of children.	.3 Mar 2004	.3 Sherry Brown
this Action Step 22.3.	22.3.4 Business requirements for the report revision are developed.	.4 May 2004	.4 Sherry Brown
	22.3.5 System analysis for the report revision is completed.	.5 Aug 2004	.5 Sherry Brown

	22.3.6 Prototype and detail design for the report revision is developed.	.6 Dec 2004	.6 Sherry Brown
	22.3.7 Prototype and detail design for the report revision is programmed in FOCUS.	.7 Beginning Mar 2005	.7 Sherry Brown
	22.3.8 Report revision is tested by FOCUS staff	.8 May 2005	.8 Sherry Brown
	22.3.9 Regional FOCUS Information System Coordinators (ISC's) are trained on the pending release.	.9 June 2005	.9 Sherry Brown
	22.3.10 The well-being report to monitor physical health and mental health is released and implemented.	.10 June 2005	.10 Sherry Brown
	22.2.11 Regional staff are trained on the release by ISCs.	.l1 June 2005	.11 Sherry Brown
22.4 Monitor physical and mental health needs of children in all cases	22.4.1 Monitor physical and mental health needs of children through quarterly CQI case review process. See CQI case review tool items 22(a)(b)(c)(d) and items 20(a)(b)(c).	. 1 June 2004	.1 Kathy Morris
opened for services including in-home cases.	22.4.2 Program Manager and Chief of Social Work will develop a regional improvement plan when the physical health needs of children are assessed and met in fewer than 82% (in 2004) and 82% (in 2005), and mental health needs of children are assessed ad met in fewer than 73% (in 2004) and 78% (in 2005).	.2 as needed beginning July 2004	.2 Kathy Morris
	22.4.3 Monitor effectiveness of interventions developed in 22.4.2.	.3 Aug 2004	.3 Kathy Morris

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Develop and implement strategies to increase local access to dental, vision, hearing, mental health and general physical health for children with an open case. Action Step 23.5 is incorporated in this Action Step.	Benchmarks for this action step are incorporated in Action Step 36.1, which addresses strategies for developing resource inventories, which will include dental, vision, hearing, mental health and general physical health services for children. 36.1 will identify resource gaps in local communities and convene community partners to propose strategies for filling the resource gaps. Also see 6.5 regarding the development of readily accessible resources for foster parents.		
22.6 Train CFS staff, foster parents and community partners to access physical and mental health services for children. Action Step 23.5 is	Training on accessing services, which will include physical and mental health services to children, is also found in Action Steps 6.10 and 36.2.		
incorporated in this Action Step.			
22.7 Develop standards for mandatory developmental screening of all 0-3	22.7.1 Identify and convene workgroup from the Infant Toddler Program and Children and Family Services to develop standards for screening children 0-3 when there is an open case or substantiated disposition.	. 1 Mar 2004	.1 Mary Jones
year olds by CFS workers when there is an open case or	22.7.2 Workgroup will examine current, rule, policy, law and practice.	.2 Mar 2004	.2 Mary Jones

substantiated disposition. Include	22.7.3 Workgroup will draft standard.	.3 Apr 2004	.3 Mary Jones
subsequent referral for assessment to the Infant Toddler	22.7.4 Workgroup will get feedback from field staff and make revisions as needed.	.4 May 2004	.4 Mary Jones/ S. Alexander
Program for children suspected of delays based on the screening.	22.7.5 Get approval for release of standards from Program Managers from both programs.	.5 June 2004	.5 S. Alexander
bused on the sereening.	22.7.6 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.6 Aug 2004	.6 S. Alexander
	22.7.7 Regional Chief of Social Work and supervisors will train staff to the new standard.	.7 Aug 2004	.7 S. Alexander
	22.7.8 Include standard in CFS Practice Manual.	.8 Aug 2004	.8 S. Alexander
22.8 Train CFS staff to screen children 0-3 year old when there is an open case or substantiated	22.8.1 Train all existing staff to complete a developmental screening on children 0-3 years of age. If delays are present train workers how to refer to the Infant Toddler Program for additional assessment as stated in the standard.	.1 Nov 2004	.1 Mary Jones
disposition.	22.8.2 Incorporate training regarding development screening of children 0-3 years of age and the standard in 22.7 into a new "Child Well-Being" session of the Child Welfare Academy.	.2 Nov 2004	.2 Mardell Nelson

WELL BEING OUTCOME 3: Children receive adequate services to meet their physical and mental health needs.

Item 23: Mental health of the child	Percent or Date
Measurement Method: % of children receiving a mental health screening and recommended follow up	National Standard:
services to be determined by the CQI case review process.	n/a
Baseline Measure: Percentage based on CFSR 5/03	70%
Improvement Goal: Two consecutive quarters at or above the improvement goal of 78%	78%
Goal's Projected Date of Achievement: by 2/2005 – 73% by 2/2006 – 78%	2/2006

Technical Assistance Needs: n/a

Geographical Area: Statewide

Issues Identified: inadequate assessment and services for children both in and out of home

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
Action steps and benchm	narks for this item can be found in the action steps and benchmarks	for Item 22 above.	

SYSTEMIC FACTOR: Case Review System

Items 25, 28 and 29	
	Rating or Date
Measurement Method: Completion of Benchmarks/Tasks	
Goal's Projected Date of Achievement: 2/2006	2/2006

Technical Assistance Needs:

National Resource Center on Legal and Judicial Issues National Resource Center on Family Centered Practice

Geographical Area: Statewide

Issues: Court developed plans which may not involve family in development of objectives and tasks; case plan format is not "user friendly;"

Action Steps and Benchmarks for Item 25, 28 and 29:

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
Item 25 Process for making sure each child has a written case plan developed jointly with parents is required.			
25.1 Develop and implement a case planning process and standard to include specific, measurable, achievable, realistic, and time-limited plans which are developed jointly by the agency and the family.	This standard will be combined with the case planning standar and time frames.	d in 18.1, using the san	ne benchmarks

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25.2 Train all systems involved in the case planning	25.2.1	Training CFS to the Case planning standard will be combined with 18.1.	.1 June 2004	.1 S. Alexander
process (courts, prosecutor, CASA, agency staff) on the importance of family involvement and how to	25. 2.2	Case plan training will be included in the regional judicial trainings (see 3.2.3, 3.4.1, 7.4.3, 7.5.4, 7.7.3).	.2 Sept 2004 through Jan 2005 and May 2005	.2 S. Alexander and CIP
develop individualized measurable family plans.	25.2.3	Train CFS workers on writing case plans which are specific, measurable, achievable, realistic and time-limited (SMART). This case planning training will be combined with other case planning training referenced in 3.4.1, 17.2.1 and 18.2.1.	.3 Sept 2004	.3 S. Alexander
25.3 Revise the current case plan format in FOCUS to be more "user friendly" to	25.3.1	Submit request for FOCUS enhancement for development of more "user friendly" case plan format.	.1 Feb 2004	.1 S. Alexander
both workers and families.	25.3.2	Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
	25.3.3.	Convene a workgroup to look at current FOCUS case plan and determine the issues which result in dissatisfaction with the plan.	.3 Mar 2004	.3 Sherry Brown
	25.3.4	Workgroup to make recommendations to CFS/FOCUS management team for consideration.	.4 June 2004	.4 Sherry Brown
		Business requirement for the Case Plan revision are developed.	.5 Aug 2004	5. Sherry Brown
	25.3.6	System analysis for the re port revision is completed.	.6 Nov 2004	.6 Sherry Brown
	25.3.7	Prototype and detail design for the report revision is developed.	.7 Jan 2005	.7 Sherry Brown
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	25.3.8 Prototype and detail design for the report revision is programmed in FOCUS.	.8 Mar 2005	.8 Sherry Brown
	25.3.9 Report revision is tested by FOCUS staff.	.9 May 2005	.9 Sherry Brown
	25.3.10 Regional FOCUS Information System Coordinators (ISC's) are trained on the pending release.	.10 June 2005	.10 Sherry Brown
	25.3.11 The case plan revisions is released and implemented.	.11 June 2005	.11 Sherry Brown
	25.3.12 Regional staff are trained on the release by ISC's	.12 June 2005	.12 Sherry Brown
Item 28 Process for seeking TPR in accordance with ASFA			
28.1 Initiate proposal to amend the Juvenile Court Rules to	28.1.1 Court Improvement Project will refer changes in rules to the Supreme Court Committee on Juvenile Rules.	.1 Feb 2004	.1 CIP
allow for expedited cases involving appeals of Termination of Parental Rights.	28.1.2 Court Improvement Project will review, train, and assist in implementation of amended rules changes. This training will be incorporated into other judicial training (see 3.23, 7.4.3, .7.5.3, 7.5.4, 25.2.2).	.2 Sept 2004 through Jan 2005 and May 2005	.2 CIP
28.2 Develop ISTARS alerts in the judicial data base to	28.2.1 Convene ISTARS workgroup to develop time frames and criteria for the judicial data base.	.1 Jan 2003	.1 CIP
inform judicial personnel of critical time frames and assist them in monitoring	28.2.2. ISTARS contractor develops and presents screens to the workgroup.	.2 Sept 2003	.2 CIP
the case.	28.2.3 ISTARS screens are revised according to ISTARS workgroup's recommendations.	.3 Mar 2005	.3 CIP

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	28.2.4. Prototype and detail design is programmed in the judicial data base.	.4 June 2005	.4 CIP
	28.2.5 ISTARS alerts are implemented.	.5 June 2005	.5 CIP
28.3 Develop time frames for CFS social workers to complete the necessary paperwork to prepare a case for TPR.	The Benchmarks for this action step are incorporated in 9.6.		
28.4 Ensure timely TPR filing by developing regional protocols to identify whether a county prosecutor or regional Deputy Attorney General will fulfill that role.	The Benchmarks for this action step are incorporated in 9.1 ar	nd 9.2	
28.5 Train judges, prosecutors, IDHW staff, defense attorney, and CASA on the importance of timely permanency in a child's life.	This training is combined with judicial concurrent planning tr steps 7.4, 7.5, 28.1).	aining and the Court I	nstitute (see action
28.6 Develop standards for timely paternity testing,	The Benchmarks for these standards are incorporated in 9.3,	9.4, and 9.5.	

locating absent parents, and notification for TPR on all potential fathers to clarify IDHW's position regarding Idaho's putative father's statute.			
Item 29 Process for			
notifying caregivers of reviews and hearings and for opportunity for them to be			
heard.	29.1.1 Provide training to foster parents at annual conference.	.1 Oct 2003, 2004, 2005	.1 M. Harmer
29.1 Train foster parents how they can contribute to reviews and hearings and participate in the court	29.1.2 Send letter to each licensed foster parents encouraging them to attends reviews and hearings and explain their role and participation.	.2 Feb 2004	.2 M. Harmer
process.	29.2.3 Incorporate training into the PRIDE Curriculum.	.3 June 2004	.3 M. Harmer
29.2 Train judges on the requirement to notice	29.2.1 Write an article on caregiver's role in court reviews and hearings for the judicial newsletter.	.1 Feb 2004	.1 CIP
caregivers of hearings and reviews and to invite them to participate.	29.2.2 Train at the semi-annual Magistrates Institute on inviting alternate caregivers to participate in reviews. Training for magistrates will also occur at regional judicial trainings and the Court Institute.	.2 May 2004 Sept 2004 through Jan 2005 and May 2005	.2 CIP
29.3 Recommend changes to Juvenile court Rules to	29.3.1 Submit rule changes to Juvenile Court for caregiver notice of reviews and hearings.	.1 Feb 2004	.1 CIP
clarify process and	29.3.2 Implement rule changes regarding caregiver notice of	.2 July 2004	.2 CIP

procedure for timely notification of caregiver of court reviews and hearings.	reviews and hearings.		
29.4 Clarify process and procedure for timely notification of caregivers of court reviews and hearings.	29.4.1 Draft changes to IDAPA Rules Governing Family and Children's Services (or develop standard) to clarify process and procedure for timely notification of caregivers of court reviews and hearings	.1 Mar 2004	.1 Kathy Morris
court reviews and nearings.	29.4.2 Submit IDAPA rules regarding procedure of notifying foster parent of their right to participate in court hearings and reviews.	.2 Mar 2004	.2 S. Alexander
	29.4.3 Train CFS staff around rule changes.	.3 July 2004	.3 S. Alexander
	29.4.4 Include process and procedure in Child Welfare Manual.	.4 July 2004	.4 S.Alexander
	29.4.5. Incorporate Process and Procedure for notifying foster parents in the extended "Alternate Care" portion of the Child Welfare Academy.	.5 Aug 2004	.5 M. Harmer
29.5 Monitor notification of caregivers of reviews and hearings for an	29.5.1 Monitor compliance with new notification procedures through interviews with foster families as part of the IDHW CQI process (see 31.1.3).	.1 Oct 2004	.1 Wes Engel
opportunity to be heard.	29.5.2 Regional Program Manger and Social Work Chief will develop a regional improvement plan when caregivers are notified in a timely manner and given an opportunity to be heard less than 65% of the time in 2004 and 75% of the time in 2005.	.2 Oct 2004	.2 Mike Peterson
	29.5.3 Region to send plan to Central Office for review. Subsequent progress reports on plan will be	.3 as needed beginning Oct	.3 Kathy Morris

	forwarded to Central office per the timeframes on the plan. See CQI process for details regarding regional improvement plans.	2004	
29.6.2 Develop indicator in FOCUS to record	29.6.1 Submit request for FOCUS enhancement to record caregiver notification of case review and hearings.	.1 Feb 2004	.1 S. Alexander
caregiver notification of case review and hearings	29.6.2 Request is reviewed by FOCUS staff.	.2 Feb 2004	.2 Sherry Brown
case review and nearings	29.6.3 Business require ments for the enhancement are developed.	.3 Apr 2004	.3 Sherry Brown
	29.6.4 System analysis for the enhancement is completed.	.4 July 2004	.4 Sherry Brown
	29.6.5 Prototype and detail design for the enhancement is developed.	.5 Nov 2004	.5 Sherry Brown
	29.6.6. Prototype and detailed design for the enhancement is programmed in FOCUS.	.6 Feb 2005	.6 Sherry Brown
	29.6.7 FOCUS enhancement is tested by FOCUS staff.	.7 Apr 2005	.7 Sherry Brown
	29.6.8 Regional FOCUS Information System Coordinators (ISC's)are trained on the pending release.	.8 May 2005	.8 Sherry Brown
	29.6.9 The indicator in FOUS is released and implemented.	.9 June 2005	.9 Sherry Brown
	29.6.10 Regional staff are trained on the release by ISCs.	10. June 2005	.10 Sherry Brown

SYSTEMIC FACTOR – QUALITY ASSURANCE

Item 31: Identifiable QA system that evaluates the quality of services and improvements.	Rating or Date
Measurement Method: Completion of benchmarks/tasks	N/A
Goal's Projected Date of Achievement:	Date: 2/2006

Technical Assistance Needs:

National Child Welfare Resource Center for Organizational Improvement

Geographical Area: Statewide

Issues Identified: QA system has not been fully implemented statewide.

ACTION STEP		BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
31.1 Revise current CFS Continuous Quality Improvement process	31.1.1	Identify the percentage of cases to be reviewed annually and develop a review schedule including locations of the reviews.	.1 Feb 2004	.1 S. Alexander
improvement process	31.1.2	Revise CQI instrument to incorporate exact time frames and all items on CFSR instrument.	.2 Feb 2004	.2 S. Alexander
	31.1.3	Incorporate interviews of critical stakeholders into the review process, such as parents/foster parents.	.3 May 2004	.3 S. Alexander
	31.1.4	Identify timeframes for review.	.4 Feb 2004	.4 S. Alexander
	31.1.5	Identify sampling methodology and frequency of reviews.	.5 May 2004	.5 S. Alexander
	31.1.6	Identify and standardize participants on regional CQI review teams.	.6 Feb 2004	.6 S. Alexander

31.2. Develop feedback process for summarizing results,	31.2.1 Convene the Child Welfare Subcommittee to develop a case summary report to document and summarize results of case reviews.	.1 Mar 2004	.1 S. Alexander
identifying strengths, needs, system training needs and	31.2.2 Gather feedback on draft case summary report and finalize.	.2 Apr 2004	.2 S. Alexander
tracking trends.	31.2.3 Implement case summary report.	.3 May 2004	.3 S. Alexander
	31.2.4 Hold consistent CW subcommittee quarterly CQI meetings.	.4 beginning May 2004	.4 S. Alexander
	31.2.5 Quarterly, Central Office will summarize case review data to be reviewed at regional and statewide meetings.	.5 May 2004	.5 S. Alexander
31.3 Develop process for obtaining and	31.3.1 Convene Child Welfare Subcommittee to develop surveys and the process for collecting information.	.1 Mar 2004	.1 S. Alexander
documenting stakeholder input; i.e. standardized	31.3.2 Central Office will send out surveys to stakeholder annually.	.2 Sept 2004 Sept 2005	.2 S. Alexander
questions/survey for parents, foster parents and judicial partners.	31.3.3 Survey results will be analyzed at Program Manager's meeting and the Child We Ifare Subcommittee meeting to make practice changes, identify training needs and policy changes.	.3 Nov 2004 Nov 2005	.3 S. Alexander
31.4 Develop expertise and role of supervisors in case review process	31.4.1 Identify critical points in a case that require supervisory review and incorporate the role of the supervisor into state's CQI process.	.1 Aug 2004	.1 Shirley Alexander

31.5 Implement revised CQI process	31.5.1 Develop curriculum for training case reviewers. 31.5.2 Train case reviewers to ensure inter-rater reliability.	.1 Feb 2004 .2 Mar 2004	.1 S. Alexander
	31.5.3 Annually, train supervisors on CQI process and expectations.	.3 Apr 2004, Aug 2004 and Apr 2005	.3 S. Alexander
	31.5.4 Train CFS staff regarding the CQI process. Training will include their role as a participant in the CQI process.	.4 Apr 2004	.4 S. Alexander
	31.5.5 Fully implement case review process by conducting a CQI review in each region.	.5 Three regions by Apr 2004 Four additional regions by July 2004	.5 Wes Engel

SYSTEMIC FACTOR - Training

Items 32, 33, and 34	
Measurement Method: Completion of benchmarks/tasks	n/a
Goal's Projected Date of Achievement:	2/2006

Technical Assistance Needs:

National Resource Center on Training/Title IV-E Partnership

Geographical Area: Statewide

Issues Identified: Inadequate pre -service academy (both content and length); lack of strategy for ongoing training

Action Steps and Benchmarks for Items 32, 33, and 34:

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
T.1 Identify competencies and select a competency model for	T.1.1 Convene Training workgroup to begin identification of Competencies required for child welfare social workers and supervisors.	.1 Mar 2004	.1 Mardell Nelson
competency model for child welfare social workers and supervisors to serve as a foundation for	T.1.2 Review other state's and child welfare organizations child welfare competency models for line staff and supervisors. (combined with T.2. 1).	.2 Mar 2004	.2 Mardell Nelson
training and performance evaluation.	T.1.3 Develop focus group questions on such issues as needed competencies, academy content, and role of supervisors in training. (combined with T.2.3).	.3 Apr 2004	.3 Mardell Nelson
	T.1.4 Conduct focus groups with supervisory staff to identify competencies and training curriculum content for supervisees (combined with T.2.4).	.4 Apr 2004	.4 Mardell Nelson
	T.1.5. Select and recommend a child welfare competency mode to serve as a foundation for social worker and supervisor	.5 May 2004	.5 Mardell Nelson

	training and performance evaluation.		
	T.1.6 Seek approval of the proposed competency model from the Program Managers.	.6 June 2004	.6 Mardell Nelson
T.2 Develop curriculum for an enhanced Child	T.2.1 Training workgroup will research other state's curriculum resources (combined with activities in T. 1).	.1 Mar 2004	.1. Mardell Nelson
Welfare Academy based on competencies identified in T.1 and the learning needs of	T.2.2 Training workgroup will develop questions to guide focus groups for collecting input regarding the child welfare curriculum (combined with activities in T.1.3).	.2 Apr 2004	.2 Mardell Nelson
line staff. The work in T.2 will be accomplished by the same workgroup	T.2.3 Regional Chief of Social Work will conduct focus groups with staff to identify content, format, and maximum transfer of learning for expansion of Child Welfare Academy (combined with activities in T.1.4).	.3 Apr 2004	.3 Mardell Nelson
identified in T.1. Many of the activities will be combined or	T.2.4. Identify the learning objectives and competencies for the current new worker core curriculum.	.4 June 2004	.4 Mardell Nelson
accomplished simultaneously.	T.2.5 Based on competencies identified in T.1, workgroup will incorporate input from focus groups and research of other state models and design or adopt curriculum to better meet learning needs of new workers.	.5 July 2004	.5 Mardell Nelson
	T.2.6 New training curriculum for Child Welfare Academy is approved by Program Management Team.	.6 Aug 2004	.6 Mardell Nelson

		T	T
T.3 Develop a learning contract tool for new social work hires to support identified	T.3.1 Seek consultation from other states (Alaska and California) regarding VISA and Passport models for expanding new worker training through use of transfer of training learning contract.	.1 Aug 2003	.1 Mardell Nelson
competencies and maximize transfer of learning from the Child Welfare Academy to	T.3.2 Review regional IDHW new worker checklists and orientation packets to incorporate into a new ''Idaho Passport.''	.2 Feb 2004	.2 Mardell Nelson
the workplace.	T.3.3. Seek consultation from training resource center in Kentucky regarding transfer of learning strategies, curricula re-design and development of ''Idaho Passport.	.3 Mar 2004	.3 Mardell Nelson
	T.3.4. Using models from Alaska, California, and regional new worker orientation materials, develop a learning contract tool for Idaho in the form of an "Idaho Passport. The "Passport" will incorporate learning objectives and competencies identified in T.1 and will support and supplement training at the Child Welfare Academy.	.4 Aug 2004	.4 Mardell Nelson
T.4 Train supervisors and staff and implement the use of the learning contract tool for new	T.4.1 Teach supervisors the theory of transfer of learning and their role in using the Idaho Passport to re-enforce competencies based training prior to a new hire's 6 month probationary evaluation.	.1 Feb 2005	.1 Mardell Nelson
social work hires (the Idaho Passport) to support the transfer of learning and the	T.4.2 Train supervisors to orient workers through the use of the "Idaho Passport which will incorporate pre -academy orientation and post-academy activities.	.2 Feb 2005	.2 Mardell Nelson
competencies of the Child Welfare Academy.	T.4.3 "Idaho Passport" will be implemented in enhanced Child Welfare Academy.	.3 Mar 2005	.3 Mardell Nelson

T.5. Establish and implement a CFS standard for a new	T.5.1 Convene Administrative workgroup to develop standard to determine how and when a new social work hire will assume responsibility for an independent caseload.	.1 Feb 2004	.1 Mardell Nelson
social work hire to assume responsibility for an independent	T.5.2 Workgroup to examine current rule, policy, practice, and research models from other states.	.2 Mar 2004	.2 Mardell Nelson
caseload.	T.5.3 Workgroup to draft standards.	.3 Apr 2004	.3 Mardell Nelson
	T.5.4 Workgroup to get feedback from field staff and make revisions as needed.	.4 May 2004	.4 Mardell Nelson
	T.5.5 Release standard to regional management followed by release to all staff.	.5 June 2004	.5 Mardell Nelson
	T.5.6 Include standard in CFS Practice Manual.	.6 June 2004	.6 Mardell Nelson
	T.5.7 Train management on standard.	.7 June 2004	.7 Mardell Nelson
T.6 Implement a competency based, enhanced Child	T.6.1 Using the curriculum that is approved in T.2.5, develop a "phase in schedule" for enhancement of Child Welfare Academy.	.1 Sept 2004	.1 Mardell Nelson
Welfare Academy for new social work hires and existing staff who could benefit from the	T.6.2 Contact child welfare program specialists and university partners to clarify new schedule and expanded Child Welfare Academy curriculum.	.2 Sept 2004	.2 Mardell Nelson
training.	T.6.3 First class of newsocial workers attend enhanced Child Welfare Academy.	.3 Oct 2004	.3 Mardell Nelson

			T	T
T.7 Develop competency based supervisory curriculum which	T.7.1	Training workgroup will research other state's supervisory curriculum resources (combined with activities in T. 1).	.1 Mar 2004	.1 Marde ll Nelson
addresses content in specific child protection core service areas; i.e. screening,	T.7.2	Training workgroup will develop questions to guide focus groups for collecting input regarding supervisory curriculum (combined with activities in T.1.3).	.2 Apr 2004	.2 Mardell Nelson
assessment, case management, alternate care, performance management, staff development, clinical	T.7.3	Regional Chief of Social Work will conduct focus groups with supervisors to identify content, format, and maximum transfer of learning for supervisor training (combined with activities in T.1.4).	.3 Apr 2004	.3 Mardell Nelson
supervision around CFS decision making, managing with data, program and resource	T.7.4	Based on competencies identified in T.1, workgroup will incorporate input from focus groups and research of other state models and design or adopt curriculum to better meet learning needs of supervisors.	.4 Aug 2004	.4 Mardell Nelson
developme nt.	T.7.5	New training curriculum for supervisors is approved by Program Management Team.	.5 Sept 2004	.5 Mardell Nelson
T.8 Train supervisors using existing training	T.8.1	Identify and distribute list of currently available supervisory training.	.1 Mar 2004	.1 Mardell Nelson
resources and newly developed competency based supervisory		All supervisors to attend Performance Management Training.	.2 May 2004	.2 Mardell Nelson
curriculum.	T.8.3	Using the curriculum that is approved in T.7.5, hold trainings in 3 areas of the state to allow all existing supervisors to attend the newly developed supervisor training.	.3 Nov 2004	.3 S. Alexander /Mardell Nelson
	T.8.4	Schedule regular supervisor training to train all newly appointed supervisors to the curriculum that is approved	.4 Quarterly beginning Feb	.4 Mardell Nelson/ S. Alexander

	in T.7.5.	2005	
	T.8.5 Using the CQI process to identify training needs, schedule annual supervisor training to promote consistency, reliability, and best practice methods.	.5 Sept 2005	.5 Mardell Nelson/ S. Alexander
T.9 Develop a mechanism for ongoing evaluation of the training system	T.9.1 Revise the CQI process to identify and provide a feedback loop to inform regional and central managers of training needs.	.1 Apr 2004	.1 S. Alexander/ Mardell Nelson
and ways to identify ongoing training needs of experienced staff.	T.9.2 Collect participant satisfaction input sheets on all CFS sponsored and contracted training activities.	.2 Ongoing beginning Mar 2004	.2 Mardell Nelson
(combine with T.12)	T.9.3 Conduct focus groups with managers and supervisors to identify competencies and training (combined with T.1.4).	.3 April 2004	.3 Mardell Nelson
	T.9.4 Negotiate with DHW Human Resources to develop a mechanism for aggregating staff skill development plans for gaining training input.	.4 Mar 2005	.4 Mardell Nelson
T.10 Develop a tool to assess current competency	T.10.1 Workgroup researches models from other states (to be combined with work in T.1.2)	.1 July 2004	.1 Mardell Nelson
level of individual line staff and supervisors.	T.10.2 Adopt or develop tool/method that aligns with the competency model in T.1	.2 Aug 2004	.2 Mardell Nelson
	T.10.3 Workgroup to get feedback from field staff and make revisions as needed.	.3 Sept 2004	.3 Mardell Nelson
	T.10.4 Implement tool/method to assess individual staff competency level pending program management approval.	.4 Jan 2005	.4 Mardell Nelson

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T.11 Construct a CFS specific bridge to the IDHW Employee	T.11.1 Planning Evaluation and Training unit (PET) will review current competencies within the IDHW Employee Appraiser.	.1 Nov 2003	.1 Mardell Nelson
Appraiser software used in writing annual performance	T.11.2 PET will research and select competencies relevant to Idaho child welfare practice.	.2 Dec 2003	.2 Mardell Nelson
evaluations. Provide a template that will allow supervisors to evaluate their staff using child	T.11.3 Compare those competencies identified in the employee appraiser to those child welfare competencies identified in other selected child welfare models.	.3 Jan 2004	.3 Mardell Nelson
welfare specific competencies in conjunction with the general competencies	T.11.4 Create an alignment so a supervisor can conduct performance evaluations, using the Employee Appraiser, that are specific and relevant to child welfare.	.4 May 2004	.4 Mardell Nelson
currently identified in the Employee Appraiser.	T.11.5 Train supervisors on the use of the newly developed template. Training my be combined with trainings offered in T.8.	.5 Nov 2004	.5 Mardell Nelson
	T.11.6 Implement template that will allow supervisors to evaluate their staff using child welfare competencies in conjunction with the gene ral competencies currently identified in the Employee Appraiser.	.6 Jan 2005	.6 Mardell Nelson
T.12 Develop resources to implement the training	T.12.1 Submit combined IV-E/IV-B plan defining the intent to expand the Child Welfare Academy and develop supervisory training, based on CFS competency models.	.1 June 2004	.1 Mardell Nelson
portion of the PIP	T.123.2 Contract with IV-E University Partnership for faculty to assist in Child Welfare Academy expansion, planning, and delivery of training.	.2 Sept 2003 Sept 2004	.2 Mardell Nelson
	T.12.3 Pool Divisional resources and conduct collaborative training with other programs and agencies to finance	.3 June 2004	3 Mardell Nelson

	training relevant to the child welfare system of care.		
	T.12.4 Whenever feasible, access the national resource centers to assist in training staff.	.4 ongoing beginning Mar 2004	.4 Mardell Nelson
T. 13 Develop and implement a plan to communicate the availability of	T.13.1 Identify training content from all PIP work plans and incorporate into a comprehensive training plan that is distributed statewide.	.1 Feb 2004	.1 S. Alexander
training and policy changes.	T.13.2 Notify staff, supervisors, and foster parents of Title IV-E library holdings and check-out process.	.2 May 2004	.2 Dennis Grenda
	T.13.3 Address dissemination of policy and training information to CFS staff through formation of mail groups and development of a master training calendar.	.3 Mar 2004	.3 Dennis Grenda

Item 34 State provides			
training for current or			
prospective foster parents,			
adoptive parents, and staff			
of State licensed or			
approved facilities that care			
for children receiving			
foster care or adoption			
assistance under Title IV-E			
that address the skills and			
knowledge based needed to			
carry out their duties with			
regard to foster and			
adopted children.	34.1.1. Identify changes to rules regarding pre-service training.	.1 Feb 2004	.1 Kathy Morris
34.1	24.1.2 Dweft IDADA mules to reflect two convices training	2 App. 2004	2 Vothy Monnie
Revise current	34.1.2 Draft IDAPA rules to reflect pre-service training	.2 Apr 2004	.2 Kathy Morris
	requirements.		
administrative rules			
regarding foster parent	34.1.3 Gather feedback on draft rules from foster parents and	.3 May 2004	.3 M. Harmer
pre-service training	licensing staff. Revise as needed.		
and requirements.			
	34.1.4 Submit rules for promulgation process.	.4 May 2004	.4 Kathy Morris
	The state of the s		j i
34.2	34.2.1 Present PRIDE overview to stakeholders utilizing the	.1 Jan 2004	.1 M. Harmer
Implement	services of CWLA.		
PRIDE foster/adoptive			
family pre-service	34.2.2 Conduct train-the-trainer sessions with the assistance of	.2 Feb 2004	.2 M. Harmer
training statewide.	the Child Welfare League of America.		
truming state wide.	the Ollic Wellard Deagae of Fillierreas		
	24.2.2 Train IDHW licensing staff to complete a family	.3 Feb 2004	.3 M. Harmer
	34.2.3 Train IDHW licensing staff to complete a family	.5 red 2004	.5 M. narmer
	assessment and family development plan.		
		4.35 4004	4 3 5 77
	34.2.4 Train experienced staff and experienced foster parents on	.4 Mar 2004	.4 M. Harmer
	a conde nsed version of PRIDE utilizing services of CWLA.		
	34.2.5 Implement PRIDE in Region I	.5 Jan 2004	.5 M. Harmer

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	34.2.6 Implement PRIDE in Region II	.6 Jan 2004	.6 M. Harmer
	34.2.7 Implement PRIDE in Region III	.7 Jan 2004	.7 M. Harmer
	34.2.8 Implement PRIDE in Region IV	.8 Dec 2003	.8 M. Harmer
	34.2.9 Implement PRIDE in Region V	.9 June 2003	.9 M. Harmer
	34.2.10 Imple ment PRIDE in Region VI	.10 Feb 2004	.10 M. Harmer
	34.2.11 Implement PRIDE in Region VII	.11 Feb 2004	.11 M . Harmer
	34.2.12 Develop contracts with foster parents and with six Idaho university and college partners to provide PRIDE training.	.12 Feb 2004	.12 M. Harmer
34.3 Revise IDAPA administrative rules for	34.3.1 Draft rule revision to clarify mandatory ongoing foster parent training and consequences for non-compliance.	.1 Apr 2004	.1 Kathy Morris
mandatory training hours and	34.3.2 Gather feedback on draft rules from foster parents and licensing staff. Revise as needed.	.2 May 2004	.2 M. Harmer
consequences for non- compliance. (Activities regarding rule changes are combine d with 34.1)	34.3.3 Submit rules for promulgation process.	.3 June 2004	.3 Kathy Morris
34.4 Develop process to monitor foster family compliance with ongoing training	34.4.1 Assess feasibility of a FOCUS enhancement which would track foster family training and provide a report which identifies whether training requirements are met or not by the family.	.1 July 2003 (completed)	.1 M. Harmer and Sherry Brown
requirements.	34.4.2 Submit request for FOCUS enhancement for development	.2 Feb 2004	.2 Sherry Brown

	of foster parent training requirement screen.		
	34.4.3 Request is reviewed by FOCUS staff.	.3 Feb 2004	.3 Sherry Brown
	34.4.4 Convene workgroup to make recommendations regarding foster parent training requirement screen.	.4 Mar 2004	.4 Sherry Brown
	34.4.5 Business requirements for the FOCUS enhancement are developed.	.5 May 2004	.5 Sherry Brown
	34.4.6 System analysis for the FOCUS enhancement is completed.	.6 Aug 2004	.6 Sherry Brown
	34.4.7 Prototype and detail design for the enhancement is developed.	.7 Dec 2004	.7 Sherry Brown
	34.4.8 Prototype and detail de sign for the enhancement is developed.	.8 Mar 2005	.8 Sherry Brown
	34.4.9 Report revision is tested by FOCUS staff.	.9 May 2005	.9 Sherry Brown
	34.4.10 Regional FOCUS Information System Coordinators (ISCs) are trained on the pending release.	.10 June 2005	.10 Sherry Brown
	34.4.11 The foster parent training requirement screen is released and implemented.	.11 June 2005	.11 Sherry Brown
34.5 Develop and implement standards for	34.5.1 Convene Alternate Care work group to develop standards for completion of Family Development Plans.	.1 Mar 2004	.1 M. Harmer
completion of Family Development Plans.	34.5.2 Workgroup contacts National Resource Center for Foster Care and Permanency planning for consultation on best practice standards.	.2 Mar 2004	.2 M. Harmer

34.	5.3 Workgroup drafts standards	.3 Apr 2004	.3 M. Harmer
34.	5.4 Workgroup to get feedback from CFS staff and foster families and made needed changes.	.4 May 2004	.4 M. Harmer
34.	5.5 Release standards to regional management (sups, chief, program manager) followed by release to all staff.	.5 June 2004	.5 M. Harmer
34.	5.6 Include standards in CFS Practice Manual	.6 June 2004	.6 M. Harmer
34.	5.7 Training staff on standards	.7 June 2004	.7 M. Harmer

SYSTEMIC FACTOR – SERVICE ARRAY

Items 35, 36 and 37	
Agency has a broad array of services that assess the strengths and needs of children and families, are	
accessible and individualized to meet the specific needs of children and families.	Rating or Date
Measurement Method: Completion of benchmarks/tasks listed in Service Array section of the work plan	
Goal's Projected Date of Achievement:	2/2006

Technical Assistance Needs:

National Child Welfare Resource Center for Family Centered Practice National Indian Child Welfare Association

Geographical Area: Statewide

Issues Identified: remote areas where services are not accessible; many barriers to accessing the state's extensive array of services; state is not effective in identifying and meeting the individual needs of children and families especially in in-home cases.

Action Steps and Benchmarks for Items 35, 36 and 37:

ACTION STEP	BENCHMARKS/TASKS	DATES OF BENCHMARK ACHIEVEMENT	LEAD PERSON(S)
Shading indicates that the area was rated as strength and as such will not be subject to			
federal review or penalties. Is being included as it is critical to the development of ongoing services.	35.1.1 Modify current substance abuse contracts to increase provider focus on substance abusing caregivers with children.	.1 Mar 2005	.1 Pharis Stanger
Item 35 Availability of array of critical services.	35.1.2 Standardize the service array and function of CFS contracted substance abuse providers in each region.	.2 Jan 2005	.2 Chuck Halligan
35.1 Increase availability of	35.1.3 CFS contracted substance abuse providers in each region will assist with case specific relapse	.3 May 2004	.3 Chuck Halligan

substance abuse services which focus on substance abusing caregivers with children.	prevention planning to address the family's need for an ongoing safety plan during and following reunification.		
35.2 Develop or adopt and implement training curriculum	35.2.1 Identify relapse planning workgroup comprised of agency staff, supervisors and community partners.	.1 Jan 2005	.1 Pharis Stanger & Mardell Nelson
for agency workers on substance abuse and child welfare including relapse prevention planning.	35.2.2 Research existing training curricula relative to substance abuse and child welfare and relapse prevention planning	.2 Feb 2005	.2 Pharis Stanger & Mardell Nelson
	35.2.3 Make relapse planning curriculum recommendations to CFS's Planning, Evaluation and Training (PET) Unit.	.3 March 2005	.3 Pharis Stanger & Mardell Nelson
	35.2.4 PET unit will modify or refine curriculum based on substance abuse best practice principles.	.4 May 2005	.4 Pharis Stanger & Mardell Nelson
	35.2.5 The PET unit will identify substance abuse practice standards and develop a training plan.	.5 June 2005	.5 Pharis Stanger & Mardell Nelson
	35.2.6 Conduct training for agency supervisors/staff relative to substance abuse and child welfare.	.6 July 2005	.6 Pharis Stanger & Mardell Nelson
	35.2.7 Monitor substance abuse training.	.7 July 2005	.7 Pharis Stanger & Mardell Nelson
	35.2.8 Provide periodic updated substance abuse training.	.8 Ongoing Jan 2006	.8 Pharis Stanger & Mardell Nelson
	35.2.9 Evaluate substance abuse training.	.9 Sep 2005	.9 Pharis Stanger & Mardell Nelson
	35.2.10 Update/modify training based upon evaluation	.10 Sept 2005	.10 Pharis Stanger&

	results.		Mardell Nelson
Item 36 Accessibility of services across all jurisdictions. 36.1 Each region will develop and implement a plan for improving accessibility to services.	36.1.1 Regional Directors will conduct resource inventories and hold focus groups with IDHW staff and community stakeholders. 36.1.2 Regional Directors will identify resource gaps in their respective communities.	.1 June 2004 .2 July 2004	.1 Ken Deibert
	36.1.3 Regional Directors will hold community meetings to propose methods/strategies for filling resource gaps.	.3 Sept 2004	.3 Ken Deibert
	36.1.4 Broadcast the CareLine public service announcements throughout the State to increase awareness of services in Idaho and inform the public on how to access services. CareLine activities to be combined 6.10.4, 22.6 and Item 23.	.4 Aug 2004	.4 Pat Williams
36.2 Assure parents have access to adult mental health services.	36.2.1 Develop contracts/resources for adult mental health services when parents have no resources and reunification is contingent on receiving assessment and treatment.	.1 Sept 2004	.1 Frank Sesek
	36.2.2 Train staff on availability of adult mental health resources and how to use them effectively.	.2 Oct 2004	.2 Chuck Halligan
36.3 Provide training to staff regarding existing community	36.3.1 Implement periodic and ongoing regional training by using CareLine, the state referral service center or using/accessing available community	.1 Feb 2005	.1 Pat Williams

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resources.	resources. Combined with 6.10.4, 22.6, and Item 23.		
	36.3.2 Compile existing community resource directories and make available to staff.	.2 Sept 2004	.2 Pat Williams
36.4 Develop and implement a standard for effective service delivery incorporating models and methods for rural areas.	36.4.1 Convene Case Management workgroup to develop the standard.	.1 Aug 2004	.1 Mardell Nelson
	36.4.2 Consult with National resource Centers about best practice standards regarding effective service delivery with an emphasis on rural service delivery.	.2 Aug 2004	.2 Mardell Nelson
	36.4.3 Workgroup develops standard for effective service delivery.	.3 Oct 2004	.3 Mardell Nelson
	36.4.4 Workgroup gets feedback from field staff and makes revisions as needed.	.4 Nov 2004	.4 Mardell Nelson
	36.4.5 Submit to program managers for approval and release.	.5 Dec 2004	.5 Mardell Nelson
	36.4.6 Release standard to regional management (sups, chief, program managers) followed by release of standards to all staff.	.6 Jan 2005	.6 Mardell Nelson
	36.4.7 Incorporate standard into CFS Practice Manual.	.7 Jan 2005	.7 S. Alexander
36.5 Train CFS staff to improve their skills in effective service delivery.	.1 Train CFS staff to the standard for effective service delivery, including models and methods for rural areas.	.1 Jan 2005	.1 Mardell Nelson
-	.2 Train staff in all parts of the state on methods and	.2 Feb 2005	.2 Mardell Nekon

	models of rural service delivery.		& Patty Gregory
	.3 Incorporate training into the enhanced Child Welfare Academy .	.3 Mar 2005	.3 Mardell Nelson
36.6 Develop a standard for families to be referred to appropriate community resources for postadoptive services.	36.6.1 Convene Permanency workgroup to develop the standard.	.1 Apr 2004	.1 Meri Brennan
	36.6.2 Consult with the National Resource Center on Adoptions about best practice standards regarding post-adoption services.	.2 Apr 2004	.2 Meri Brennan
	36.6.3 Workgroup examines current rule, law, policy and practice.	.3 May 2004	.3 Meri Brennan
	36.6.4 Workgroup develops standard for a post-adoption services.	.4 June 2004	.4 Meri Brennan
	36.6.5 Workgroup gets feedback from field staff and makes revision as needed.	.5 July 2004	.5 Meri Brennan
	36.6.6 Submits to program managers for approval and release.	.6 Aug 2004	.6 Meri Brennan
	36.6.7 Release standard to regional management (sups, chief, program manager) followed by release of standard to all staff.	.7 Sept 2004	.7 Meri Brennan
	36.6.8 Incorporate standard into CFS Practice Manual.	.8 Sept 2004	.8 S. Alexander
Item 37 Ability to individualize			
services to meet unique needs	37.1.1 Purchase and distribute license to use certified on-	.1 Sept 2004	.1 Kathi McCulley

Individualizing services is addressed in the following Action Steps: 3.3, 3.4, 17.1,	line ICWA training available from NICWA. Make available state wide for training.		
18.1, 18.2, 18.3, 18.4, 22.1, 23.1, 25.1 and 25.2	37.1.2 Conduct statewide training utilizing NICWA curriculum.	.2 Nov 2004	.2 Kathi McCulley
37.1 Support/increase cultural	37.1.3 Agency staff will demonstrate proficiency by completing training modules.	.3 Feb 2005	.3 Kathi McCulley
Support/increase cultural competency of agency staff relative to Native Americans so they can individualize services and maintain connections.	37.1.4 Continue consultation with Idaho tribes through the Idaho State and Tribal Indian Child Welfare Committee regarding how to assure that Idaho child welfare services are culturally relevant for Native American children and their families.	.4 Ongoing quarterly beginning Jan 2004	.4 Kathi McCulley
	37.1.5 Identify culturally relevant services through participation in the state wide ICWA Committee.	.5 Ongoing quarterly beginning 2004	.5 Kathi McCulley
	37.1.6 Conduct judicial training regarding case planning including incorporation of culturally appropriate services. Invite tribal attorneys to participate in trainings.	.6 May 2005	.6 Court Improvement Project (CIP)
37.2 Establish documentation standards for case manager to	37.2.1 Convere FOCUS/CFS workgroup to develop the standard.	.1 Aug 2004	.1 S. Alexander
monitor delivery and effectiveness of services. Standards will include what	37.2.2 Workgroup will consult with national resource centers or other states to review best practices regarding what and how to record information.	.2 Sept 2004	.2 S. Alexander
information should be documented and how to record it.	37.2.3 Workgroup will develop a standard for documentation.	.3 Oct 2004	.3 S. Alexander
	37.2.4 Workgroup gets feedback from field staff and	.4 Nov 2004	.4 S. Alexander

	makes revision as needed.		
	37.2.5 Submits to program managers for approval and release.	.5 Dec 2004	.5 S. Alexander
	37.2.6 Release standard to regional management (sups, chief, program manager) followed by release of standard to all staff.	.6 Dec 2004	.6 S. Alexander
	37.2.7 Incorporate the document standard into CFS Practice Manual.	.7 Dec 2004	.7 S. Alexander
37.3 Train CFS staff on documentation for effective service delivery.	37.3.1 Train CFS staff to the standard on documentation for effective service delivery.	.1 Dec 2004	.1 S. Alexander
	37.3.2 Incorporate documentation training into the enhanced Child Welfare Academy under "Documentation in Child Welfare for Effective Service Delivery."	.2 Jan 2005	.2 Mardell Nelson
37.4 Develop a FOCUS/CFS manual to ensure consistency	37.4.1 Convene FOCUS workgroup to developed a manual based on the standard developed in 37.2.	.1 Jan 2005	.1 Sherry Brown
in data entry and improved documentation around service delivery.	37.4.2 Workgroup to partialize and outline the development of the manual into section including: presenting issue, assessment, service planning, alternate care, resources (including finances) and adoption.	.2 Feb 2005	.2 Sherry Brown
	37.4.3 Section I, "Presenting Issue," is developed and sent to regions for input.	.3 Apr 2005	.3 Sherry Brown
	37.4.4 Section I is revised and approved	.4 May 2005	.4 Sherry Brown

	ection II, "Assessment" is developed and sent to egions for input.	.5 June 2005	.5 Sherry Brown
37.4.6 So	ection II is revised and approved.	.6 July 2005	.6 Sherry Brown
	ection III "Service Planning" is developed and ent to regions for input.	.7 Aug 2005	.7 Sherry Brown
37.4.8 So	ection III is revised and approved.	.8 Sept 2005	.8 Sherry Brown
	ection IV "Alternate Care" is developed and sent o regions for input.	.9 Oct 2005	.9 Sherry Brown
37.4.10 \$	Section IV is revised and approved.	.10 Nov 2005	.10 Sherry Brown
	Section V "Resources" is developed and sent to regions for input.	.11 Dec 2005	.11 Sherry Brown
37.4.12 5	Section V is revised and approved.	.12 Jan 2006	.12 Sherry Brown
	Section VI "Adoptions" is developed and sent to regions for input.	.13 Feb 2006	.13 Sherry Brown
37.4.14 S	Section VI is revised and approved.	.14 Mar 2006	.14 Sherry Brown

Attachment A

Children's Bureau Child and Family Services Reviews

States are encouraged to use this Program Improvement Plan (PIP) standard format to submit their PIP to the Administration for Children and Families (ACF) Regional Office. The standard format includes the following sections:

- I. PIP General Information
- II. PIP Work Plan and Matrix Instructions and Quality Assurance Checklist
- III. PIP Agreement Form (authorizing signatures)
- IV. PIP Matrix

T	PIP	Genera	l Inforn	nation
		A TCHCLA		141.14711

ACF Region: I \square II \square III \square IV \square V \square VI \square VII \square VIII \square IX \square X $\ddot{0}$				
State: IDAHO				
Lead ACF Regional Office Contact Person:	Telephone Numb er: (206) 615-2604			
Jennifer Zanella, Child Welfare Program Specialist	E-mail Address: jzanella@acf.dhhs.gov			
State Agency Name: Idaho Department of Health and	Address: PO Box 83720 Boise, ID 83720-0036			
Welfare, Division of Family and Community Services	Telephone Number: (208) 334-5700			
Lead State Agency Contact Person for the Child and Family	Telephone Number: (208) 334-6618			
Services Review: Shirley Alexander	E-mail Address: alexande@idhw.state.id.us			
Lead State Agency PIP Contact Person (if different):	Telephone Number: n/a			
	E-mail Address:			
Lead State Agency Data Contact Person:	Telephone Number: (208) 332-7227			
Jeri Bala	E-mail Address: balaj@idhw.state.id.us			

State PIP Steering Committee Team Members * (name, title, organization)

Shirley Alexander, Child Welfare Project Manager, IDHW

Ken Deibert, Division Administrator, IDHW

Frank Sesek, Deputy Division Administrator, IDHW

Mike Peterson, Deputy Division Administrator, IDHW

Chuck Halligan, Children's Mental Health Project Manager, IDHW

Kathy Morris, CFS Program Specialist, IDHW

Karl Kurtz, Director, IDHW

Al Drennan, Project Manager, Any Door Initiative

Marian Woods, Integrated Services Planner, IDHW

State PIP Team Members

- 1. DeNene Banger, Nursing Supervisor, Panhandle Health District
- 2. Marlene Bubar, Chief of Social Work, IDHW
- 3. Ross Edmunds, CMH Program Specialist, IDHW
- 4. Brenda Evans, Chief of Social Work, IDHW
- 5. Rob Gregory, CFS Program Manager, IDHW
- 6. Julie Stevens, Social Worker, Casey Family Programs
- 7. Representative Margaret Henbest, State Legislature
- 8. Bunny Hodgson, Keeping Children Safe Panel member, community stakeholder
- 9. Todd Hurt, Program Manager, IDHW
- 10. Mary Jones, Infant & Toddler Program Manager, IDHW
- 11. Tom Payne, Chief of Social Work, IDHW
- 12. Roshel Robey, Foster Parent, community stakeholder
- 13. Grant Thomas, Supervisor, IDHW
- 14. Bob West, Chief Deputy State Superintendent, Department of Education
- 15. Lynn Baird, Chief of Social Work, IDHW
- 16. Lanette Bitsilly, Social Svs Director, Shoshone-Paiute Tribes
- 17. Vicki Covelli, Automated System Specialist, IDHW
- 18. Patty Gregory, Director, Idaho Child Welfare Research & Training Center
- 19. Dennis Grenda, Training Program Specialist, IDHW
- 20. Ann Mattoon, Chief of Social Work, IDHW
- 21. Scott Mosher, Director of Clinical Services, Northwest Children's Home
- 22. Mardell Nelson, Program Manager for Program Evaluation & Training, IDHW
- 23. Marie Siebler, Clinical Supervisor, IDHW
- 24. Bob Ball, VP of Programs, Idaho Youth Ranch
- 25. Anne Blair, Clinical Supervisor, IDHW
- 26. Janene Stevens, Foster Parent

- 27. Mike Scholl, Director of Division Operations, Casey Family Programs
- 28. Jim Hardenbrook, Pastor, Church of the Bretheren
- 29. Frances Lunney, CFS Program Manager, IDHW
- 30. Kathi McCulley, Tribal Relations Program Manager, IDHW
- 31. Oscar Morgan, FACS Project Director, IDHW
- 32. Andy Rodriquez, Director, Nampa Housing
- 33. SueRose Salmon, Substance Abuse Evaluator and Treatment Provider, community stakeholder
- 34. Lynn Sanderson, Planner, IDHW
- 35. Korey Soloman, Social Worker, Northstar Agency
- 36. Jeri Bala, Automated System Specialist, IDHW
- 37. Durrell Craig, Detective, Ada County Sheriff's Department
- 38. Carol Fowler, Chief of Social Work, IDHW
- 39. Donna Francis, CFS Program Manager, IDHW
- 40. Representative Kathie Garrett, State Legislature
- 41. Randy Geib, Chief of Social Work, IDHW
- 42. Nancy Hausner, Executive Director, Idaho Children's Trust Fund
- 43. Ganene Jordon, Social Servic es Program Manager, Coeur d'Alene Tribe
- 44. Irene Masterson, Counselor, Domestic Violence Program, IDHW
- 45. Lee Smith, CASA, community stakeholder
- 46. Tammy White, Supervisor, IDHW
- 48. Debra Alsaker-Burke, Director, Court Improvement Project
- 49. Meri Brennan, Adoption Program Specialist, IDHW
- 50. Paul Carroll, Administrator, Department of Juvenile Corrections
- 51. Ann Cosho, Deputy Public Defender, Ada County
- 52. Kathy James, CFS Program Manager, IDHW
- 53. Kurt Lyles, CFS Program Manager, IDHW
- 54. Kathleen MacGregor-Irby, Deputy Prosecuting Attorney, Ada County
- 55. Tim Sanders, Supervisor, IDHW
- 56. Judge Bryan Murray, Juvenile Court Magistrate Judge
- 57. Judge Karen Vehlow, Juvenile Court Magistrate Judge
- 58. Rob Naftz, Deputy Attorney General, AG's Office
- 59. Kirt Naylor, Governor's Children At Risk Task Force Chair
- 60. Kelly Shoplock, Licensing Social Worker, IDHW
- 61. Phil Robinson, Prosecuting Attorney, Bonner County
- 62. Krystal Schvaneveldt, Executive Director, Idaho CASA Association
- 63. Diane Watson-Martin, Chief of Social Work, IDHW
- 64. Brandelle Whitworth, Tribal Attorney, Shoshone-Bannock Tribes
- 65. Judy Boothe, Automated System Specialist, IDHW
- 66. Nancy Espinoza, Supervisor, IDHW
- 67. Mickey Harmer, Foster Care and Independent Living Program Specialist, IDHW

- 68. Larry Honena, Director of Services, Northwest Band of the Shoshone Nation
- 69. Kary Ledbetter, Foster Parent
- 70. Kathy McDermott, Supervisor, IDHW
- 71. Bill McKee, Chairman, Interfaith Council
- 72. Fred Kirn, CFS Program Manager, IDHW

Attachment B

Idaho Child Welfare Plan for Continuous Quality Improvement January 14, 2004

I. Continuous Quality Improvement Objectives

The objectives of the Child Welfare Continuous Quality Improvement plan are:

- To assure that each client receives the best possible services;
- To provide necessary information for designing and delivering services;
- To assure that services meet state and federal standards;
- To encourage and support staff in improving skills in serving clients and in managing agency resources;
- To identify staff training needs, policy development, and system improvements;
- To meet the essential elements of the federal requirements for a quality assurance system that will allow Idaho to Improve outcomes through continuous quality improvement; and
- To allow Idaho to monitor and report progress on its Program Improvement Plan associated with the Child Family Services Review.

II. Relationship to Agency Mission and Goals

The child welfare Continuous Quality Improvement plan will assist in meeting the following Department of Health and Welfare strategic goals:

- (1) Idaho Department of Health and Welfare, Children and Family Services will become a learning organization:
- (2) Individuals, families, and communities will be strengthened; and
- (3) Children and Family Services will actively promote and protect the economic, mental and physical health and safety of all Idahoans.

III. Plan Responsibilities and Coordination

A. Regional

Each regional office will have a Regional Child Welfare Continuous Quality Improvement Team to coordinate quality improvement activities in the region. At a minimum the team should consist of the following:

- Regional Chief of Social Work or designee;
- Supervisors who are not associated with the field office or are part of the case. They may include individuals from another field office within the regional boundaries or individuals from other regions;
- Case worker whose case is being reviewed (present to answer questions and receive feedback); and
- Supervisor for the case worker (available for questions and feedback).

The team may also include:

• Community partners such as Casey Family Programs, university partners, Keeping Children Safe Panel Members;

- Child Welfare Program Specialists from Central Office; and
- Social workers from another field office within the regional boundaries or individual from other regions.

The number of cases to be reviewed will determine the membership and size of the team.

The Child Welfare Chief of Social Work will have the primary responsibility for the child welfare continuous quality improvement activities in the region, and will serve as chair of the Regional Child Welfare Continuous Quality Improvement Team. The role of the Child Welfare Social Work Chief is to organize the review and maintain consistent practice standard expectations.

Quarterly the Regional Continuous Quality Improvement Team will report its activities and recommendations to the Statewide Continuous Quality Improvement Committee.

Training

To promote inter-rater reliability, members of the review team will be trained on the review process and review instrument prior to participating in a review. On-going training will be offered to all Children and Family Service staff to set continuous quality improvement expectations and familiarize them with the process.

B. Statewide

The Child Welfare Subcommittee will serve as the Statewide Child Welfare Continuous Quality Improvement Committee. The committee consists of the Child Welfare Chiefs from each region and two Child Welfare Program Managers.

C. Individual

It is recognized that continuous quality improvement is the responsibility of every child welfare employee. The responsibility for quality cannot simply be assigned to a committee or summarized in a plan. Instead, each social worker, supervisor, and support person has a responsibility to always do their best in serving children and families. Each person also has the responsibility to encourage and challenge colleagues to do their best.

IV. Program Components

The Child Welfare Continuous Quality Improvement Plan has three components:

- Case Review
- Internal Review Systems
- External Review Systems

The external review systems section of this plan addresses those quality improvement activities which are conducted by people outside the Idaho Department of Health and Welfare. The internal review systems are those activities conducted by IDHW employees. The case review is a specific formal review of child welfare cases.

Each of the three components is important to the overall continuous quality improvement program. The following plan has a section on each component.

V. Case Review System

A. Standards for Review

The CQI checklist, adapted from the CFSR instrument, and information incorporating the hearings and IV-E findings will be used to review cases.

B. Information to Review

The reviewers will use information from FOCUS and the non-electronic case file to review the case. They will also interview the social worker assigned to the case and may include his/her supervisor.

Case reviews will involve interviews with the families and children being served, including foster families, to consider their feedback in determining the effectiveness of the child welfare services. The social worker assigned to the case will also be interviewed along with his/her supervisor.

C. Cases to Review

A variety of child welfare cases will be reviewed each year. This includes:

- Cases with in-home services that have been opened for a minimum of 60 days; and
- Cases with children in out-of home placement.

For those cases selected for review, attention will also be given to prior referrals screened out as "information and referral," and risk assessments that were completed but not opened for services.

D. Time Period to be Reviewe d

Cases will be randomly selected, drawn from the FOCUS system at Central Office, using a rolling period of time to include 13 months prior to the date of the case review. This criteria will allow us to review on year of data from the previous AFCAR period.

E. Number of Cases to be Reviewed

Every three months, a total of 36 cases will be reviewed from three regions. Boise, the largest metropolitan office, will be included in each review. An annual schedule has been developed to include all field offices in the review process. A minimum of three regions will be reviewed quarterly and all regions (excluding Region IV) will be reviewed twice a year. The Boise office will participate in four case reviews per year. Each quarter, sites participating in the review will have the following criteria for case review selection:

Boise

5 in-home services cases

5 out-of-home placement cases

Two cases will be selected during each review from Mountain Home or McCall.

Each of the other regions selected will have a total of:

6 in-home services cases

6 out-of-home placement cases

Feedback Loop

Regional Feedback

The regional CQI team will give feedback to the social worker whose case has been reviewed. The social worker's supervisor and Chief of Social Work should also be included in that discussion.

The regional CQI team will prepare a summary report that outlines the results of the quarterly case reviews. The quarterly summary report will be discussed at a regional management team meeting to identify regional training needs, supervisory needs, and monitor compliance with best practice standards. Quarterly summary reports will be forwarded to Central Office with the CQI Case Summary instruments. Central Office will return the Case Summary instruments to the region at the end of each quarter.

VI. Internal Review System

A. Supervisory Reviews

Regular supervisory reviews are one of the most important parts of the agency's continuous quality improvement activities. It is expected that the CQI process will continue to support and encourage quality supervisory reviews. As part of Children and Family Services CQI process, supervisors should consider the following questions, activities, and decisions at critical points in the life of a case as outlined in the Supervisor's check list (to be developed as part of Idaho's PIP).

Using Data To Monitor Outcomes

Additionally, the following FOCUS reports should be used by supervisors and reviewed by program managers to assess regional practices. Discussion of the reports will be incorporated in the quarterly CQI regional management meetings. They will also be used in Central Office to monitor and report progress on our Program Improvement Plan.

Child Welfare Outcome Report

Timeliness of Investigation Report

Caseload Report

Contact/Visitation Report (to be developed)

Re-Entry Report (to be developed)

Re-Maltreatment Report (to be developed)

Stability of Foster Children (to be developed)

Well-Being Report (to be developed)

Foster Parent Notification (to be developed)

Independent Living Report

VII. External Review Systems

A. Comprehensive Child Welfare Plan

Idaho has developed a plan for utilization of Federal child welfare funds. Each year the state reports on its progress towards achieving the goals of the plan. A draft report will be presented to the following committees for review and input:

- Supreme Court Committee to Reduce Delays for Children in Foster Care;
- Children at Risk Task Force:
- Idaho State and Idaho Tribal Indian Child Welfare Committee; and
- Keeping Children Safe Panels (Citizen Review Panels).

B. Keeping Children Safe Panels

Each region has a Keeping Children Safe Panel that provides citizen review for the child protection system in the region. Although the panels operate independently, each panel reviews a sampling of child protection cases in the region. Additionally, they may interview stake holders such as judges, prosecutors, CASA, foster parents, child welfare social workers, and supervisors as part of their review of the child welfare system. Their reviews and recommendations are an important part of the CQI activities in the region since they assist the regional child protection staff in evaluating the quality of services.

After reviewing the child welfare system and participating in case reviews, annually the KCS Panels prepare a report, listing their recommendations for improving child protection services in the state. The Statewide CQI Committee will review and implement the KCS recommendations as feasible. Within six months of receiving the KCS panel member's recommendations, Central Office child welfare specialists will respond in writing, communicating the states progress in implementing their recommendations.

C. Stakeholder Input

Surveys gathering input regarding the performance of the child welfare system will be sent annually to the following:

- Prosecutors assigned to child welfare cases;
- CASA;
- Magistrate Judges assigned to child welfare cases;
- Defense Attorneys assigned to child welfare cases; and
- Keeping Children Safe Panel Members.

The surveys will be sent from Central Office. Once the data is compiled it will be distributed for regional and statewide analysis.

Annually, the Idaho State and Idaho Tribal Indian Child Welfare Committee will be interviewed to gather input regarding the performance of the child welfare system.

D. Judicial Reviews

The Idaho judiciary reviews child protection cases in each region according to mandates outlined in Idaho's Child Protective Act.

E. Fatality Review

The Statewide CQI Committee will review the summary of regional child death reviews, to evaluate the need for any changes in agency practice or procedures.

Statewide Feedback

The statewide CQI team will review information from the regional case review summaries, the annual stakeholder surveys, the KCS panel recommendations, and the findings of the child death reviews to make recommendations regarding staff training, policy development, and other decisions regarding best practice expectations.

Attachment C

Continuous Quality Improvement Case Review Schedule for 2004

Date of		Number of Cases to Be Reviewed	
Review	Field Offices to be Reviewed	In-home cases	Out of home cases
April 2004	Lewiston	4	4
	Orofino	1	1
	Moscow	1	1
	Caldwell	5	5
	Payette	1	1
	Boise	5	5
	McCall	1	1
	Blackfoot	3	3
	American Falls	2	2
	Soda Springs	1	1
	Preston	1	1
			'
July 2004	Coeur d'Alene	6	6
v			
	Moscow	1	1
	Boise	5	5
	Mountain Home	1	1
	Twin Falls	6	6
		<u>-</u>	-
	Idaho Falls	6	6
	100010 1 0012		v
October 2004	Lewiston		
October 2004	Moscow	1	1
	Grangeville	1	1
	Grangevine	1	1
	Boise	5	5
	McCall	1	1
	Wiccan		
	Nampa	5	5
	Emmett	1	1
	Zimiett	1	<u>.</u>
	Pocatello	6	6
	1 ocateno	U	U

January 2005	Sandpoint	3	3
	Bonner's Ferry	1	1
	Kellogg	1	1
	St. Maries (Benewah)	1	1
	Moscow	1	1
	Boise	5	5
	Mountain Home	1	1
	Burley	2	2
	Bellvue	1	1
	Jerome	3	3
	Rexburg	5	5
	Salmon	1	1

Attachment D

CONTINUING QUALITY IMPROVEMENT CASE SUMMARY

Idaho Department of Health and Welfare Children and Family Services			
Reviewer Name:	Parent Name(s):		
Date of Review:	Child(ren) Name(s):		
Regional Office:	Date of Birth:		
Worker Name:	☐ In-home case Date opened:		
PI#: Dut-of-home case Date child placed:			
Period under review:			

All items apply to the period under review unless otherwise clearly marked.

Item 1	Timeliness of initiating investigation of reports of child maltreatment	Respon	nd Here
	(a) How many reports of suspected abuse or neglect have been received on (all) children in the family?	Life of the C	'ase ()
		During the Pour Under Review	
	(b) In how many of the reports assigned for a response were the		
	investigations initiated in accordance with the state's timeframes and requirements for a report of that priority?		
	(c) In how many of the reports was face-to-face contact with the		
	child(ren) made by the investigating worker within the timeframes		
	designed by state guidelines?		
	(d) Were variances documented?	□ yes	□ no
Item 2	Repeat maltreatment (on any/all children in the family)		
	(a) If there was one substantiated report, was there another		
	substantiated report during the last 6 months?	□ yes	□ no
	(b) If there were more than one substantiated referral, were the referral		
	reasons the same?	□ yes	□ no
	(c) Were the perpetrators the same?	□ yes	□ no
	(d) Were services provided following the first substantiated referral?	□ yes	□ no
	If yes , list services provided to the family here:		
	(e) Were services offered following the subsequent substantiated referral? If yes, list services provided to the family here:	□ yes	□ no
	(f) Did the agency provide or arrange for services for the family to protect	□ yes	□ no

	the children in his/her own home before removal if applicable?			
Item 3	Services to family to protect child(ren) in home and prevent removal			
	(a) If the child was removed from home during the last 24 months, were	□ yes □ no		
	services put in place or was a safety plan initiated to prevent the	□ n/a- child not		
	child's removal from the home?	removed from home or child safety could not be	_	
		ensured through in-hom		
		services.		
Item 4	Risk of harm to child(ren)	Respond Here		
	(a) If the child was removed from home, are there indications that	□ yes □ no		
	case decisions and planning around placement of the child(ren)	☐ n/a- child not		
	outside the home or returning the child home were based on	removed from or returned	d	
	concerns about the child(ren) health and safety?	home		
Item 5	Foster care re -entries			
	(a) During the last 12 months was the child discharged from foster	□ yes □ no		
	care?	☐ n/a- child not		
		removed from home		
	(b) Did the child re-enter foster care?	□ yes □ no		
		□ n/a- child not		
	(a) If the shild re-entered feater care, was the shild under a protective	removed from home		
	(c) If the child re-entered foster care, was the child under a protective supervision order at the time the child re-entered care?	□ yes □ no		
	(d) Re-entry into foster care was due to the same issue as previous	□ ves □ no		
	removal?	□ yes □ no		
	icinovai:	☐ Relapse (sub abus	<u>- () </u>	
	(e) Re-entry into foster care was due to (check all that apply)	☐ Physical abuse	"	
	(c) The entry into roster care was due to (enter an anat appry)	☐ Sexual abuse		
		☐ Neglect		
		☐ Other: specify		
	(f) During the last 12 months was the re-assessment tool used prior to	□ yes □ no		
	reunification or case closure?			
	(g) Did child go home against the recommendations of the Department?	□ yes □ no		
		☐ n/a- child did not re-		
		enter Foster Care		
	If this is an in-home case, please advance to Item #18			
	If this is an in nome case, prease advance to item 1/10			
Item 6	Stability of foster care placement			
	(a) During the period under review, how many foster care placements			
	has the child had?			
	(b) Did any of the placement changes during the current foster care	□ yes □ no		
	episode occur for reasons not directly related to helping the child			
	achieve the goals of his/her case plan?			
	(c) List reasons for the foster care placement changes here:			

	(d) List what efforts were made to prevent each move? List here:	
	(u) List what efforts were made to prevent each move? List here.	
	(e) If the child was moved, were parents (and the child's tribe when	□ yes □ no
	applicable) notified within 7 days of the placement change?	_ 3
Item 6a	Details of alternate care	
Ittiii va	(a) Was an alternate care plan completed within 30 days after a decision	
		□ yes □ no
	was made to first place the child in alternate care?	□ n/a- child not
		removed from home
	(b) Was an alternate care plan filled out every 6 months during the	□ yes □ no
	period under review.	☐ n/a- child not
		removed from home
Item 7	Permanency goal for the child	Respond Here
	(a) What is the child's permanency goal?	
	If the case was closed, what was the most recent permanency goal	
	before the case was closed?	
	(b) Is the permanency goal appropriately matched to the child's	□ yes □ no
	individual needs or permanency and stability	□ n/a- child not
	marviada needs of permanency and statemey	removed from home
	(c) Indicate how many prior permanency goals the child has had and for	Temoved from nome
	what lengths of time.	
	Permanency Goal Goal start date Length of time goal in effect (1)	
	(2)	
	(3)	
	(4)	
	(d) If the child has been in foster care 15 of the most recent 22 months	□ yes □ no
	(or was before the case was closed) or meet other ASFA criteria for	☐ n/a- child not
	TPR, has the agency filed or joined a petition to TPR?	removed from home
	Exceptions include the following: (1) at the option of the state, the	Note any applicable
	child is being cared for by a relative, (2) the state agency has	exception below:
	documented in the alternate care plan portion of the case plan a	
	compelling reason for determining that a TPR would not be in the	
	best interests of the child, and (3) the state has not provided to the	
	child the services that the state deemed necessary for the safe return	
	of the child to the child's home if reasonable efforts of the type	
	described in Section 471(a)(145)(B)(ii) are required to be made with	
	respect to the child.	
	(e) Has IDHW established an appropriate permanency goal for the child	□ yes □ no
	in a timely manner?	□ n/a- child not
	•	removed from home
Item 8	Reunification, guardianship, or permanent placement with relative	
	(a) If the permanency goal is/was one of the above, has the	□ yes □ no
	goal been achieved within 12 months of the child entering foster	□ n/a- (child has other
	care? If NO, list be low the barriers to achieving permanency:	permanency goal or child
	care. If two, hot octom the outliers to defice this permanency.	has been in care less than
		12 months)

Item 9	Adoption		
	(a) If the goal is adoption, is it feasible that the child's adoption will be finalized within 24 months? If NO, list barriers to finalizing an adoption here:	yes no n/a- (goal is not adoption or child has just recently come into foster care)	
Item 10	Permanency goal of other planned permanent living arrangement		
	(a) If the child has the goal of long term foster care, has the permanency	□ yes □ no	
	goal been achieved, i.e.placement is stable, services are appropriate		
	(b) Have other more permanent goals been considered and been appropriately ruled out for the child?	□ yes □ no	
	(c) If the child is over 15 years of age, does the child have an	□ yes □ no	
	independent living plan in the record?	_	
Item 11	Proximity of foster care placement		
	(a) Is the child placed in the same community/county (as the parents)?	yes no no n/a (i.e. TPR has taken place, parents are deceased	
	(b) If the child is placed out of state, was the child visited at least every 12 months by the caseworker?	yes no no n/a (child not placed out of state)	
Item 12	Placement with siblings		
	(a) Is the child placed with siblings who are also in foster care?	yes no no no n/a (no siblings in foster care)	
	(b) If the child is/was not placed with all of his/her siblings, is there clear evidence that separation is/was necessary to meet the needs of the children?	yes no no n/a (child has no siblings or was placed with siblings	
Item 13	Visiting with parents and siblings in foster care		
	(a) What was the typical pattern of contact between mother and child? If there was no contact, please list reasons below:	weekly contact biweekly contact monthly contact less than monthly no visit n/a- contact was contrary to the child's safety or visitation was made available and parents did not show.	
	(b) What was the typical pattern of contact between father and child?	□ weekly contact	

Item 14	Preserving connections			
	(a) Are the primary connections being preserved while the child is in	☐ Significantly		
	foster care placement?	☐ Partially☐ Not at all		
	(b) If the child is Indian, was timely notification sent to the	yes no		
	child's tribe(s)?	n/a (no siblings in		
	cima s 4100(s).	foster care)		
	(c) Is the child placed with the child's extended family or if Indian,	□ yes □ no		
	placed with someone from their tribe or in another Indian home?	n/a (no extended		
	•	family available or child is		
		not Indian)		
Item 15	Relative Placement	Respond here		
	(a) Was the child placed with relatives?	□ yes □ no		
		☐ n/a (no relatives		
		available)		
	(b) Were both maternal and paternal relatives identified and considered	□ yes □ no		
	as placement resources?	n/a (no relatives		
Item 16	Relationship of child in care with parents	available)		
Item 10	(a) During the period under review, did the social worker assist in	□ ves □ no		
	promoting or maintaining the mother/child relationship through	yes no no n/a (contrary to		
	regular visitation or other means?	child's safety or TPR has		
	regular visitation of other means:	taken place or absent)		
	(b) During the period under review, did the social worker assist in	□ yes □ no		
	promoting or maintaining the father/child relationship through	□ n/a (contrary to		
	regular visitation or other means?	child's safety or TPR has		
T4 157	N 1 1	taken place or absent)		
Item 17	Needs and services of child, parents, and foster parents (a) Did the social weeker adaptet by assess and most the needs of the	D		
	(a) Did the social worker adequately assess and meet the needs of the	□ yes □ no		
	children with appropriate services?			
	(b) Did the social worker adequately assess and meet the needs of the	□ yes □ no		
	child's mother with appropriate services? (c) Did the social worker adequately assess and meet the needs of the	□ n/a (TPR done) □ yes □ no		
		□ yes □ no □ n/a (TPR done)		
	child's father with appropriate services? (d) Did the social worker adequately assess and meet the needs of the	` ′		
	foster parents with appropriate services?	□ yes □ no □ n/a (child not in foster		
	Toster parents with appropriate services:	care)		
Item 18	Child and family involvement in case planning			
	(a) Was the mother of the child involved in case planning?	□ yes □ no		
	, , ,	□ n/a (deceased,		
		refused, unable to locate,		
		or TPR has taken place)		
	(b) Was the father of the child involved in case planning?	□ yes □ no		
		n/a (deceased,		
		refused, unable to locate, or TPR has taken place)		
	(c) Was the child involved in case planning?	yes no		
	r	□ n/a (child too young		
		or disabled)		
	(d) Describe family and child's involvement in case planning below:			

Item 19	Worker visits with the child	
	(a) Did the caseworker or Department designee have monthly contact with the child in the home where the child is living?	□ yes □ no
	(b) What has been the most typical pattern of visitation between the	☐ weekly contact
	case worker and child during the period under review?	☐ biweekly contact☐ monthly contact
		☐ less than monthly
		every four months
		□ annually □ never
	(c) Did visits between the caseworker or designee and the children	□ yes □ no
	focus on issues pertinent to safety case planning, services delivery,	, an
	and goal attainment?	
	(d) Did the caseworker or Department designee have at least monthly	□ yes □ no
	contact with the foster parents in the foster home?	☐ n/a (child in their own home)
Item 20	Worker visits with parents	
	(a) Did the caseworker have at least monthly contact with the child's	□ yes □ no
	mother?	☐ n/a (TPR, unable to locate, deceased, refused)
	(b) Did the caseworker have at least monthly contact with the child's	yes no
	father?	\Box n/a (TPR, unable to
	(a) Did the visits between the accounty and maneral(a) focus on issues	locate, deceased, refused)
	(c) Did the visits between the caseworker and parent(s) focus on issues pertinent to case planning, services delivery and goal attainment?	□ yes □ no □ n/a (TPR, unable to
	pertinent to ease planning, services derivery and goar attainment:	locate, deceased, refused)
Item 21	Educational needs of the child	
	(a) During the time under review has the child been enrolled in more	□ yes □ no
	than one school?	□ n/a (child too young for school, not in foster
		care or transitioning from
		elementary to middle
	(b) Were specific educational needs identified?	school) yes no
	If so, were services provided to meet those needs?	□ yes □ no
	(c) Were school records in the case file?	□ yes □ no
		□ n/a (too young for school
Item 22	Physical health of the child	
	(a) Did the child have a medical examination within 30 days of entering	□ yes □ no
	care?	n/a (child not in
		foster care – needs not identified in risk
		assessment)
	(b) Did child have an EPSDT screening?	□ yes □ no

		☐ n/a (no Medcaid)
	(c) Were there periodic dental exams?	□ yes □ no
		□ n/a (child not in
		foster care – needs not
		identified in risk
	(d) Were immersions assended and brought up to date?	assessment)
	(d) Were immunizations recorded and brought up-to-date?	□ yes □ no
	(e) If medical and dental needs were identified, were they treated?	□ yes □ no
		n/a (no needs
	(f) Health meaning years musticled to the shild's factor mounts	identified)
	(f) Health records were provided to the child's foster parents.	□ yes □ no
		n/a (child not in
Item 23	Mental Health of the child	foster care)
Item 25	(a) Did the social worker address the child's mental health needs during	□ ves □ no
	the period under review?	□ yes □ no
	(b) Did the social worker address the child mental health needs by a	□ yes □ no
	screening or initial assessment?	a yes a no
	(c) If mental health needs were identified, did the child receive	□ yes □ no
	treatment or were those needs met?	
Areas nee	eding improvement:	
Systemic	factors to address:	
-		
-		
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Attachment E

Standards to be Developed Identified in Idaho's Program Improvement Plan

A comprehensive list of standards to be developed, identified in Idaho's PIP, was organized in the categories below. Committees for each category were formed and are currently convening to develop assigned standards. Committee membership in each category includes a regional program manager, a regional chief of social work, a program specialist, child welfare supervisors, child welfare line staff, and a member of the Program Evaluation and Training team. Depending on the topic, foster parents university partners, representatives from other IDHW divisions, and community partners may also be included in the standard development process. Proposed standards with commonalities will be combined into a single document. Prior to finalization, the draft standards will be circulated to all regions for regional input. The standard committees will consider the input and make revisions. Training to the standards will begin upon approval of the standard from the Program Management Team.

PIP Action Step

Screening/Intake

Standard to be Developed PIP Action Step

1	1
Develop a standard for determining priorities for intake/screening	1.4
This standard will clarify the following:	
 When to assign a case for assessment; 	
 Consideration of cumulative risk in assigning a priority 	
response; and	
 Criteria for differentiating a case for information and referral 	
or assessment.	

Risk Assessment

Standard to be Developed

Establish and implement standards for immediate safety assessment,	2.1
comprehensive assessment, and re-assessment	18.4
This standard will clarify the following:	
• Purpose and time frames for using Idaho's 3 assessment tools.	
How to conduct an assessment.	
When to open a case for services, considering cumulative risk	
and substantiated dispositions.	
When and how to use family group decision- making.	
How to develop a safety plan.	
Develop and implement a standardized process for responding to	4.1
child abuse and neglect allegations made on members of foster	
families. This standard is being developed by the Child Welfare	
Subcommittee.	
Develop and implement a standardized process for responding to	4.2
child abuse and neglect allegations made on an employee of a	
residential facility. This standard is being developed by the	

Residential Licensing Team and the Foster Care Program Specialist.

In-Home Services

Standard to be Developed

PIP Action Step

3.1
3.3

Case Management Standard to be Developed

PIP Action Step

~ · · · · · · · · · · · · · · · · · · ·	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Develop and implement standards regarding what must happen prior	5.2
to case closure and post case closure to prevent foster care re-entry.	
Develop and implement concurrent planning standard which includes	71
time frames and critical decision making points in a case.	
Develop and implement standards and resources for identifying,	8.1
locating, and engaging parents who are unidentified, incarcerated or	
living long distances form their children to assure reasonable efforts	
to reunify the family are addressed.	
Develop and implement standards for timely paternity testing and	9.3
locating absent parents. This standard will be developed with a cross-	
program workgroup including members of child support enforcement	
and CFS staff.	
Develop and implement standards for linking the assessment to	17.1
services and developing service plans to address the needs of the	
child's mother and father, the child, foster and pre-adoptive parents,	
absent parents and relatives for both in-home and out-of-home cases.	
This standard will emphasize the interconnectedness of assessment,	
case planning, and service provision.	
Develop standards for workers on involving all family members and	18.1
permanent caregivers in the development of the case plan. This	
standard will be combined with 17.1.	
Develop a standard to include specific, measurable, achievable,	25.1
realistic, and time-limited plans which are developed jointly by the	
agency and family. This standard will be combined with 17.1 and	
18.1	
Develop standards for worker/child visitation in the child's home or	19.1
foster home for both open in-home and foster care cases. This	
standard will be combined with worker/parent standard in 20.1. The	
standards in 19.1. and 20.1 will address the following:	
 Location of the visit; 	

 Frequency and duration of visits; 	
 Quality of visits; 	
Purpose of the visit; and	
 Documentation of the visit in FOCUS. 	
Develop and implement standards for worker/parent visitation to	20.1
include both "in-home" and alternate care cases. This standard will be	
combined with worker/child visitation in 19.1	
Standard for teaming with members of other units to prevent delays in	This item was
permanency when a case is transferred from one unit to another such	identified in the
as risk assessment to case management or case management to	final report but not
adoption.	included as an
1	action item in the
	PIP by the PIP
	committee.
Develop and implement a standard for effective service delivery,	36.4
incorporating models and methods for rural areas.	
Establish documentation standards for documenting a case from	37.2
initial referral to case closure.	

Child Well-Being Standard to be Developed

Standard to be Developed PIP Action Step

Standard to be Developed	PIP Action Step
Establish and implement standards for all open cases, including in-	22.1
home cases that address assessment of and meeting the physical and	23.1
mental health needs of children.	
This standard will clarify time frames for assessing and meeting the	
following needs:	
 physical exam; dental care; vision care; hearing care; EPSDT 	
assessment and services;	
 psychotropic medication policy; 	
 mental health screening and assessments; 	
This standard will address providing the child's physical	
health record to parents and foster parents.	
Develop standards for mandatory developmental screening of all 0-3	22.7
year old by CFS workers. Include subsequent referral for assessment	
to the Infant Toddler Program for children suspected of delays based	
on the initial screening. This standard will be developed by	
representatives from the Infant Toddler Program and CFS.	

Alternate Care

internate cure	
Standard to be Developed	PIP Action Step
Revise Policy Memo 00-03 on relative placement.	6.1
This standard will clarify the following:	
 Definition of relative/kin. 	
 At what point do we issue a foster care license for emergency 	
relative/non-relative placements prior to completing 27 hours	
of PRIDE training?	
 Pride training for relatives. 	
 Who should attend PRIDE training? What about participants 	
for other agencies?	

Develop standards for responding to inquiries by those interested in	6.5
applying to become foster parents.	
Develop standard for disclosure of information to foster parent(s)	6.7
regarding children they are being asked to foster.	
Develop standard for supporting foster parents and including them as	6.11
a member of the professional team.	
Develop a standard to clarify process and procedure for timely	29.4
notification of caregivers of court reviews and hearings.	
Develop and implement standards for completion of "Family	34.5
Development Plans." What is the criteria of the mandatory 10 hours	
of annual continuing hours of foster/adoptive training?	
What is the recourse if a foster parent fails to complete the required	
training?	

Permanency Standard to be Developed

PIP Action Step

~r	
Develop and implement a standard for due process and notification	9.5
for TPR on all potential fathers to clarify IDHWs position regarding	28.6
best practice procedures in regard to Idaho's putative father's statute.	
Develop standard to increase timely completion of termination and	7.1 9.6
adoption paperwork requirements.	28.3
Develop and implement permanency practice standards for older	10.1
youth.	
Develop a standard for families to be referred to appropriate	36.6
community resources for post-adoption services.	

Quality Assurance Standard to be Developed

PIP Action Step

Revise the current CFS Continued Quality Improvement process to	Item 31
	10111 5 1
evaluate the quality of services and improvements. This revision is	
assigned to the Child Welfare Subcommittee, consisting of the Chief	
of Social Work from each region, two program managers, and Child	
Welfare Program Specialists.	

Administrative Support Standard to be Developed

PIP Action Step

At what point can a new social work hire assume responsibility for an	T.5
independent caseload?	
Supervisory/staff and staff/case ratios, including a plan of action for	This was not
"overload."	included in the
	PIP but is needed
	to address an
	overburdened
	child welfare
	system.

Attachment F

IDAHO'S PROGRAM IMPROVEMENT TRAINING PLAN

(Includes all trainings identified in the PIP)

Training Title	ActionStep/ Benchmark	Target Audience	Provided by	Dates		
Intake/Screening						
Module A – Introduction to Priority Response Guidelines. This will include training on the standard of responding to child abuse and neglect when allegations are made on a foster family or an employee of a residential facility.	1.4.7 1.6.1 4.2.3 4.1.4	New social work hires or existing staff who attend Child Welfare Academy	Child Welfare Program Specialists	Three times a year beginning March 2004 – Priority Response Guidelines Standard of responding to allegations made on a foster family or employee in a residential facility will be added to academy in July 2004.		
Module B – Assessing Calls for Further Assessment and Assigning a Priority Response	1.5.2	Child Welfare Supervisors	Child Welfare Program Specialists	July 2004		
Standard to Determine Priorities for Intake/Screening	1.4.7	Supervisors (Supervisors will train risk assessment social workers at staff meetings)	Child Welfare Program Specialists by telephone conference call.	April 2004		
Priority Response Guidelines for inter-rater Reliability	1.6.2	All CFS Staff	Regional Chief of Social Work	Annually and as needed based on regional corrective action plans) beginning February 2004		

Standard for responding to child abuse and neglect allegations made on an employee of a residential facility.	4.2.2	Supervisors (Supervisors will train all staff during staff meetings)	Central Office licensing staff and Child Welfare Program Specialist	June 2004
Risk Assessment Training				
Module A2 Interviewing for staff.	2.4.3	All risk assessment staff.	National Resource Center on Child Maltreatment –3 sites of the State to facilitate attendance	August 2004
Module B1 Conducting a thorough risk assessment (including re-assessment) to determine child safety, child well-being, the level of risk, and service plan, reunification, and case closure. This will include making reasonable efforts to prevent removal of children from home through the use of safety plans and court ordered protective supervision.	2.3.1 3.2.4 3.7.5 3.4.2 5.1 5.2	New social work hires or existing staff who attend Child Welfare Academy.	Program Specialist	October 2004 March 2005 July 2005
Module B2 Conducting a thorough risk assessment (including re-assessment) to determine child safety, child well-being, the level of risk, and service plan, reunification, and case closure. Module B will include making reasonable efforts to prevent removal of children from home through the use of safety plans associated with the CFS immediate risk and safety tool and the use of court ordered protective supervision.	2.3.2 3.1.6 3.7.4 5.1 5.2	All risk assessment staff and law enforcement.	National Resource Center on Child Maltreatment –3 sites of the State to facilitate attendance.	August 2004

Module C – Monitoring the safety/risk assessment process	2.5.3	Supervisors	National Resource Center	August 2004
Risk Assessment Standard (includes re-assessment)	2.1.8 5.1 5.2	Supervisors (Supervisors will train risk assessment social workers at staff meetings)	Child Welfare Program Specialists by telephone conference call.	June 2004
Standard for responding to child abuse and neglect allegations regarding foster families.	4.1.3	Supervisors (supervisors will train intake/risk assessment, and case management social workers during staff meetings)	Child Welfare Program Specialists by telephone conference call.	April 2004
Engaging Families in the Child Welf	are Proce	SS		
Module A1 – Introduction to engaging families through family centered practice. This training will also train to standard of engaging parents who are unidentified, incarcerated or living long distance from their children, including paternity testing.	3.7.5 3.9.3 8.2.2 9.4.3 17.2.2 18.2.2	New social work hires or existing staff who attend Child Welfare Academy	Child Welfare Program Specialists and/or University partners	November 2004 (Enhancement to Child Welfare Academy)
Module A2 – Using Family Centered Practice Techniques in Engaging Families. This training will also train to the standard of engaging parents who are unidentified, incarcerated or living long distance from their children, including paternity testing.	3.9.2 8.2.1 17.2.1 18.2.1	Add CFS staff	National Resource Center on Family Centered Practice – First year3 sites to facilitate attendance.	April 2004
Module A1 Using Family Group Decision Making to increase family involvement.	17.2.2 18.2.2	New CFS hires and existing staff who	University Partners	January 2005 (Enhancement to Child

This training will include the standard of	25.1	attend Child Welfare		Welfare Academy.
using family group decision making and	3.4.2	Academy		
train to the model(s). The standard of family	3.9.3			
involvement will also be included in				
trainings regarding engagement, risk				
assessment, and service planning.				
Module A2 Using Family Group Decision	17.2.1	All Staff	University	
Making to increase family involvement.	18.2.1		Partners/Private	July 2004
This training will include the standard of	25.1		Contractors, 3 sites to	
using family group decision making and	3.4.1		facilitate attendance	
train to the model(s). The standard of family	3.9.2			
involvement will also be included in				
trainings regarding engagement, risk				
assessment, and service planning. Introduction of new standards of	0.2.1	, c	C1 '11 W 10 D	1 2004
	8.2.1 9.4.2	Supervisors will train	Child Welfare Program Specialists by telephone	June 2004
identifying, locating, and engaging parents who are unidentified, incarcerated or living	9.4.2	(Supervisors will train risk assessment social	conference call	
long distances from their children and		workers at staff	conference can	
paternity testing.		meetings)		
paterinty testing.		meetings)		
	~			
Serving Families through In-Home (Cases			
In-home Standard for opening a case for	3.1.6	Supervisors	Child Welfare Program	May 2004
services and developing case plans for in-	3.4.1	(Supervisors will train	Specialists by telephone	
home cases. This standard will also be		risk assessment social	conference call.	
trained in service planning. See Action		workers at staff		
items 17.1 and 25.1		meetings)		
Service Planning				

Module A1 – Effective interventions in	17.2.1	All CFS staff.	Child Welfare Program	September 2004
child welfare practice to individualize	18.2.1		Specialist and	
service delivery and link services to needs	3.4.1		University Partners – to	
identified in the assessment. Training will	25.2.1		be held in 3 locations of	
be combined with module B			the state to facilitate	
			attendance.	
Module A2 – Effective interventions in	17.2.2	New social work hires		3 times a year beginning
child welfare practice to individualize	18.2.2	or existing staff who	Program Specialist/	March 2005
service delivery and link services to needs	25.2.1	attend Child Welfare	University Partners	
identified in the assessment. Training will	3.4.2	Academy		
be combined with module B.	25.2.3			
Module B1 Writing individualized	17.2.1	All CFS staff.	Program	September 2004
measurable, achievable, realistic, and time-	18.2.1		Specialist/University	_
limited service plans which are developed	25.2.3		Partners – To be held in	
jointly with the agency and the family.	3.4.1		3 locations of the state	
			to facilitate attendance.	
Module B2 Writing individualized	18.2.2	New social work hires		3 times a year beginning
measurable, achievable, realistic, and time-	25.2.1	or existing staff who	Program Specialist/	March 2005
limited service plans which are developed	3.4.2	attend Child Welfare	University Partners	
jointly with the agency and the family.	25.2.3	Academy		
Standard on service planning.	18.2.1	Supervisors	Program Specialist	June 2004
	25.2.1	(Supervisors will train		
		staff)		
Module C1Standard on documentation for	37.3.1	Supervisors	Program Specialist	December 2004
effective service delivery.		(Supervisors will train		
		staff)		
Module C2" Documentation in Child	37.3.2	New social work hires	Program Specialist	January 2005
Welfare for Effective Service Delivery"		or existing staff who	University partner	
		attend Child Welfare		
	l	Academy		1

Child Well-being in In-Home and Out-of-Home Cases				
Children's Mental Health Conference workshop, "Coordinating Children's Mental Health and Child Welfare cases and developing a system of care around child well-being."	22.2.2 23.2	Child Welfare Staff, foster parents, community partners	Children's Mental Health Program Specialist	May 2004
Children's Mental Health Conference workshop, "Infant Mental Health."	22.2.2	Child Welfare Staff	Infant and Toddler Program Specialists	May 2004
Developmental Screening for Children Ages 0-3.	228.1	Child Welfare Staff	Infant Toddler Program Specialists	November 2004
Child Well Being	22.2.3 22.8.2	New social work hires and existing staff who attend Child Welfare Academy	Infant Toddler Program Specialists	November 2004 (new session added to Child Welfare Academy)
Standards on assessing and meeting the physical and mental health needs of children in all open cases for services.	22.2.1 23.2	Supervisors (Supervisors will train social workers at staff meetings)	Child Welfare Program Specialist by telephone conference call.	May 2004
Standards for Worker/child visitation in the child's home or foster home in in-home and foster care cases. This standard is combined with worker/parent standard in 20.1.	19.1.7 20.1.8	Supervisors (Supervisors will train staff at worker meetings)	Child Welfare Program Specialists by telephone conference call.	May 2004
Permanency Through Concurrent P	lanning			
Introduction to Concurrent Planning Module A1. This training includes IDHW standards and best practice methods regarding concurrent planning.	9.4.3 7.2.2 7.5.7 10.2.1	New social work hires or existing staff who attend Child Welfare Academy.	Program Specialists or university partners	Three times per year beginning January 2005

Module A2 This training includes advanced concurrent planning principles and practices for experienced Child Welfare staff.	28.5 29.4.3 7.5.6 8.2.1 9.4.2 10.2.1 28.5 29.4.3	All Child Welfare Staff	National Resource Center on Foster Care and Permanency Planning –To be held in 3 locations of the state	January 2005
Child Welfare Adoption Academy This training includes advanced concurrent planning, the adoption process and standards for timely completion of termination and adoption paperwork.	8.2.1 9.4.3 9.7.1 10.2.1 28.5 36.7.1	New and existing permanency planning staff and adoption community partners.	Permanency Program Specialist	September 2004 (Additional sessions will be scheduled depending on the number of new adoption hires.
Advanced Adoption Academy – This training includes involving the family in preparing adoption assistance requests and preparing court reports.	28.5 36.7.2	Experienced Adoption social workers	Permanency Program Specialist – To be held in 3 locations of the state to facilitate attendance.	December 2004
Concurrent Planning Standard; Standard for due process and notification for TPR on all potential fathers; Standard for timely completion of termination and adoption paperwork. Standard which includes time frames and critical decision making points in a case regarding concurrent planning.	7.2.1 9.4.1 9.7.1 28.5	Supervisors and Deputy Attorney Generals (DAGS and supervisors will train all CFS staff) (Permanency Program Specialist, Jeanne Goodenough	July 2004
Standard for permanency practice for older	10.2.1	Case management and	Permanency Program	September 2004

youth. This standard will also be included in concurrent planningModule A1 and Child Welfare Adoption Training.	28.5	Permanency Planning Supervisors (supervisors will train their staff)	Specialist	
Rule changes to clarify the process and procedure for timely notification of caregivers of court reviews and hearings.	29.4.3	Supervisors (Supervisors will train risk assessment social workers at staff meetings)	Child Welfare Program Specialists by telephone conference call.	July 2004
Standard for Post Adoptions	36.7.1	Supervisors (Supervisors will train risk assessment social workers at staff meetings)	Child Welfare Program Specialist by telephone conference call	September 2004
Judicial Training/ CFS staff Trainin	g regardin	g Judiciary Topics		
Judicial training to be conducted in each Judicial District. This training will include the purpose of case planning and the	3.2.3 7.4.3 7.5.4 & .5	Judiciary, law enforcement, CFS staff, DAGS	CIP staff	Training to be scheduled in each judicial district to
importance of involving the family in the process. It will also include the right of foster parents to receive notifications of reviews, hearings and to be heard, as well as using protective supervision to reduce risk when the family refuses to voluntarily work with IDHW, but the case does not meet the status of imminent danger. Judicial oversight in concurrent planning will be address as will ASFA and TPR.	7.7.3 25.2.2 28.1.2 28.5 29.2.2			begin September 2004 through January 2005 (dates pending CIP strategic planning meeting – January 2004)

conference on the following items: Utilizing court-ordered home visitation; judicial checklist for concurrent planning	29.2.2	conference		
Individualized judicial training for new magistrates on ASFA, TRP, and concurrent planning.	7.5.3	New magistrates	Judge Murray (CIP)	Ongoing beginning December 2004
Standard for using protective supervision when risk is moderate to high, but the case doesn't meet the standard of imminent danger.	3.1.6	Supervisors (Supervisors will train risk assessment social workers at staff meetings)	Child Welfare Program Specialists by telephone conference call	June 2004
Alternate Care Training				
Module A1Alternate Care in the Child	6.2.2	New social work hires	Child Welfare Program	August 2004
Welfare System. This training includes	6.8.2	or existing staff who	Specialists and/or	(enhancement to Child
placement preferences, standards for	6.12.2	attend Child Welfare	University partners	Welfare Academy).
emergency placement, disclosure of	6.14.3	Academy		
information to foster parents, supporting	29.4.5			
and including foster parents as a	34.5.7			
professional member of the team, and				
notification of foster parents of reviews and				
hearings and the right to be heard.				
Module A2 Alternate Care in the Child	6.2.1	All CFS staff	National Resource	
Welfare System. This training includes placement preferences, standards for	6.8.1	All CF3 Stall	Center on Foster Care	June 2004
emergency placement, disclosure of	6.14.2		and Permanency	June 2004
information to foster parents, supporting	0.17.2		Planning (Lori Lutz)	
and including foster parents as a			Timining (Don Dut)	
professional member of the team, and				
notification of foster parents of reviews and				

hearings and the right to be heard.				
Annual Foster Care Conference	6.8.3 6.14.5 29.1.1	Foster parents, CFS staff, and community partners.	National Resource Center on Foster Care and Permanency Planning, Child Welfare Program Specialists, and University partners.	October 2004 October 2005
Alternate Care Standards regarding preference placements, disclosing information to foster families, including foster families as a member of the team, and providing notification to foster parents of the all review and permanency hearings, and completion of Family Development Plans.	6.2.1 6.12.1 6.8.1 34.5.7	All CFS staff	Child Welfare Program Specialist	July 2004
Standard for Foster Parent Recruitment	6.5.7 6.12.1	Foster care licensing staff	Child Welfare Program Specialist	August 2004
Foster Family Training				
PRIDE train-the-trainer sessions	34.2.2	Licensing Staff, foster parents who serve as trainers and university staff.	University Partners & CWLA	Januaray 2004
PRIDE Curriculum Standards regarding foster parents will be incorporated into the PRIDE Curriculum.	4.1.5 6.2.3 6.8.3 6.9.5 6.12.3 29.2.3	Relative and non-relative foster parents	Regional licensing staff and university partners.	June 2004
PRIDE overview for experienced staff	6.14.6	CFS staff	Regional licensing staff and university partners	February 2004

PRIDE pre-service training	6.14.4	New CFS social work hires	Regional licensing staff and university partners	ongoing beginning February 2004
PRIDE training regarding completing a family assessment and "Family Development Plans."	34.2.3	Licensing staff	University partners and regional licensing staff	February 2004
PRIDE training for seasoned staff and seasoned foster parents (condensed version)	34.2.4	Experienced CFS workers and seasoned foster parents	Regional licensing staff and university partners	March 2004
27 hours of PRIDE curriculum implemented in all regions of the state.	34.2.5 34.2.6 34.2.7 34.2.8 34.2.9 34.2.10 34.2.11	All new foster/adoptive parents	Regional licensing staff and university partners	February 2004
Resource Development Training				
Accessing Idaho CareLine's Resource Data Base for a complete listing of services in Idaho.	6.10.4 22.6 23	Child Welfare Staff	Idaho CareLine Staff	August 2004
Substance Abuse Relapse Training	5.3 35.2.6	All staff	University partnership	September 2005
Availability of adult mental health resources and how to access them effectively.	36.2.2	CFS staff	Adult and Children's Mental Health Program Managers	October 2004
Standard for effective service delivery, including models and methods for rural areas.	36.5.1	CFS staff	Central Office Program Manager	January 2005

Module A1Rural Service Delivery	36.5.2	CFS Staff.	Central Office Program Manager and University partner.	February 2005
Module A2 Rural Service Delivery	36.5.3	New social work hires or existing staff who attend Child Welfare Academy	Program Specialist and University partner.	March 2005
Revised Child Welfare Academy				
Train to the transfer of learning theory and	T.4.1	Program Mangers,	Central Office Program	February 2005
the supervisory role in using the "Idaho	T.4.2	Chief of Social Work,	Managers and	
Passport."		Supervisors	University partners	
Standard to determine how and when a new	T.5.7	Program Mangers,	Central Office Program	June 2004
social work hire will assume responsibility		Chief of Social Work,	Manager	
for an independent caseload.		Supervisors		
First session of the extended Child Welfare	T.6.3	New social work hires	Child Welfare Program	October 2004 with other
Academy is initiated.		or existing staff who	Managers and	sessions scheduled
		attend Child Welfare	University parters.	throughout the year
		Academy.		(schedule to be developed as part of PIP).
				as part of f if j.
Supervisor Training				
Performance management training	T.8.2	All CFS supervisors	Learning Organization Group	May 2004
Supervisor training (subject matter	T.8.3	All Child Welfare	Child Welfare Program	November 2004
identified in T.7).	T.11.5	supervisors	Specialists and	
			University Partners	
			Training to be held in 3	
			locations of the state to	

			facilitate attendance.	
New Supervisor Training	T.8.4 T.11.5	All new supervisors	Child Welfare Program Specialists and University Partners	Quarterly beginning February 2005
Second annual Supervisor training Curriculum to be identified from the CQI process in 2004.	T.8.5 T.11.5	All Child Welfare supervisors	Child Welfare Program Specialists and University Partners	September 2005
Culturally Competent Service Deliv	ery			
Module A1 ICWA provisions from early identification, prompt notification of tribes, placement preferences, and active efforts.	7.7.4	New social work hires or existing staff who attend Child Welfare Academy.	Program Specialists or university partners	Beginning November 2004 (enhancement to academy).
Module A2 ICWA provisions from early identification, prompt notification of tribes, placement preferences, and active efforts. This training will be incorporated into the "Court Institute (see "Judicial Training/CFS Staff Training regarding Judiciary Topics" above)	7.7.3	CFS staff, deputy attorney generals, judiciary, CASA, private attorneys, providers, tribal courts, and tribal Indian Child Welfare personnel.	National Indian Child Welfare Association CIP, Kathy McCulley	May 2005 (dates pending CIP strategic planning meeting – January 2004)
Quality Assurance (CQI)				
Inter-rater reliability in reviewing cases using the CQI instrument	31.5.2 31.5.3	Chief of Social Work, Supervisors, and other individuals selected to serve on Regional CQI teams.	Child Welfare Subcommittee and Program Specialist	Annually, beginning April 2004

Idaho's Continued Quality Improvement Process. Training will explain their role as a participant in the CQI process.	31.5.4	All CFS staff	Child Welfare Subcommittee and Program Specialist	April 2004
FOCUS Reports and Enhancements				
Revise FOCUS report to calculate the	1.1.10	Report Release	FOCUS staff	June 2005
percentage of cases that meet timeframes of IDHW Priority Guidelines		Annual supervisory Training		September 2005
Recurrence of Child Abuse and Neglect	2.7.10	Report Release	FOCUS staff	June 2005
		Annual Supervisory training.		September 2005
Identify and monitor the increase of inhome cases	3.8.10	Report Release	FOCUS staff	April 2005
		Annual Supervisory Training		September 2005
Re-entry of children in foster care report	5.8.10	Report Release	FOCUS staff	June 2005
		Annual Supervisory Training		September 2005
Stability of children in foster care report	6.15.10	Report Release	FOCUS staff	June 2005
		Annual Supervisory Training		September 2005
FOCUS system alert and integrity rule requiring reassessment prior to reunification or case closure.	5.6.10		FOCUS staff	

Child Well Being Report	22.2.11	Report Release	FOCUS staff	June 2005
	23.3			
		Annual Supervisory		September 2005
		Training		
Contact/Visitation Screen	19.2.11		FOCUS staff	
	20.2			
Revised case plan format	25.3.12	Release of	FOCUS staff	June 2005
		enhancement		
Indicator in FOCUS to record caregiver	29.6.10	Release of	FOCUS staff	June 2005
notification of reviews and hearings.	34.5.11	enhancement		