

June 9, 2003

Paul Nusbaum, Secretary
West Virginia Department of Health and Human Resources
Capitol Complex
Bldg. 3 – Room 206
Charleston, West Virginia 25305

Dear Secretary Nusbaum:

Thank you for your letter of May 29, 2003 and the enclosed Program Improvement Plan (PIP). I commend you and your staff on a job well done. It is clear that you have taken this task seriously and have made a commitment to focus on strategic efforts to improve child welfare in West Virginia. I am impressed with the sound strategies, the goals, the action steps and the benchmarks.

The technical assistance effort, which was unprecedented, helped focus attention on key outcomes and strategies. The format utilized for the PIP is well chosen. The narrative, technical assistance plan and matrix provide a clear picture of the strategies, goals, action steps, benchmarks, indicators, and target dates for each outcome and systemic factor. The PIP addresses each outcome and systemic factor not in substantial conformity. The plan indicates that West Virginia will provide quarterly progress reports which will include an update on each of the action plans as well as progress made toward the short term and long term goals.

The most significant question we have concerns the cost in FTE and related expenses for implementing a new major statewide quality assurance (QA) system. We realize that this will require additional staff to conduct the interviews, complete the analysis, and issue reports. Failure to add the necessary resources would affect the overall QA system, the reliability of the data collected and the percentages and goals in the PIP. In addition we look forward to seeing your design methodology for the survey system and the supervisory review system and how they fit into the overall measurement methodology.

Paul Nusbaum – page 2

We have retained a copy of the signed agreement, which supports this PIP, and have enclosed a copy for you. We have also taken action to submit this approved plan to the Children's Bureau so that it will become a public document.

You have made an excellent commitment to resolving each of the non-compliance items identified by the review. You have targeted some strategic changes and improvements that, when achieved, will significantly improve services. We look forward to continuing our work together for children and families in West Virginia.

Please contact me or have your staff contact Gary Koch, Child and Families Program Specialist, at (215) 861-4022, if there are any questions concerning our findings.

Cordially,

David J. Lett
Regional Administrator

Enclosure

CC: Fred Boothe
Brenda McPhail

Program Improvement Plan for West Virginia

The West Virginia Department of Health and Human Resources Bureau of Children and Families has been working to improve the quality of services to the children and families we serve. In the late nineties the department began a system of reviewing cases based on the Child and Family Service Review (CFSR) format used by the federal government. The purpose of the reviews was to prepare the staff for the review that was completed in May 2002. As a result of these reviews, the Bureau determined that we were not providing quality services to the children and families in West Virginia and an effort began to move us in this direction. The Bureau adopted a new mission and vision that shows our commitment to this goal. The new mission is: **“The Bureau for Children and Families provides an accessible, integrated, comprehensive quality service system for West Virginia’s children, families and adults to help them achieve maximum potential and improve their quality of life.”** The new vision is: **“West Virginia’s children, families, and adults have achieved well being, safety, and independence.”** The Federal Review in May of 2002 confirmed what we had found in our local reviews, that children and families in West Virginia needed safety, permanency and well being. As part of our state reviews, two initiatives started in 2002: The Comprehensive Planning and Assessment System (CAPS); and defining social necessity services through the Administrative Services Organization (ASO). These initiatives will assist West Virginia in working to achieve our goals and the outcomes of the CFSR.

The first initiative, the Comprehensive Planning and Assessment System (CAPS) goal was to provide a standardized system of assessing children and families to identify services needed. The Bureau was aware that our staff turn over rate and staffing numbers were directly impacting the quality of assessments being completed and the effectiveness of service planning. The lack of good assessment and treatment planning resulted in the agency providing services that were not needed and did not move families toward independence. West Virginia is not a state of vast resources so it became imperative to move toward a more efficient system. In the past the Bureau has tried to increase staff numbers in order to provide better services but the realization is that we need to be more efficient with the resources that we have and look to expanding our resource base by involving our provider community. There were concerns with this initiative since providers had not always provided the services that we requested. To address some of these issues the providers were involved in the development of the initial frame work of CAPS by determining with state staff assistance the role that the providers will assume. The format is structured to be outcome based in order to do performance based contracting. The role of the Bureau staff will be to monitor the providers to ensure they are meeting the requirements of the contract and therefore the needs of our children and families. As roles change our staff will be able to focus on the quality of the services and ensure that contractual obligations are being met.

A collaborative group of DHHR staff and providers through the development of a framework for CAPS, determined what assessments would be completed, specifying assessments for children and families and the credentials required to perform the assessment. The assessments are leveled based on the needs of the child or the family. The chart below identifies the assessments completed on the child and family and the levels:

Child/Youth B Initial Battery			
Assessment	Tool	Time	By
Psychosocial	WVIACY	Within 5 days of referral	CAPS staff Masters Degree
Physical	Health Check	Within 5 days of referral	Medical Doctor
Care Giver	WV CAPS Care Giver Assessment	Weekly	Care Giver
Personal Safety *	WVCPSS	Prior to referral	WVDHHR SW
Adaptive Functioning	Vineland	Within 10 days of referral	CAPS staff Bachelor degree
	CAFAS	Within 10 days of referral	CAPS staff Bachelor degree
	Daniel Memorial	Within 10 days of referral	CAPS staff Bachelor degree
	Independent Living	Within 10 days of referral	CAPS staff Bachelor degree
	ABS	Within 10 days of referral	CAPS staff Bachelor degree
Child/Youth B Second Battery			
Assessment	Tool	Time	By
Psychological	See Outline/Contract	Within 20 days of referral	CAPS staff Masters Degree
Sex Offender	Juvenile Sexual Offender Decision Criteria	Within 20 days of referral	CAPS staff Bachelor degree
Domestic Violence	(Linda=s tool)	Within 20 days of referral	CAPS staff Bachelor degree
Substance Use	SASSI	Within 20 days of referral	CAPS staff Bachelor degree
Juvenile Service Battery	Jessness Inventory	Within 20 days of referral	CAPS staff Bachelor degree
	Pride in Delinquency Scale	Within 20 days of referral	CAPS staff Bachelor degree

	Youthful Level of Service/Case Management Inventory	Within 20 days of referral	CAPS staff Bachelor degree
Child/Youth - Third Battery			
Assessment	Tool	Time	By
Psychiatric	As indicated	Within 20 days of referral	Medical Doctor

Family B Initial Battery			
Assessment	Tool	Time	By
Psychosocial	WVFFS	Within 5 days of referral	CAPS staff Masters Degree
Personal Safety *	WVCPSS	Prior to referral	WVDHHR SW

Family B Second Battery			
Assessment	Tool	Time	By
Psychological	See Outline/Contract	Within 20 days of referral	CAPS staff Masters Degree
Sex Offender	As indicated	Within 20 days of referral	CAPS staff Bachelor degree
Domestic Violence	As indicated	Within 20 days of referral	CAPS staff Bachelor degree
Substance Use	As indicated	Within 20 days of referral	CAPS staff Bachelor degree
Medical	As indicated	Within 20 days of referral	Medical Doctor

Family - Third Battery			
Assessment	Tool	Time	By
Psychiatric	As indicated	Within 20 days of referral	Medical Doctor

The CAPS will also identify absent fathers and other possible relatives for involvement by doing a genogram in the psycho-social assessment. This information will be given to the DHHR worker who will pursue the relatives as possible placements or involvement in the treatment planning process. With CAPS doing the assessments, the responsibilities of DHHR staff will be to focus on locating and identifying relatives that would be interested in involvement or possible placement. As relatives are identified they will be included in the treatment planning process.

Other items that we had identified that the review confirmed was the involvement of children and families in the treatment planning process. The frame work of CAPS will require that the family and child, if of the age and ability to participate, will be involved in the treatment planning process. The treatment planning process in West Virginia is referred to as the Multi-Disciplinary Team or MDT. To strengthen the involvement of families and the recommendations made by the MDT, the Bureau got a change made in our state law in the 2003 legislative session making families a part of the MDT process and strengthening the decisions made by the MDT with the court. As a result judges who do not agree with the recommendation of the MDT must hold a hearing to consider evidence from the team as to its rationale for the proposed service plan. If the court does not adopt the team=s recommended service plan, it shall make a specific written finding as to why the team=s recommended service plan was not adopted. As part of the CAPS framework the CAPS coordinator and DHHR worker will have a Family Meeting to discuss the assessment process/findings and the MDT. The purpose is to explain the MDT process and the need for their participation in the meeting.

The CAPS provider will complete all required assessments and develop an assessment report for the MDT meeting. The CAPS provider will schedule the MDT within 30 days of the date of custody and ensure that all family members are present. The treatment plan will be developed in the MDT meeting and the services recommended will be submitted by CAPS to the ASO for approval. If the child is being moved to a new placement as a result of the assessment process the new provider will be matched to the needs of the child and will be provided information based on the assessment. The CAPS will remain involved with the child for a specified time frame to ensure that services and placement recommendations are appropriate. Providers will be held accountable for their recommendations.

CAPS will be implemented in phases. The first phase of CAPS will begin July 1, 2003 and will include children placed in shelters, either for the first time or due to a disrupted placement. Phase II will be for children removed from their homes due to child protective service issues and youth service children involved with the department but remaining at home. The third and final phase will include all children involved with the department either through child protective services or youth services. This will include children removed from their homes or children remaining at home. The purpose of the phased in a approach is twofold, one to give providers the time to build the capacity needed and to allow DHHR time

to redevelop the child protective services policy with CAPS.

The second initiative of the Bureau is the development of a system to assure appropriateness of social necessity services. Treatment services are provided through the Medicaid system but there have been few resources in the past to invest in social necessity services. All services identified in the CAPS process will then go through the Administrative Services Organization (ASO) for approval. The purpose of the ASO is to regulate social necessity services to ensure that services provided are based on the needs of the child or family and are at the intensity needed. The ASO will review the services approved every ninety days to ensure the service is still needed and the appropriate intensity. This system will ensure that the services are appropriate based on the assessed needs and will limit services that are not being effective. This system will allow us to collect data on service gaps and help us to identify the areas of the state that we need to concentrate to develop providers. This system will also allow us to use non traditional providers as long as they meet the credentialing for the services provided which will increase service availability.

There are three items listed on the CFSR in which West Virginia was rated in compliance that need to be addressed here. The three items are: recurrence of maltreatment, foster care re-entries and administrative reviews. The data from our SACWIS (FACTS) shows that we are in compliance but there is concern that our data is not accurate. As we move toward correcting the data is expected that we will see an increase in the percentages on these items which will make us out of compliance. Though it was not a requirement to address these issues since they we were in compliance, West Virginia will be looking at each of these items to not only correct the data but to work toward meeting compliance once the data is corrected.

We feel the impact of these major program and technological initiatives will provide relief from an unmanageable workload to DHHR staff and improve retention. We are also undertaking major initiatives to retrain the staff we currently have and develop new worker training that is more comprehensive and consistent with the Council on Accreditation standards.

The Bureau for Children and Families is currently implementing a continuous quality improvement process according to the Council on Accreditation standards and guidelines. In order to measure improvement and quantify progress towards achieving Bureau goals and outcomes, the Bureau will implement a case review process consisting of peer case record review, case record review process completed by the Office of Planning Improvement staff, which mimics the Child and Family Services Review process. In addition, the Office of Planning and Quality Improvement will develop Local, Regional, and State Quality Improvement Councils as the mechanism for feedback and corrective action. The completed implementation of the continuous quality improvement process will not only allow us to measure the effectiveness of the strategies identified for program improvement around the outcomes of safety, permanency, and well being for children and families, it allows us to utilize information collected and modify strategies based upon empirical data.

This information will be disseminated through management reports on a quarterly basis. The management reports will be used as the basis for decision making, corrective action, and localized resource planning in the Quality Improvement Councils. This process encourages all staff to participate and facilitates an awareness of expectations in meeting outcomes for children and families.

The Bureau for Children and Families is requesting technical assistance from various National Resource Centers in order to successful implement this Program Improvement Plan. A list of technical assistance is attached.

All of the aforementioned efforts are directed at improving the quality of services and outcomes to children and families. It is recognized that the Department cannot achieve all of these initiatives alone. We are heavily dependent on our collaborative relationships with stakeholders such as: private providers, court and judicial systems, as well as education and mental health systems. We look forward to strengthening existing relationships and forging new ones in order to achieve the outcomes of safety, permanency and well-being for the children and families in West Virginia.

Technical Assistance Requested			
National Resource Center	Reason	PIP Reference	Date
Family Centered Practice	1. Expand community collaboration and partnerships. 2. Implement a competency based and performance based contracts and outcomes. 3. Implement a competency based family centered practice training.	1. Item 3 Action Step 3 2. Item 17 Action Step 1 3. Item 17 Action Step 1	9-04
Child Maltreatment	1. Improve implementation of risk assessment and decision making model.	1. Item 4 Action Step 4	5-03
Legal & Judicial	1. Increase stakeholder knowledge and awareness of adoption, permanency, and concurrent planning.	1. Item 9 Action Step 2	1-04
Organizational Improvement	1. Implement a case review system.	1. Item 31 Action Step 1	6-03

Definition of Terms and Acronyms

ASO B the Administrative Services organization

BCF- Bureau for Children and Families

CAPS B the Comprehensive Assessment and Planning System

CFSR-Child and Family Service Review

CPS- Child Protective Services

CSM B Community Service Manager . The Community Services Managers are responsible for child welfare services in one or more counties.

DHHR- Department of Health and Human Resources

FACTS B the Family and Children Tracking System which is the acronym for the state=s SACWIS system.

MDT B Multidisciplinary Treatment Team **B** the team established pursuant to 49-5D-3 of the Code of West Virginia. The purpose of the MDT is to develop and oversee the case planning process for children who enter the custody of the Department through Child Protective Services and Youth Services. The MDT remains involved in a case until permanency is achieved.

RD B Region Director. The Department is divided into four administrative Regions and each Regional director is responsible for child welfare services provided within their region.

SACWIS- Statewide automated child welfare information system

Social Necessity Services B services necessary to improve relationships and social functioning. These services include interventions designed to maintain or establish safety, permanency and well being for families and children receiving Child Protective Services and Youth Services.

WV-CPSS B the West Virginia Child Protective Services System which is the name used to designate the structured decision making model used in Child Protective Services. This model includes components to address both risk and safety.

YS- Youth Services- Which includes children who have juvenile delinquency issues or status offence issues.

**Children's Bureau
Child and Family Services Reviews**

“NEW” PROGRAM IMPROVEMENT PLAN MATRIX (PIP MATRIX)

State: West Virginia

ACF Regional Office: Region I 0 Region IV 0 Region VII 0 Region X 0

Region II 0 Region V 0 Region VIII 0

State contact and telephone: Charles Young (304) 558-5204

Region III X Region VI 0 Region IX 0

ACF contact and telephone: Gary Koch (215) 861-4022

Date and quarter submitted: _____

Program Improvement Implementation							
1		2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity		Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
		A ¹	N/A ²				
Outcome S1: Children are, first and foremost, protected from abuse and neglect		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Item 1: Timeliness of initiating investigations of reports of child maltreatment		<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Program Improvement Implementation

1			2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
Item 2: Repeat maltreatment		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Based on 2001 data on repeat maltreatment West Virginia is at 10.1% and found not to be in conformity.	1. Revise the current CPS system to distinguish safety from risk; and to address safety at the beginning of the case; as well as throughout the life of the case. (Assistant Commissioner, Children & Family Policy)	NCANDS, peer review and field review.	1a. Committee formed to work with the NRC for CPS to revise or add to the current model of CPS a distinct and separate safety tool and safety plan and for current and ongoing safety assessment. 1b. Request technical assistance from the NRC to develop the safety tool. 1c. Implementation plan developed by Committee. 1d. Process implemented per plan.	1a. 10-04 1b. 10-04 1c. 01-05 1d. 05-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Incidence of Child Abuse and/or Neglect in Foster Care (Statewide data indicator relating to Item 2)								
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate			Requesting renegotiation of baseline to 31%.		CFSR case review process OPQI	Increase the percentage of cases from 31% to 42% that demonstrate children are safely maintained in their own homes whenever possible and appropriate.	42% 06-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A ¹	N/A ²							
<p>Item 3: Services to family to protect child(ren) in home and prevent removal</p> <p>Items contributing to nonconformity</p> <ul style="list-style-type: none"> • Agency had not made diligent efforts to provide services to ensure children's safety while preventing their placement in foster care. • Lack of consistency among caseworkers in the appropriate assessment of service needs. • Needs assessment was not sufficiently comprehensive to capture underlying problems- needs identified, but not provided for. • Stakeholders identified lack of funding for services, delays in initiating services, gaps in the service array, provision of services that are not matched to the needs of the child, and availability of services and a problem for attaining approval for in-home services. • Accessibility varies depending on geographical location. • The subject of the report has been removed from the home, but the needs of the other children in the home were not assessed. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Increase the percentage of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.</p>	<p>CFSR case review process OPQI</p>	<p>Increase the % of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.</p>	<p>42% 06-05</p>	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 3: ?-Services to family to protect child(ren) in home and prevent removal. . . .			Increase the percentage of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.	1. Utilizing existing test from ACTION for Child Protection, implement a competency based system for certification and classification for CPS workers and direct management. (Assistant Commissioner, Information Technology and Training)	CFSR case review process OPQI	<u>Testing for CPS Supervisors</u> 1h. Regional refresher training and competency testing provided statewide. 1i. Existing protocol for testing of current staff implemented statewide. 1j. Trainee workers tested and certified prior to promotion to CPS worker classification	1h. 03-05 1i. 12-04 1j. 05-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 3: Services to family to protect child(ren) in home and prevent removal			Increase the percentage of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.	1. Utilizing existing test from ACTION for Child Protection, implement a competency based system for certification and classification for CPS workers and direct management. (Assistant Commissioner, Information Technology and Training)	CFSR case review process OPQI	1k. Procedure established and implemented for testing/certification for new hires (new CPS workers). 1l. Competency Testing and certification for CPS workers and management completed.	1k. 06-05 1l. 05-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 3: Services to family to protect child(ren) in home and prevent removal			Increase the percentage of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.	3. Coordinate and expand existing community collaborative and partnership to identify and address service needs on the local level. (Assistant Commissioner, Children & Family Policy)		3a. Position filled. 3b. Staff designated at regional and local level to work with BCF CCP Coordinator.	3a. 01-05 3b. 02-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 3: Services to family to protect child(ren) in home and prevent removal			Increase the percentage of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.	3. Coordinate and expand existing community collaborative and partnership to identify and address service needs on the local level. (Assistant Commissioner, Children & Family Policy)	CFSR case review process OPQI	3c. Define role of summits and community collaboratives in system design. 3d. Resource, tools, and instrument for service inventory developed. 3e. Regional and local interagency cooperative agreements for partnership developed.	3c. 04-05 3d. 05-05 3e. 05-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 3: Services to family to protect child(ren) in home and prevent removal			Increase the percentage of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.	4. Continue statewide implementation of basic domestic violence training, utilizing Child victimization Domestic Violence Policy and Study Group, for altering BCF casework model in CPS to effectively respond to domestic violence. (Assistant Commissioner, Information Technology & Training)	CFSR case review process OPQI	4b. Basic training for 85% domestic violence advocates and CPS workers completed; to be followed by 100% completed. 4f. 100% of Child Welfare staff attended domestic violence training. 4h. Modifications to FACTS completed to indicate presence of domestic violence and substance abuse to be used for reporting and prescriptive interviewing (also see Item #4).	4b. 12-04 06-05 4f. 01-05 4h. 06-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 3: Services to family to protect child(ren) in home and prevent removal			Increase the percentage of cases from 31% to 42% that demonstrate services are provided to the family to protect children in their own home and prevent removal.	6. Evaluate impact of managed system of care for purchase of services ASO on actual service delivery and case outcomes in CPS. (Assistant Commissioner, Office of Planning and Quality Improvement	OPQI Peer reviews Case outcomes ASO reports	6c. Analysis of provider performance completed and documented. 6d. Analysis of client outcomes pursuant to service delivery completed and documented.	6c. Initial 09-04 Ongoing Quarterly 6d. Initial 05-05 Ongoing Bi-Annual	

Program Improvement Implementation

1			2	3	4	5	6	7		
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement		
		A ¹	N/A ²							
Item 4: Risk of harm to child(ren) <ul style="list-style-type: none"> • DHHR has not made sufficient efforts to reduce risk of harm. • Risk assessment is not capturing the underlying issues. • Difficulty using the current decision making model. • Model requires extensive training, experience and skill. • High staff turnover. • Judge refusing to file petitions. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase percentage of cases from 43% to 48% that are rated as a strength in reducing risk of harm to children.	1. Implement support for CPS workers to improve utilization and consistent Application of risk/safety assessment and decision making model for identifying risk and safety issues and making appropriate services selection for risk reduction. (Assistant Commissioner, Children & Family Policy)	CFSR case review process OPQI	Increase percentage of cases from 43% to 48% that are rated as a strength in reducing risk of harm to children. 1a. Request technical assistance from NRC for CPS to assist in the redesign of the CPS system. 1b. Request technical assistance from the NRC for CPS to assist in the design of interim measures for assessment for the ongoing portion of CPS.	48% 06-05 1a. 11-04 1b. 11-04	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 4: Risk of harm to child(ren)			Increase percentage of cases from 43% to 48% that are rated as a strength in reducing risk of harm to children.	2. Assist supervisors in managing by use of data. (Deputy Commissioner)	CFSR case review process OPQI	2a. Convene a work group to develop management reports for supervisors to monitor family assessments in treatment plans.	2a. 10-04	
				4. Assist workers in documenting actions appropriately. (Deputy Commissioner)		2b. Monitoring tools developed and utilized.	2b. 10-04	
						4a. Develop a desk guide for workers and supervisors on defining the appropriate places to document information in SACWIS.	4a. 11-04	

Program Improvement Implementation

1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
		A ¹	N/A ²					
Outcome P1: Children have permanency and stability in their living situation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase percentage of cases from 38% to 50% that demonstrate that children have permanency and stability in their living situation.		Increase percentage of cases from 38% to 50% that demonstrate that children have permanency and stability in their living situation.	43% by 06-04	50% by 06-05

Program Improvement Implementation

1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
		A ¹	N/A ²					
Item 6: Stability of foster care placement Items contributing to non-conformity: <ul style="list-style-type: none"> • Agency did not make diligent efforts to ensure children's placement stability while in FC. • Scarcity of specialized placements. • Inconsistency in matching children with appropriate families or placement settings. • Use of shelter placements without trying to find more appropriate placement • Children are sometimes placed prior to thorough assessment and thorough consideration of providers readiness. • Children are placed sometimes and providers are not always given information about the child. • Foster parents report that they are not provided necessary information to participate in meetings (MDT). 		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase the percentage of cases from 60% to 67% that are rated as a strength in regards to stability of foster care placement.	1. Expand the capacity to meet the needs of children by increasing the number of specialized foster/adoptive beds by 10%. (Deputy Commissioner)	FACTS report Case reviews	1f. Beds increased by 5% per year from established baseline.	1f. 06-05

Program Improvement Implementation

1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 6: Stability of foster care placement			Increase the percentage of cases from 60% to 65% that are rated as a strength in regards to stability of foster care placement.	2. Engage foster/adoptive parents and other provider in casework process. (Deputy Commissioner)	FACTS report Case reviews	2c. Consistency of worker visits with agency policy increased by 5% bi-annually from 64% (See WB-1, Item 19)	2c. 63% by 12-04 65% by 06-05	
Item 6: Stability of foster care placement			Increase the percentage of cases from 60% to 65% that are rated as a strength in regards to stability of foster care placement.	3. Increase the support to foster/adoptive parents. (Deputy Commissioner)	FACTS report Case reviews	3d. Additional resources identified for PRIDE training to existing foster parents. 3e. Begin PRIDE training implementation for existing foster parents.	3d. 12-04 3e. 03-05	

Program Improvement Implementation

1			2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A ¹	N/A ²							
Item 6: Stability of foster care placement				6. Workers will correctly and consistently document child's movements on placement screens. (Assistant Commissioner, Information Technology & Training)	AFCARS Case review	6b. Train provider staff on FACTS-PLUS.	6b. 06-05		
Item 7: Permanency goal for child <ul style="list-style-type: none"> • Delays in revising permanency goals. • Lack of documentation. • Confusion regarding use of guardianship. • Use of long term FC as a goal. • Workers are not knowledgeable about permanency option of subsidized legal guardianship. • Confusion about permanency goals between children, parents, and caseworkers. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children have appropriate and timely permanency goals established in 75% of the case reviewed.	1. Implement training on adoption, permanency, concurrent planning and MDTs, for child welfare staff and direct management.	Training report Case review	1b. Training 100% of existing staff. 1e. Appropriate and timely permanency goals have occurred in 75% of cases.	11-04 1e. 06-05

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
		A ¹	N/A ²					
Item 9: Adoption Items contributing to Non-Conformity: <ul style="list-style-type: none"> • DHHR has not made diligent efforts to achieve adoptions in a timely manner. • Caseworkers do not believe that adoption is an option for all children, particularly older children. • Caseworker attitudes. • Lack of concurrent planning. • Inconsistencies regarding level of knowledge among workers regarding adoption and subsidy. • More training of staff on permanency and adoption issues. Most recent federal profile and our own data profile indicate we are below the national standard of 32%.		☒	☐	Increase the number of adoptions completed within 24 months from 26.4 to 29.4%.	2. Increase stakeholder knowledge and awareness of Adoption, Permanency, and Concurrent planning.	2b. Additional resources identified for PRIDE training to existing foster parents. 2c. Begin PRIDE training implementation for existing foster parents.	2b. 12-04 2c. 03-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 9: Adoption Items contributing to Non-Conformity: <ul style="list-style-type: none"> • Time required to complete the adoption home studies. • Failure to identify and engage fathers early in the process. • Court delays and continuances. • Transfer of cases from the caseworker to the adoption worker after TPR. • Relatives who wish to adopt do not always receive the necessary financial and service supports, including an adoption subsidy. • Foster parents not always seen as first option for adoption, not encouraged to adopt, and not provided adoption information. • Child Planning Agencies do not encourage adoption because they lose the foster home. 			Increase the number of adoptions completed within 24 months from 26.4 to 29.4%.	3. Remove barriers to timely adoptions. (Assistant Commissioner, Children & Family Policy)	Case reviews AFCARS	3a. Subsidy approval process decentralized. 3c. Implemented standardized case transfer process.	3a. 10-04 3c. 10-04	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement		
	A ¹	N/A ²								
Item 10: Permanency goal of other planned permanent living arrangement Items contributing to non-conformity: <ul style="list-style-type: none"> • Agency had not made diligent efforts to assist children in attaining more appropriate goals, such as guardianship or adoption. • Statewide Assessment noted continued use of long term FC, although it is no longer an acceptable permanency option. • Statewide Assessment notes permanency options under utilized for older children. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase the percentage of cases that demonstrate appropriate permanency goals by 10% from established baseline. Established baseline is 50%.	2. Training on adoption permanency concurrent planning and MDT's for child welfare staff and direct management. (Assistant Commissioner, Information Technology & Training)	2. Training reports.	2. Training for 100% of existing staff.	2. 11/04	
Outcome P2: The continuity of family relationships and connections is preserved for children			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children in foster care will have continuity of family relationships and connections preserved from 47% to 50% of cases reviewed.					

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A ¹	N/A ²							
Item 13: Visiting with parents and siblings in foster care Items contributing to non-conformity: <ul style="list-style-type: none"> DHHR had not made efforts to facilitate visits, most frequently between children and fathers. Lack of documentation in concerning efforts to locate fathers. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase the percentage of cases from 56% to 61% that demonstrate compliance with visiting with parents and siblings in foster care.	1. Supervisors will monitor casework practice monthly and document through supervisory conference logs. (Deputy Commissioner) 2. Utilize case aide positions to facilitate visits between siblings and absent relatives. (Deputy Commissioner)s	1a. Modify supervisor conference logs to reflect that absent parents and relatives have been identified and assessed as potential placements at placement. 1b. Supervisors will track and assess monthly. 1c. Supervisors will develop individualized professional development plan with workers found deficient. 2a. Write job descriptions for case aide positions which include duties of assisting and implementing the visitation plan.	1a. 10-04 1b. 10-04 1c. 10-04 2a. 01-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
Item 14: Preserving connections Items contributing to non-conformity: <ul style="list-style-type: none"> Children's connections to family, community, culture, faith, and friends had not been preserved while the child was in FC. 		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Preservation of Children's connections to family, community, culture, faith, and friends will be demonstrated through an increase from 67% to 72% of cases reviewed.	1. Provide skills training for child welfare staff and supervisors to emphasize importance of preserving connections and supporting the parent/child relationship. (Assistant Commissioner, Information Technology & Training)	Case reviews Competency based testing	1b. Training delivered to 100% of existing staff. 1c. Training integrated into new worker training curriculum.	1b. 01-05 1c. 12-04	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
			A ¹	N/A ²					
Item 15: Relative placement Items contributing to non-conformity: <ul style="list-style-type: none"> The agency had not made diligent efforts to locate and assess relatives, as potential placement resources. Inconsistency in seeking paternal and maternal relatives. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase the percentage of cases from 62% to 68% that are rated as a strength in regards to relative placement.	1. Supervisors will monitor case work practice regarding efforts to locate and assess relatives through their monthly supervisory conferences. (Deputy Commissioner)	1a. Supervisory conference logs will be modified to reflect monitoring has occurred. 1b. Supervisors will record on conference logs monthly.	1a. 10-04 1b. 10-04	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
Item 16: Relationship of child in care with parents Items contributing to non-conformity: <ul style="list-style-type: none"> The agency did not make efforts to support the parent-child relationships of children in FC. Lack of effort was particularly problematic regarding efforts to locate fathers and promote visitation and bonding between children and fathers. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase the percentage of cases from 46% to 51% that demonstrate supporting the parent-child relationships of children in FC.	1. Supervisors will monitor casework practice monthly regarding efforts to locate and assess relatives, including absent parents, and services provided to support the relationship. (Deputy Commissioner)	1a. Supervisory conference logs will be modified to reflect monitoring has occurred. 1b. Supervisors will record on conference logs monthly.	1a. 10-04 1b. 10-04	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
Outcome WB1: Families have enhanced capacity to provide for their children's needs. This outcome was rated as needing improvement in 60% of the cases reviewed.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase the percentage of cases from 14% to 20% that demonstrate families have enhanced capacity to provide for their children's needs.				20% by 06-05	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
<p>Item 17: Needs and services of child, parents, foster parents.</p> <p>The needs of and services to children, parents and/or foster parents are not being adequately addressed by DHHR. This Item was rated as an area needing improvement in 46% of cases reviewed. Reasons cited were:</p> <ul style="list-style-type: none"> • Assessments are inadequate, particularly in identifying underlying problems such as substance abuse and domestic violence. • The Agency has not followed up appropriately in all cases to insure that services are delivered and are effective. • There is inconsistency among caseworkers in assessing the need of fathers and involving them in services. • The Agency does not pay sufficient attention in all cases to the service needs of foster parents. • The Agency does not provide services needed by youth in foster care to prepare them for independent living. 		☒	☐	<p>Increase the percentage of cases in which the needs of and services to children, parents and foster parents are adequately addressed from 26% to 31% of cases.</p>	<p>1. Implement a Family Centered Practice based assessment system that is competency based with performance based contracts and outcomes. (Deputy Commissioner)</p> <p>2. Redesign ongoing CPS to include a complete and thorough child and family assessment which will clearly lead to treatment planning based on the need of the child and family. (Assistant Commissioner, Children & Family Policy)</p>	<p>Monitoring reviews Case record peer reviews FACTS reports Surveys Training reports</p>	<p>1f. Deliver family centered practice training that is competency to 100% of existing staff.</p> <p>2a. Request assistance from the NRC in the redesign of the CPS system.</p> <p>2b. Request assistance from the NRC to assist in the design of interim measures for assessment for the ongoing portion of CPS.</p>	<p>1f. 11-04</p> <p>2a. 11-04</p> <p>2b. 11-04</p>	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
		A ¹	N/A ²					
Item 17: Needs and services of child, parents, foster parents.				3. Supervisors will monitor assessment and service plans monthly and document through supervisory conference logs. (Deputy Commissioner)		3a. Convene a work group to develop management reports for supervisors to monitor family assessment and treatment plans. 3b. Monitoring tools developed and utilized. 3c. Supervisors will monitor and document that a family assessment is completed on all open CPS cases and that appropriate services are provided as documented on the assessments.	3a. 10-04 3b. 10-04 3c. 10-04	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 17: Needs and services of child, parents, foster parents.			Increase the percentage of cases in which the needs of and services to children, parents and foster parents are adequately addressed from 26% to 31% of cases.	4. Mandatory domestic violence and substance abuse training for child welfare staff. (Assistant Commissioner, Information Technology & Training)	Training reports	4a. Training of 100% existing child welfare staff.	3a. 01-05	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 17: Needs and services of child, parents, foster parents.			Increase the percentage of cases in which the needs of and services to children, parents and foster parents are adequately addressed from 26% to 31% of cases.	<p>6. Improve consistency among case workers in assessing the needs of absent fathers and involving them in services. (Deputy Commissioner)</p> <p>7. Strengthen level of assessment for needs for foster parents. (Deputy Commissioner)</p> <p>8. Strengthen foster parent involvement in the MDT process through providing critical information to the MDT. (Deputy Commissioner)</p>	<p>Monitoring reviews</p> <p>Case record peer reviews</p> <p>FACTS reports</p> <p>Surveys</p> <p>Training reports</p>	<p>6a. Foster parents needs are adequately assessed in 31% of cases.</p> <p>7a. Distribute a needs assessment to existing foster parents to determine training and support needs.</p> <p>7b. Develop a regional plan to address identified needs.</p> <p>8a. MDT Handbook Developed</p> <p>8b. MDT Handbook distributed.</p>	<p>6a. 06-05</p> <p>7a. 01-05</p> <p>7b. begin 03-05</p> <p>8a. 11-04</p> <p>8b. 12-04</p>	

Program Improvement Implementation

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
Item 17: Needs and services of child, parents, foster parents.			Increase the percentage of cases in which the needs of and services to children, parents and foster parents are adequately addressed from 26% to 31% of cases.	9. Increase the utilization and effectiveness of the Independent Living services. (Assistant Commissioner, Information Technology & Training)	FACTS reports	9a. WV SACWIS system enhanced to allow monitoring of utilization in all applicable cases. 9b. Enhance the SACWIS system to allow monitoring of the utilization rate for the Daniel Memorial Assessment and the Philip Roy Curriculum.	9a. 06-05 9b. 06-05	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
<p>Item 18: Child and family involvement in case planning</p> <p>This Item was rated as an area needing improvement in 68% of cases reviewed. Areas cited were:</p> <ul style="list-style-type: none"> DHHR has not appropriately involved parented or children in the case planning process. There is a low participation rate by parents in the Multi-Disciplinary Team (MDT) meeting which have the objective of creating a working collaboration with the family. 				<p>1. Ensure the families are aware of their right to be involved in the case planning process through the utilization of the MDT process and other case planning mechanisms. (Deputy Commissioner)</p> <p>2. Develop a standard for documentation of child and family involvement in the case planning process into the WV SACWIS system. (Assistant Commissioner, Information Technology & Training)</p>		<p>1a. Distribute the "Rights and Responsibilities" pamphlet to all families and explain their rights to be involved in the case planning process.</p> <p>1b. Standardize where documentation of family involvement should occur in the FACTS system.</p> <p>2a. Interface created with SACWIS and providers to allow documentation directly into SACWIS.</p>	<p>1a. 10-04</p> <p>1b. 11-04</p> <p>2a. 06-05</p>	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
Item 19: Worker visits with child This Item was rated as an area needing improvement in 81% of all applicable cases. Reasons cited were: <ul style="list-style-type: none"> • The frequency and quality of worker visits is not adequate to insure monitoring of child safety and well being. • The department has historically had difficulty making all the contacts the standards of good practice require due to a high rate of staff turn-over. 		☒	☐	Worker visits will increase in frequency to adequately monitor child safety and well being from a 19% strength rating to a 24% strength rating.	1. Utilize case aides to improve quality and quantity of visits with child. (Deputy Commissioner)	1. Job description.	1a. Complete job descriptions of the case aide job classification and include as part of their job responsibilities to participate in visits with parents and children to model and mentor parents in order to facilitate reunification.	1a. 01-05	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
Item 20: Worker visits with parent(s) This Item was rated as an area needing improvement in 88% of applicable cases. The reason cited was that visits with parents are not frequent enough or of sufficient quality to promote the safety and well being of the child or to enhance the attainment of permanency.		☒	☐	Visits with parents will be frequent enough and of sufficient quality to promote the safety and well being of the child or to enhance the attainment of permanency from a 12% level to strength to a 17% level of strength.	1. Utilize case aides to improve quality and quantity of visits with child. (Deputy Commissioner)	1. Job description.	1a. Complete job descriptions of the case aide job classification and include as part of their job responsibilities to participate in visits with parents and children to model and mentor parents in order to facilitate reunification.	1a. 01-05	
Outcome WB2: Children receive appropriate services to meet their educational needs		☒	☐	The number of cases in which children's educational needs are met will increase from a 64% level of strength to a 72% level of strength.					

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
			A ¹	N/A ²					
Item 21: Educational needs of the child This item was rated as an area needing improvement in 37% of applicable cases. Reasons cited included: <ul style="list-style-type: none"> • Foster parents are not always informed of the child's school history and do not receive school records at the time of placement. • The educational needs of children were not properly addressed, casework practices across the state are uneven. • Foster parents tended to be the primary advocates for the educational needs for children (not their caseworkers). 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	The number of cases in which children's educational needs are met will increase from a 63% level of strength to a 69% level of strength.	1. BCF will be involved in the "Out-of-Home Placement Task Force" along with representatives of the Dept. of Education and other stakeholders. (Assistant Commissioner, Office of Planning and Quality Improvement)	1a. The task team will review data from BCF and WVDOE to determine educational needs of children involved with BCF. 1b. The task team will make recommendations based upon the review of data.	1a. 10-04 1b. 05-05	

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	A ¹	N/A ²						
Item 21: Educational needs of the child			The number of cases in which children's educational needs are met will increase from a 63% level of strength to a 69% level of strength.	5. Handbooks will be used to enhance the Multi-Disciplinary Team process regarding educational needs of children. (Assistant Commissioner, Children & Family Policy)	Case reviews FACTS reports Surveys Training reports	5a. Handbook developed for all MDT participants. 5b. Handbook distributed.	5a. 11-04 5b. 12-04	
Outcome WB3: Children receive adequate services to meet their physical and mental health needs			<input checked="" type="checkbox"/>	<input type="checkbox"/>	The number of cases in which children's health and mental health needs are met will increase from a 49% level of strength to a 54% level of strength.			54% by 06-05

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A ¹	N/A ²						
<p>Item 22: Physical health of the child</p> <p>DHHR is not adequately addressing the physical health needs of children in foster care and in-home services cases. This Item was rated as an area needing improvement in 36% of the cases reviewed. Area cited was uneven casework practice across the State and poor documentation of children's health needs and services by Department caseworkers.</p>			<p>The number of cases in which children's health needs are met will increase from a 64% level of strength to a 68% level of strength.</p>	<p>1. Supervisors will monitor in their monthly conferences and review case records to determine that physical health needs have been assessed. (Deputy Commissioner)</p> <p>2. Complete MDT handbooks. (Assistant Commissioner, Children & Family Policy)</p>		<p>1a. Modify the Supervisor's Monitoring Log to include documentation that physical health was discussed with worker in regard to health needs and services.</p> <p>1b. Supervisor will monitor if the family has been appropriately referred for physical needs.</p> <p>1c. Supervisors will monitor that service needs are met on an ongoing basis.</p> <p>2a. Handbook for MDT participants developed</p> <p>2b. Handbook Disseminated</p>	<p>1a. 10-04</p> <p>1b. 10-04</p> <p>1c. 10-04</p> <p>2a. 11-04</p> <p>2b. 12-04</p>	

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	A ¹	N/A ²							
Item 23: Mental health of the child This Item was rated as an area needing improvement in 47% of applicable cases. Reasons cited were: <ul style="list-style-type: none"> • DHHR did not adequately address children's mental health needs. • Mental health services for Children are not documented in the case record. • There is a lack of behavioral health services in the State. 			<input checked="" type="checkbox"/>	<input type="checkbox"/>	The number of cases in which children's mental/behavioral health needs are met will increase from a strength level of 53% to a strength level of 56%.	1. Supervisors will monitor in their monthly conferences and review case records to determine that mental health needs have been assessed. (Deputy Commissioner) 2. Complete MDT handbooks. (Assistant Commissioner, Children & Family Policy)	1a. Modify the Supervisor's Monitoring Log to include documentation that mental health was discussed with worker in regard to health needs and services. 1b. Supervisor will monitor if the family has been appropriately referred for mental health needs. 1c. Supervisors will monitor that service needs are met on an ongoing basis. 2a. Handbook for MDT participants developed 2b. Handbook Disseminated	1a. 10-04 1b. 10-04 1c. 10-04 2a. 11-04 2b. 12-04	

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	A ¹	N/A ²						
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.			1. Increase involvement of parents, children, foster parents, pre-adoptive, and relatives caregivers in the case planning case review process from 32% to 42% by June 2005.	1. Ensure that families are aware of their right to be involved in the case planning process through an invitation to the MDT process and other case planning mechanisms. (Deputy Commissioner)	OPQI District Reviews Peer Reviews FACTS management reports Supervisory reviews	1a. Distribute the "Rights and Responsibilities" pamphlet to all families and explain in their right to be involved in the case planning process. 1b. Standardize where documentation of family in MDT and/or case planning involvement should occur in the FACTS system.	1a. 10-04 1b. 11-04	

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		A ¹	N/A ²					
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase the percentage of permanency hearings for children, within 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter, by 10% from established baseline.	(Assistant Commissioner, Office of Planning and Quality Improvement)	Title IV-E Program Improvement Plan		

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
		A ¹	N/A ²						
Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Increase the percentage of cases which demonstrate notification to foster parents, pre-adoptive, and relatives caregivers in the case planning case review process by 10% from established baseline. (Deputy Commissioner)	1. Establish baseline.	FACTS reports Case review	1b. Increase by 5% by 06-05	1a. Baseline established at 53.3%.	

PROGRAM IMPROVEMENT PLAN RENEGOTIATION

Outcome S1

Item 2: Repeat Maltreatment

Based on 2001 data on repeat maltreatment West Virginia was at 5.7% and found to be in conformity. At that time, we felt that the percentage was higher and that the data was suspect. The most recent data profile indicates that West Virginia is at 10.1% which is likely more accurate.

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
N/A	45%	N/A

The Office of Planning and Quality Improvement has completed CF SR style qualitative reviews in all 33 districts of the state. The 45% is representative of 101 applicable cases. Forty-nine of these cases were determined to have substantially achieved this item. Desk or peer review cases are not included in this total due to the untested validity of the review results.

Action Steps to be added

Item 2. Action Step 1

Revise the current CPS system to distinguish safety from risk; to address safety at the onset of the case; as well as throughout the life of the case.

Benchmark 1a

Committee formed to work with the National Resource Center for CPS to revise or add to the current model of CPS, a distinct and separate safety tool and safety plan for current and ongoing safety assessment.

Benchmark 1b

Request technical assistance from the National Resource Center for CPS to assist in the development of the safety tool.

Benchmark 1c

Implementation plan developed by the committee.

Benchmark 1d

Process implemented per plan.

Outcome S2

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
68.9%	31%	31%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 31% is representative of 121 applicable cases. Thirty eight of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 68.9% baseline set by the CFSR review.

Item 3

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
65.5%	31%	31%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 31% is representative of 109 applicable cases. Thirty seven of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 65.5% baseline set by the CFSR review.

Item 3 Action Step1

3.1h and 3.1j from the original PIP will be combined and numbered as 3.1h on the new PIP , “Refresher training and competency testing of current staff completed” by 3-05.

Item 3 Action Step 3

Benchmarks for Item 3.3 are out of a logical sequence. Benchmark “a” has been completed. Two of the activities are the same. In addition, the Division of Child and Family policy is engaged in a dispute with Department of Personnel regarding the classification of this position which has resulted in a delay in posting the position. We are requesting the action steps read as follows:

Benchmark 3a

3a. Position filled.

Benchmark 3b

3b. Staff designated at the regional and local level to work with BCF CCP Coordinator.

Benchmark 3c

3c. Define role of summits and community collaboratives in system design.

Benchmark 3d

3d. Resources, tools and instruments for service inventory developed.

Benchmark 3e

3e. Regional and local interagency cooperative agreements for partnership developed.

Item 3 Action Step 4

4b. Request to change dates to 12-04 and 6-05 as the training of trainers, conducted by the Domestic Violence Coalition, did not occur until June 04 and this benchmark could not be completed until the training of trainers occurred. The scheduling of this training was done by the Domestic Violence Coalition.

Item 4

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
74%	43%	43%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 43% is representative of 122 applicable cases. Fifty four of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 74% baseline set by the CFSR review.

The following items will be added to Item 4. A complete redesign of the CPS system will take years. Immediate actions are necessary to ensure the adequacy of assessments and reduce the risk of harm to children. Interim measures will be implemented and supervisors will be required to monitor the use of the instruments developed. These action steps appear again in Item 17.

Item 4. Action Step 1

Benchmark 1a

1a. Request assistance from the National Resource Center to assist in the redesign of the CPS system.

Benchmark 1b

1b. Request assistance from the National Resource Center to assist in the design on interim measures for assessment for the ongoing portion of CPS.

Item 4 Action Step 2

Assist supervisors in managing by data.

Benchmark 2a

2a. Convene a workgroup to develop management reports for supervisors to monitor family assessments and treatment plans.

Benchmark 2b

2b. Monitoring tools developed and utilized.

Item 4 Action Step 4

Assist workers in documenting actions appropriately.

Benchmark 4a

4a Develop a desk guide for workers and supervisors on the appropriate places to document information in the SACWIS system.

Permanency 1

We are not requesting to renegotiate the baseline. We have met our annual goal.

Item 6

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
72%	60%	60%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 60% is representative of 92 applicable cases. Fifty five of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 72% baseline set by the CFSR review.

Item 6 Action Steps 3d. 3e.

It remains the goal of the Department to recruit additional resources for PRIDE training for existing foster parents. The intent was to replicate the Region IV model with the training delivered by the Schools of Social Work Consortium; however, the schools are reluctant to take on this task at this time. We are still negotiating with them and intend to include as part of their contract. A new date is being requested for completion of this action step. The new date for the identification of resources is 12-04 and begin implementation by 3-05.

Item 6 Action Step 6 Benchmarks 6a 6b

Delete these benchmarks as the strategy has been amended fully operationalize the existing FACTS PLUS system. Documentation of children’s movements while in foster care is directly related to those children in specialized foster care placements. FACTS PLUS would allow providers to directly enter location information of children. Linking reporting to fiscal reimbursement will ensure accuracy in reporting. New benchmarks include:

Benchmark 6b

6b. Train provider staff on FACTS-PLUS.

Item 7

We do not choose to renegotiate the baseline in this item.

Item 9 Action Step 3 Benchmark 3c

Implement standardized case transfer process, originally projected to be completed 8-04. We are requesting an extension of this benchmark to coincide with the previous benchmark “ Subsidy approval process decentralized” with an achievement date of 10-04. After some discussion, it appeared that rather than piecemeal the process to the field, it would be better to release all modifications to policy related to adoption at the same time.

Item 10

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
66%	50%*	50%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 50% is representative of 14 applicable cases. Seven of these cases were determined to have substantially achieved this item. Desk or peer review cases are not included in this total due to the untested validity of the review results.

Permanency 2

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
72.4%	47%	47%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 47% is representative of 93 applicable cases. Forty-four of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included

the percentage of substantially achieved would still not be close to the 72.4% baseline set by the CFSR review.

Item 13

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
71%	56%*	56%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 56% is representative of 84 applicable cases. Forty-seven of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 71% baseline set by the CFSR review.

Item 14

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
83%	67%*	67%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 67% is representative of 88 applicable cases. Fifty-nine of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 83% baseline set by the CFSR review.

Item 15

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
67%	62%	62%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 62% is representative of 92 applicable cases. Fifty-seven of these cases were determined to have substantially achieved this item. Desk or peer review cases are not included in this total due to the untested validity of the review results.

Item 16

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
75%	46%*	46%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 46% is representative of 79 applicable cases. Thirty-six of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 75% baseline set by the CFSR review.

Well-Being 1

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
40%	14%*	14%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 14% is representative of 177 applicable cases. Twenty-five of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 40% baseline set by the CFSR review.

Item 17

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
54%	26%	26%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 26% is representative of 176 applicable cases. Forth-six of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 54% baseline set by the CFSR review.

Item 18

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
50%	32%	32%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 32% is representative of 177 applicable cases. Fifty-seven of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 50% baseline set by the CFSR review.

Item 19

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
64%	19%	19%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 19% is representative of 175 applicable cases. Thirty-three of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 64% baseline set by the CFSR review.

Item 20

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
51%	12%	12%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 12% is representative of 163 applicable cases. Twenty of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 51% baseline set by the CFSR review.

CAPS

Items 13, 15, 16, 17 and 18

Items 13 and Item 15 and Item 16

Originally when the Comprehensive Assessment and Planning System (CAPS) was designed, it was intended to facilitate visits between parents and siblings through the development of a visitation plan, and through the assessment identify absent parents. For the youth services population, in which the program has been implemented, this is occurring. However, for the CPS population, due to delay in implementation and provider capacity, it is not. It is not known at present how CAPS will work with the CPS population since WV is in the process of redesigning that service. We would request that Phase III of CAPS be deleted from the Program Improvement Plan. In its place we would add the following action steps to ensure the items are addressed.

Item 13, Action Step 1

Supervisors will monitor casework practice monthly and document through supervisory conference logs.

Benchmark 1a

1a. Modify the Supervisory Conference logs to reflect that absent parents and relatives have been identified and assessed as potential placements at placement.

Benchmark 1b

1b. Supervisors will track and assess monthly.

Benchmark 1c

1c. Supervisors will develop an individualized professional development with workers found to be deficient.

Action Step 2

Utilize the case aide positions to facilitate visits between siblings and absent relatives.

Benchmark 2a

2a. Write job descriptions for case aide positions which include duties of assisting in implementing the visitation plan.

Item 15 Action Step 1

Supervisors will monitor casework practice regarding efforts to locate and assess relatives through their monthly supervisory conferences.

Benchmark 1a

1a. Supervisory conference logs will be modified to reflect monitoring has occurred.

Benchmark 1b

1b. Supervisors will record on conference logs monthly.

Item 16 Action Step 1

Supervisors will monitor casework practice regarding efforts to locate and assess relatives through their monthly supervisory conferences.

Benchmark 1a

1a. Supervisory conference logs will be modified to reflect monitoring has occurred.

Benchmark 1b

1b. Supervisors will record on conference logs monthly.

Item 17

CAPS for this item focused directly on the quality of assessments, particularly in identifying underlying issues such as domestic violence and substance abuse. Additional screening tools have been added to the intake and assessment process for that purpose. Family Centered Practice has been implemented throughout the system and integrated into the new worker training. PRIDE training focuses on the needs of foster parents. CAPS as implemented for the youth services population has improved on the quality of assessments for that population. As previously stated, CPS is still in question as it relates to CAPS. We are requesting that Phase III of CAPS be deleted from the Program Improvement Plan and the following action steps inserted in its place. In addition, Action step 4 regarding ongoing assessments being consistent with those done by providers refers to the CAPS assessments. We are also requesting this action step is deleted as it refers to the CPS population.

Action Step 2

Redesign ongoing CPS to include a complete and thorough child and family assessment which will clearly lead to treatment planning based on the need of the child and family.

Benchmark 2a

2a. Request assistance from the National Resource Center to assist in the redesign of the CPS system.

Benchmark 2b

2b. Request assistance from the National Resource Center to assist in the design on interim measures for assessment for the ongoing portion of CPS.

Action Step 3

Supervisors will monitor assessments and service plans monthly and document through supervisory conference logs.

Benchmark 3a

3a. Convene a workgroup to develop management report for supervisors to monitor family assessments and treatment plans.

Benchmark 3b

3b. Monitoring tools developed and utilized.

Benchmark 3c

3c. Supervisors will monitor and document that a family assessment is completed on all open CPS cases and that appropriate services are provided as documented on the assessment.

Action Step 7

Strengthen the level of assessment for needs for foster parents.

Benchmark 7a

7a. Distribute a needs assessment to existing foster parents to determine training and support needs.

Benchmark 7b

7b. Develop a regional plan to address identified needs.

Action Step 8

Strengthen foster parent involvement in the process through providing critical information to the MDT.

Benchmark 8a

8a. MDT handbooks developed.

Benchmark 8b

8b. MDT handbooks distributed.

Item 17. Action Step 9

Reports from the Independent Living staff indicate that benchmarks 9a and 9c “Utilization rates of Independent Living services provided by the Department will be known and tracked by completing a utilization rate report” and “Utilization rates for the Daniel Memorial Assessment and the Philip Roy Curriculum determined by completing a utilization report” cannot be completed as stated. Currently there is no mechanism for data input into the system. However 9b and 9d does capture the same information. We are requesting that benchmarks 9a and 9c be deleted.

Item 18

Again, CAPS Phase III is being deleted for the reasons cited previously. Instead the following action steps will be added.

Item 18 Action Step 1

Action Step 1

Ensure that families are aware of their right to be involved in the case planning process through the utilization of the multidisciplinary team process and other case planning mechanisms.

Benchmark 1a

1a. Distribute the “Rights and Responsibilities” pamphlet to all families and explain their rights to be involved in the case planning process.

Benchmark 1b

1b. Standardize where documentation of family involvement should occur in the FACTS system.

Items 19 and 20

The improvement package submitted to the legislature for additional staffing was approved. As a result, the Bureau received 219 additional staff. With the addition of the new staff caseload standards should be met and worker visits should improve. Among those new staff hired, approximately 85 will be case aide positions whose role, in part, will be that of a mentoring role for parents during visits. For this item the following action steps will be added.

Item 19 Action Step 1

Action Step 1

Utilize case aides to improve the quantity and quality of visits with child.

Benchmark 1a

1a. Complete job descriptions for the case aide job classification and include as part of their job responsibilities, participating in visits with parents and children to model and mentor parents in order to facilitate reunification.

Item 20 Action Step 1

Action Step 1

Utilize case aides to improve the quantity and quality of visits with parents.

Benchmark 1a

1a. Complete job descriptions for the case aide job classification and include as part of their job responsibilities, facilitating visits with parents and children to model and mentor parents in order to facilitate reunification.

Well-Being 2

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
75%	64%*	64%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 64% is representative of 105 applicable cases. Sixty-seven of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 75% baseline set by the CFSR review.

Item 21

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
75%	63%*	63%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 63% is representative of 107 applicable cases. Sixty-seven of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 75% baseline set by the CFSR review.

Item 21

We are requesting to remove action step 2 “A formalized process for sharing educational records will be developed by entering into working agreements between county Boards of Education and local agency offices/staff regards to sharing records”. While attempting to meet this action step problems were encountered with some local Boards of Education and the Bureau encountered problems implementing on a statewide basis. In addition, we would like to delete action step 3 as an ongoing action step. Action step 5 is still in stages of completion. It is anticipated that the MDT handbook will be completed by 10-04 and distributed 11-04. For action step 6, we would like to extend the completion date to 11-04. The Journey Notebooks were released to the field during the summer months when school was not in session and it is anticipated that more time will be needed to complete this action step. Contact has been made with local Boards, however response has not been forthcoming. We would like to add the following action steps.

Item 21. Action Step 1

Action step 1

BCF staff will be involved in the “Out of Home Placement Task Force” along with representatives from the Department of Education and other stakeholders.

Benchmark 1a

1a. The task team will review data from BCF and WVDOE to determine educational needs of children involved with BCF.

Benchmark 1b

1b. The task force will make recommendations based on the review of data.

Well-Being 3

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
60%	49%*	49%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 49% is representative of 160 applicable cases. Seventy-nine of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 60% baseline set by the CFSR review.

Item 22

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
82%	64%*	64%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 64% is representative of 137 applicable cases. Eighty-seven of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 82% baseline set by the CFSR review.

Item 23

CFSR Review Baseline	State's Baseline	Requested Renegotiated Baseline
63%	53%*	53%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 53% is representative of 129 applicable cases. Thirty three of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 63% baseline set by the CFSR review.

Item 22 and Item 23

The Bureau relied on many of the same strategies for these items as item 21. For those children served by youth services and those children in care, CAPS and the journey placement notebook will serve as appropriate mechanisms for service identification, delivery and documentation. For those children and families served by Child Protective Services, other strategies will be developed to enhance the capacities of workers to receive adequate services to meet their physical and mental health needs. We would add the following action steps.

Item 22 Action Step 1

Action Step 1

Supervisors will monitor in their monthly conferences and thoroughly review case records to determine that physical health needs have been assessed.

Benchmark 1a

1a. Modify the Supervisors Monitoring log to include documentation that physical health was discussed with worker regarding health needs and services.

Benchmark 1b

1b. Supervisors will monitor if the family has been appropriately referred for physical needs.

Benchmark 1c

1c. Supervisors will monitor that services needs are met on an ongoing basis.

Item 23 Action Step 1

Action Step 1

Supervisors will monitor in their monthly conferences and through review of the case records that mental health needs have been assessed.

Benchmark 1a

1a. Modify the Supervisors Monitoring log to include documentation that mental health was discussed with regard to health needs and services.

Benchmark 1b

1b. Supervisors will monitor if the family has been appropriately referred for mental health needs.

Benchmark 1c

1c. Supervisors will monitor for services needs in each case they are responsible for on an ongoing basis.

Item 23. Action Step 5

Benchmark 5c

The Bureau is relying on reports from the ASO to assist in performing the needs assessment for children’s mental and behavioral health services. The first report is not due until the end of this quarter. We request that the date for this benchmark be revised to 11-04.

Item 25

The baseline data for Item 25 is derived from Item 18. We request renegotiation of this baseline.

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
50%	32%	32%

The Office of Planning and Quality Improvement has completed CFSR style qualitative reviews in all 33 districts of the state. The 32% is representative of 177 applicable cases. Fifty-seven of these cases were determined to have substantially achieved this item. Desk or peer review of cases are not included in this total due to the untested validity of the review results, however, if included the percentage of substantially achieved would still not be close to the 50% baseline set by the CFSR review.

Item 25

Item 25 Action Step 1

Again, CAPS Phase III is being deleted for the reasons cited previously. Instead the following action steps will be added.

Action Step 1

Ensure that families are aware of their right to be involved in the case planning process through an invitation to attend the multidisciplinary team process and other case planning mechanisms.

Benchmark 1a

1a. Distribute the “Rights and Responsibilities” pamphlet to all families and explain their rights to be involved in the case planning process.

Benchmark 1b

1b. Standardize where documentation of family involvement in case planning and/or the MDT should occur in the FACTS system.

Action Step 6

We have met this action step, but reports indicate that ongoing quarterly meetings become redundant. We request to delete this action step.

Action Step 7

There was some confusion with this action step. The Prosecuting Attorney’s Institute was held and attended by the previous Commissioner more than a year ago. We have completed this task as written. The intent of this Action Step was that the Commissioner maintains involvement with the Court Improvement Board which has happened. We would like to report this Action Step completed as of 6-04.

Item 27

Refers to benchmarks previously completed. The method of measurement will be the Title IV-E Program Improvement Plan’s quarterly reports.

Item 29

CFSR Review Baseline	State’s Baseline	Requested Renegotiated Baseline
65%	53.3%	53.3%

The Office of Planning and Quality Improvement has completed CFRS style qualitative reviews in all 33 districts of the state. We would like to renegotiate the baseline to 53.3% and increase the percentage of cases which demonstrate notification to foster parents, pre-adoptive, and relative caregivers in the case planning case review process by 5% of established baseline by 6-05.

Note: * Indicates a change in percentage from fourth quarter report. The fourth quarter report included 32 districts. The baseline data includes all 33 districts of the state. The thirty-third district had been reviewed by the fourth quarter, but not tabulated into the results.