

# **COLORADO**

**Department of Human Services  
Office of Child and Family Services  
Division of Child Welfare**



## **Child and Family Services Review Program Improvement Plan**

December 11, 2002

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## PIP AGREEMENT FORM

The PIP should be signed and dated by the Chief Executive Officer of the State child welfare agency and by the HUB Director or Regional Administrator for the ACF Regional Office responsible for the State.

### Agreements

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

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Name of State Executive Officer for Child Welfare Services

Date

---

Name of HUB Director/Regional Administrator, ACF

Date

### Amendments

This section should be completed only in the event of renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35(e)(4). Copies of approved renegotiated PIPs must be retained and distributed as noted above immediately upon completion of the renegotiation process.

The content of the attached PIP was renegotiated on [enter date]. The renegotiated content of the attached PIP has been approved (initialed) by State personnel and the ACF Regional Office with authority to negotiate such content and is approved by the following Federal and State officials:

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Name of State Executive Officer for Child Welfare Services

Date

---

Name of HUB Director/Regional Administrator, ACF

Date

## **Child and Family Services Review Program Improvement Plan**

### **INTRODUCTION**

The Colorado Department of Human Services (CDHS) was established in 1994 as part of government restructuring. CDHS was developed through a merger of the Colorado Department of Social Services and the Colorado Department of Institutions. The merger brought the child and family serving agencies under one umbrella department. CDHS is the second largest agency in Colorado State Government and oversees the state's 64 county departments of human/social services, the state's public mental health and substance abuse services, services for people with developmental disabilities, self-sufficiency programs, including Temporary Assistance for Needy Families, adult services, the state's juvenile corrections system and all state and veterans' nursing homes, through more than 5,000 employees and thousands of community-based service providers.

Colorado is a state-supervised, county-administered system for traditional social services, including programs such as public assistance and child welfare services. Structurally, CDHS is the state agency designated to administer Title IV-B and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA), Promoting Safe and Stable Families, and the Chafee Foster Care Independence Program. The Child Welfare Division is the lead Division overseeing these areas.

This plan describes achievements in the past fiscal year as well goals, objectives and strategies for continually improving the responsiveness and effectiveness of Child Welfare services. This plan integrates Child and Family Services Review (CFSR) Outcomes as goals for Colorado's on-going development and refinement of supports.

### **CDHS ORGANIZATIONAL STRUCTURE**

The Colorado Department of Human Services oversees Colorado's Office of Child and Family Services that includes the Division of Child Welfare.

The Department of Human Services also oversees the Administrative Review Division (ARD) which is in the Office of Performance Improvement. Conducting Administrative Reviews is a function of the Administrative Review Division of the CDHS. A comprehensive explanation of ARD's function in general, and specifically related to PIP issues, is provided in a subsequent section of this document.

The Division of Child Welfare is responsible for planning, program and policy development, training and all other child welfare administrative and management functions at the state level. The administration of Child Welfare services is county based. Each County has a department of human/social services that provides the child and family services to achieve the state goals of safety, permanency, and child and family well-being. County Directors have been informed of the results from Colorado's Final Report of the CFSR and have been part of the stakeholders group that has reviewed the Program Improvement Plan (PIP). As the State moves forward in satisfying the goals and objectives of this PIP related to system and policy improvements, the county departments will work similarly within their respective counties and with their stakeholders to address county-specific practice improvements. Refer to State-County Relationship Section of this document for a description of this process.

Colorado's Division of Child Care oversees the licensing and regulations for privatized 24 hour child placement and residential facilities and less than 24 hour child care. State Mental Health Services oversee the local community mental health centers and assessment agencies (MHASA) that provide the emergency mental health services as well as Medicaid funded mental health services. Substance abuse services, which include prevention services as well as direct care, are overseen by the Alcohol and Drug Abuse Division (ADAD). These State agencies contract with local providers and Managed Service Organizations to provide the direct services.

## **ECONOMIC CLIMATE**

As is similar to every other state, Colorado has experienced severe budget reductions over the past year. These decreases directly impact the funding available to the public agencies that provide the services included in this PIP. The state also has experienced a reduction of providers of medical care, dental care and mental health care who accept Medicaid payment, therefore, various workgroups have begun meeting to address this issue. Child Welfare is at the table to address these issues. Goal percentage improvements and increases have been set in good faith while keeping these shortfalls in mind.

To further the concern, the Taxpayer's Bill of Rights (TABOR), was passed by the voters in 1992. The provisions of TABOR are complex and were enacted to reduce government growth by limiting spending, revenues and debt. The State and all local governments are subject to TABOR. With budget cuts for this year in the 10% to 15% range, and similar reductions anticipated in the future, the impact of TABOR could keep Colorado experiencing budgetary shortfalls for a number of years.

## **SUMMARY OF STATEWIDE ASSESSEMENT**

Colorado completed a comprehensive assessment of Child Welfare services in April 2002. The Colorado stakeholders and steering committee identified a number of strengths in the Child Welfare system as well as areas needing improvement

**Safety** is the emphasis in the Colorado system.

- There has been in recent years an increased focus on the provision of early intervention and support for families at risk.
- Safety assessment and planning is emphasized throughout the life of the case.
- Multidisciplinary child protection teams required by statute in all counties that receive 50 or more reports in a year review the cases shortly after intake to look at safety issues. Some counties have additional teams to provide the check and balance on safety. The State level Institutional Abuse Review Team and State Fatality Review Team are utilized on individual cases to identify strengths and needs as well as to look at system issues that need to be addressed.
- The State Monitoring Team was developed to address safety in 24-hour out-of home care settings. This team provides on-site reviews when safety concerns arise and monitoring of facilities based upon risk.
- Colorado has begun to implement Family to Family and with that initiative is the implementation of the team decision making approach for an immediate safety decision.

**Achieving timely permanency** for children Colorado is critical.

- Colorado is ASFA compliant and there is currently an initiative "Cross Systems Training" to provide statewide training to community groups of child serving professionals regarding permanency issues and requirements.
- The Expedited Permanency Plan (EPP) statute enacted in 1994 and fully implemented in all counties in 2001 has resulted in shorter timeframes for children to achieve permanency.
- County departments are required to do a diligent search for non-custodial parents and other relatives who might be a resource for the child/ren.
- Many EPP counties have used Family Group Decision Making and Concurrent Planning to insure that children achieve permanency in a timely manner. Additionally the State has prioritized permanency in relative placements through adoption, guardianship or permanent placement when reunification is not achieved. The State also requires that when a living arrangement other than with relatives is selected, the county department shall develop a network of family like relationships to provide support and keep the children connected to the family and community.
- Colorado used adoption incentive dollars to enhance the recruitment of adoptive placements for children who have waited the longest.



- In partnership with the Rocky Mountain Adoption Exchange, the state provides avenues such as photo listings, Internet, television and newspapers for counties to recruit homes for waiting children.
- The State Division of Child Welfare and the Supportive Housing and Homeless Programs (SHHP) were awarded a Family Unification HUD grant to assist former foster youth with Section 8 vouchers and case management services. This program can be used by young adults who were in foster care between the ages of 16 and 18 years.
- The Community College Initiative is a collaborative effort of the Chafee Program, the Governor's Workforce Council and the Community Colleges of Colorado to remove barriers to post-secondary education for emancipated foster care youth.
- Teen permanency has been emphasized through statewide training and use of national consultants to explore alternate permanency arrangements. Through Project Uplift, a federal adoption incentive grant, the youth's case record is researched for individuals who could play a significant role. Efforts are made, with the youth's approval, to re-connect that significant adult with the youth.

Colorado has a strong **quality assurance system**.

- Colorado is one of the few states with a statewide administrative review system that has developed procedures to assure statewide consistency among its reviewers. The Administrative Review Division also provides quality assurance reviews to determine compliance with Federal requirements.
- Colorado entered into a settlement agreement (CWSA) with the Colorado Lawyer's Committee and complied with all of the requirements. The Court dismissed the action in 2001. Colorado had been conducting quality assurance reviews statewide to assure compliance with State and Federal regulations since 1994.
- Colorado requires licensure for out of home care facilities, day care and 24 hour care placements.
- County departments are required to have a grievance system that includes a Citizen Review Panel.
- Child Protection Teams, Permanency Planning Teams, Utilization Review Teams and local Fatality Review Teams provide oversight and a multidisciplinary input into decisions made throughout the life of the case. This improves decision-making and assures quality of services.
- DYC has a strong quality assurance program. Case monitoring includes quality and safety standards.

Colorado has a **wide array of services** available for families and children.

- The Core Services Programs, Promoting Safe and Stable Families programs and TANF programs offer a wide array of family support and reunification services.
- Some county departments have been involved in a managed care project that has allowed them to develop innovative programs that have been responsive to the local need.
- A Statewide Needs Assessment is conducted every two years to determine service gaps.

Colorado has a strong **state-supervised, county-administered system**.

- Although this presents some challenges, the strengths are in the local ownership of the problems and contributions to the solutions.
- There are many innovative county/community initiatives to provide quality services to families and children.

Colorado has a **strong training program** for child welfare workers, supervisors and foster parents.

- In addition to core training for new workers there are numerous offerings regarding a variety of relevant topics.
- Program staff review curriculum on a quarterly bases for content to assure it is up to date and emphasizing the areas that are most important.
- Partnerships with local universities and colleges to develop and provide this training help make this a strength.
- Quarterly trainers meetings are held with trainers and State Program Staff to keep them informed of new program issues.

When looking at areas needing improvement, Colorado's **re-entry rate** is considerably higher than the national standard and is being addressed. A study of the re-entry population was conducted in October 2001. It was determined that:

- Youth ages 12 through 17 were more likely to re-enter care.
- Child's behavior and parental inability to cope are the two most commonly cited reasons for re-entry.
- The study dispelled thinking that the major issue was premature reunification for the younger population.

A subsequent follow-up study regarding **re-entry** rate was conducted by ARD in October 2002.

- This study resulted in similar findings related to the age of youth and the behavior problems that likely precipitated re-entry into care.
- In addition, the study identified that accurate data entry was a significant concern, specifically regarding coding of events like trial home visits, runaways, etc. Significant efforts have since been made to provide county staff with resources (e.g. AFCARS desktop guide) to assist them with accurate coding. Improvement in this regard has been made.

Factors likely contributing to the high rate of re-entry are:

- Status of a child runaway.
- Youth with mental illness who need episodic treatment are no longer hospitalized due to mental health capitation but enter residential treatment.
- There is a need for AFCARS training and an AFCARS desktop guide has been developed and disseminated to address removal issues to assure correct data entry.
- There is a need for a full complement of out-of-home care placements. Currently there are few intermediate care placements.
- There is a need for after care services for families of children who have been in placement.

Colorado's rate of **abuse in out-of-home care** is higher than the national standard.

- Efforts to reduce the incidents are a priority. A full complement of placement facilities is needed so county departments are better able to match the needs of the child with the appropriate placement.
- The Division of Child Welfare has hired a staff person to assist county departments with the recruitment and retention of foster homes in an effort to develop more quality placement resources.
- The Division of Child Welfare is offering training to county department staff and CPA staff regarding foster family assessment and also regarding assessing safety of placements pre and post placement.
- The State 24-Hour Monitoring Team was put in place to address safety concerns at child placement agencies and Residential Child Care Facilities (RCCF)
- The State Institutional Abuse Review Team reviews all investigations of abuse in 24-hour childcare settings and makes recommendations regarding the investigations as well as for follow-up with facilities. This team also identifies system issues and provides training for county staff persons that investigate abuse in out-of-home care. Large county departments have specialized workers who do these investigations. As they become more experienced they may be more likely to substantiate cases that less experienced workers would not. This could contribute to Colorado's higher rate of confirmed incidents.
- Colorado has addressed the issue of appropriate placement matching as a means to reduce the rate of abuse in out of home care. Strategies included:
  1. 14-county review was conducted in late 2002 – early 2003. Questions regarding matching were asked of workers, supervisors, administrators, and foster parents. The counties have processes for placement matching in place.
  2. Rule 7.500.3E requires counties have detailed directories of available placement resources, including availability to care by age group, gender, special needs or characteristic, number of children that can be placed, etc.
  3. Large counties have “placement desk staff” that are knowledgeable of placement resources and are utilized by placing workers.
  4. Large counties have Certification Review Teams that review prospective county foster and adoptive homes and determine the suitability of placements (how many children, ages, etc.)

5. Some counties are developing “resource families,” who foster and then adopt to assure placement stability.
6. A group of FC/Kin Coordinators, Adoption Supervisors and Recruiters meet throughout the year to address issues.

### **Data Issues related to Abuse in out of home care and Re-Entry into foster care**

The CFSR data profile came from the now replaced legacy data system of CWEST (Child Welfare Eligibility and Services Tracking). Current AFCARS and NCANDS submissions are coming from Trails. Colorado is in the process of revising and improving code that pulls both the AFCARS and NCANDS data that is used to create the data profiles. Colorado’s AFCARS file now includes the Division of Youth Corrections, thus significantly impacting the baseline numbers. However, as the numbers stabilize and DYC staff continues to develop expertise in Trails, the number of youth is less than first thought. Although the numbers will change, it is not anticipated that the percentages will change dramatically.

In addition, as previously mentioned, a concerted effort to insure accurate coding is anticipated to impact Colorado’s re-entry rate. Actions taken include providing caseworkers training on proper removal end dates, completion of the AFCARS desktop guide, and the distribution of a county letter identifying both the concerns regarding coding and the resources available to address the problem.

### **AREAS IDENTIFIED FOR IMPROVEMENT AND FACTORS CONTRIBUTING TO NON CONFORMITY IN THE FINAL REPORT**

#### **Safety**

1. **Children are first and foremost, protected from abuse and neglect.**
2. **Children are safely maintained in their homes whenever possible.**
3. **Incidence of Child Abuse and/or Neglect in Foster Care**
  - The State policy doesn’t define factors that must occur to initiate an investigation.
  - There is a lack of consistency in assigning referrals in a timely way in one or more counties to allow the assigned caseworker to respond within the time frame identified.
  - Lack of consistency in responding to new referrals on already open cases within the required time frame.
  - The safety assessment and safety planning needed to assure safety is inadequate at initial child protection investigations and when children return to the primary caretaker.
  - Abuse in out-of-home was not found in the case reviews; however the Statewide Data Indicator was out of compliance. Upon State review, several factors were found needing to be addressed.
    - Lack of placement resources, particularly foster homes and group homes
    - Inappropriate placements – poor match of child to placement
    - Certification of inappropriate foster homes
    - Lack of continuous safety assessments prior to and during placement
    - Inadequate training
    - Placing too many children in a home/facility
    - Lack of support for foster parents

#### **Permanency**

1. **Children have permanency and stability in their living situation.**
2. **The continuity of family relationships and connections is preserved for children.**
3. **Foster Care Re-Entries**
  - The high incidence of foster care re-entries is partially due to coding in the Trails system. Counties close removals on children who are on ‘trial home visits’, ‘runaways’ and ‘children in detention’.
  - Lack of knowledge and understanding of removals and the impact this data has on AFCARS.

- Issues with adolescents (12-17) entering foster care due to behavioral problems and caretaker's inability to cope with the child.
- The assessments and post-reunification services to prepare and support families are inadequate for when children return to the primary caretaker. This includes case planning, which is case specific and addresses crisis intervention.
- Placements disrupted because primary caretaker requested the child's removal. There was no evidence of efforts to address the needs of the caretakers experiencing the problems.
- Children experience multiple-placements and some moves may not meet the child's needs or relate to the child's permanency goal.
- Use of emergency shelter without first attempting to find a more appropriate placement with a relative or foster parent.
- Lack of sufficient efforts to explore alternative goals such as adoption and guardianship before establishing the goal of long-term care or Other Planned Permanent Living Arrangement (OPPLA).
- Concurrent Planning was not occurring in cases and goals were not being changed in a timely manner.
- Lack of diligent efforts to provide services that promote reunification or permanency with relatives.
- Efforts to find an adoptive home for the child were inadequate.
- System problems in transferring cases to adoption and completing paperwork.
- Foster/Adoptive parents not feeling supported.
- Some children are labeled as 'un-adoptable.'
- Some courts will not seek termination of parental rights if the parents are still involved.
- Youth are not adequately prepared for independent living.
- Cases did not document who was receiving independent living services.
- Diligent efforts to assist children to attain the goal of emancipation have not been made.
- Visitation between children and their siblings and their mothers and fathers was not of sufficient frequency to meet the needs of the children and parents.
- There is inconsistency in DHS efforts to promote visitation and/or a relationship between children and their fathers, including non-custodial fathers.
- DHS must improve efforts to preserve the child's connections to biological extended family, former foster parents, friends, ethnic heritage, and other neighborhood and community links.
- DHS had not made efforts to support the parent-child relationships of children in foster care.

### **Child and Family Well-Being**

- 1. Families have enhanced capacity to provide for their children's needs.**
- 2. Children receive adequate services to meet their physical and mental health needs.**

- Although children receive services, they still have critical service needs that are not being addressed by the agency.
- Needs assessments are not sufficiently comprehensive to identify underlying problems; therefore some critical needs are not met.
- Thorough assessments of the needs of parents and foster parents are not provided.
- Availability of and access to services is often a problem.
- There is not consistency in the involvement of children and fathers in the case planning process.
- The frequency of visits was not sufficient to meet the child's needs and/or monitor safety and well-being.
- The visits did not focus on issues relevant to the case plan, service delivery, or achieving the child's permanency goal.
- Visits with parents were not sufficiently frequent to meet the needs of parents or children.
- Visits were not of sufficient quality to promote the safety and well-being of the child or enhance attainment of case goals
- There is a need for a comprehensive health assessment at entry into foster care.

- Caseworkers must address ongoing health issues of children in foster care.
- Children need to receive routine and preventive dental care.
- Children entering foster care need to be provided an extensive mental health assessment to determine emotional stability and level of mental functioning.
- Mental health services provided should address the issues identified in the assessment and/or issues being reported or observed

### **Status of Case Review System**

- Of the cases reviewed, parents and children were involved in the case planning only 72% of the time.
- The required 12-month permanency hearings are not being held by the court in a timely manner.
- The Administrative Review Division conducts permanency hearings for children in foster care committed to the Division of Youth Corrections. This is inconsistent with 45 CFR 1355.20 that states that permanency hearings must be conducted by a court or an administrative body that is not part of a state agency.
- Termination of parental rights (TPR) is based on age of the child, rather than the child's status or case circumstances. Termination of parental rights for youth is not given the same attention as that for younger children
- Concern that barriers may be county attorneys being unwilling to proceed with termination.
- Concern that once a termination of parental rights is filed it may not move forward in a timely manner.

### **THEMES FOR PROGRAM IMPROVEMENT PLANNING**

In examining the areas for improvement, various themes appear to cut across all outcome areas. Colorado is prioritizing work in these areas for this program improvement period. The priorities are those where we anticipate improvements and will have the greatest impact on the safety, permanency and well-being of children and families being served. Action steps have been targeted to impact the following areas:

#### **More Consistent Assessments**

Expanded use of the Colorado Assessment Continuum (CAC) to address issues of child safety, risk, and, family functioning is needed. The CAC can identify issues and needs of the child and family. This will assist in better planning with the provision of appropriate services. These thorough assessments can also provide information for better planning around the visitation needs between the child and family. With more stress on assessment, the quality and appropriateness of services can be monitored on an on-going basis. In order to assist with the goal attainments of the child and family, ongoing assessments need to address the needs of all family members as well as foster parents involved with the children and family.

#### **Permanency Planning**

As children enter foster care, permanency planning must become the primary focus. This is an issue that must be addressed globally as many factors must be considered. The child's safety must always take precedence. With that in mind, caseworkers must consider decisions as to whether the child should remain within the family structure, be placed into foster care, what level of care is needed to address the child's needs, adoption options, etc. When a child has been removed, many issues must be addressed while still considering the options for a child returning to their parents and what post-reunifications services would be needed if this were to occur. With adolescents similar decisions must be made while considering the option of Other Planned Permanent Living Arrangement. Caseworkers must also work within the legal structures that can at times present barriers to timely permanency.

#### **Family Centered Case Planning**

The issue of family focused case planning incorporates many factors. First, families must be seen as an integral part of the treatment planning process. When creating a case plan to address abuse and neglect issues families and caseworkers often see the relationship as adversarial. In spite of this, the plan must be developed with

family strengths in mind as well as taking into account a myriad of cultural, diversity and equity issues. Plans must be holistic in addressing all aspects of life for each family member including both mothers and fathers. At times, non-custodial parents must be taken into account. With more family involvement, it is believed that better planning can occur at the time of reunification that could reduce re-entry by assuring the proper supports for each family member are in place.

The developmental needs of the child and their ability to participate in the planning process are critical. The use of foster care must be family focused. It is critical to use foster parents to meet the needs of not only the child, but also the parents/family, and to work with the strengths of the foster parents to support this effort.

Finally working from a strengths based perspective also includes working with the communities and neighborhoods from which the children come and to where they will return. As family plans are developed to address post-reunification issues, the use of community partnerships and faith-based organizations is critical to the success of the family and child.

## **PROGRAM IMPROVEMENT PLANNING AND IMPLEMENTATION**

Colorado has determined that successful outcomes related to the State's program improvement planning will depend on:

- A strong presence of the State's Administrative Review Division (ARD) to provide measures for improvement and monitoring of progress.
- Colorado is committed to analysis of the resulting data and the use of this information to make policy, system, and practice improvements.
- A collaborative and cooperative State-County approach to creating positive change in child welfare at the system, policy, and practice levels.

### **Colorado's Measurement Process**

In order to establish baselines, measures, and progress on the program improvement plan, Colorado has chosen to utilize statewide data provided by the Administrative Review Division (ARD) and Trails.

Caseworker practice outcomes - specifically assessment and case planning - are being effectively measured by ARD. Data from Trails provides measures in the areas of safety and permanency. This data from ARD and Trails allows for a comprehensive, statewide picture of where Colorado needs to focus to improve outcomes.

ARD and Trails will also be providing county-specific data to each of the 64 Colorado counties. Counties will have the opportunity to review their data and to implement strategies or practices that specifically impact their own areas of compliance concern.

County PIPs' will reflect efforts to improve their outcomes (data) using action steps that impact worker practice. As individual counties begin to show improvement, the overall statewide data will improve as well. In addition, it is anticipated that planned actions in the State PIP addressing policy, training, and technical assistance for changes in practice at the county level will also improve outcomes. The combination of efforts between the county and state PIPs should result in Colorado actively moving towards compliance.

### **Performance Improvement Plan Explanation of Administrative Review Division Processes**

The Administrative Review Division is responsible for:

- I. Conducting Colorado's **Case Review System** as required by Title IV, Part B of the SSA, Section 475 (5) and (6), and State Statutes in CRS Title 19; and
- II. Implementing a Quality Assurance System, as required by Section 471(a)(22).

#### **I. Case Review System:**

Colorado's Case Review System (previously known as Foster Care Review) is comprised of two main components: 1) review of the case plan and the case file; and 2) a periodic review of the status for each child/youth in out-of-home placement, by an administrative review consisting of a face-to-face review conducted every six months that is open to the participation of all involved parties. Both of these components are used to meet the requirements of a Case Review System.

Colorado Revised Statute 19-1-103(5), defines an administrative review as a review conducted by the state Department of Human Services that is open to the participation of the parents of the child and conducted by an administrative reviewer who is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review.

The Administrative Review Division, with input from the program experts and Administrative Review Division Steering Committee, designs and develops questions based on current driving rules, policies, or issues that need further research. The instruments used to review either Child Welfare cases or the Juvenile Justice cases have evolved from 422 and Child Welfare Settlement Agreement requirements, to the ASFA Requirements and now they cover the areas identified as needing improvement through the Performance Improvement Plan.

By request of the counties, to consolidate resources and maximize efficiencies, the Quality Assurance Review was incorporated into the Case Review/Administrative Review Process on 100% of the children/youth in the Administrative Review Universe for both Child Welfare and the Division of Youth Corrections. The data collection from the Case Review/Administrative Review occurs during the case file read and the hour-long face-to-face review open to the participation of all parties to the case. This is due to the fact that the questions on the instrument are both quantitative and qualitative.

Colorado's SACWIS system, Trails, produces a monthly report showing all children/youth in placement. It is a rolling list that shows when each child or youth is due for a 6-month periodic review. Each county department or region then schedules reviews based on the pre-arranged availability of review staff using this list. The county or region then sends out letters of invitation to all parties to the case outlining the purpose of the review, the date, time and location. Enclosed with the letter of invitation, in most counties, is a survey asking for hand written information in the event that any party cannot attend in person or by teleconference.

After the review, a data report and a written narrative report is provided for each case. If the review is court ordered to substitute for the court hearing, the written narrative is sent to the court with the caseworker report for the courts consideration before an order is issued.

Aggregate and comparison reports are then prepared and sent to the counties, program staff and other interested parties on a monthly, quarterly, six month and annual basis. These reports are also posted on the Administrative Review Division web site. The reports are available by child, unit, county/region, statewide, judicial district. The comparison reports are broken out by the ten large counties, the mid-size counties, the balance of state counties and the five DYC Regions. Other reports are prepared and distributed by request. The raw data may be given to counties for their own use and manipulation.

## **II. Quality Assurance Review System**

Colorado's Quality Assurance System is comprised of many components completed by many different entities including Child Welfare, the Division of Youth Corrections, Child Care Licensing, and the County Departments of Human Services.. The Administrative Review Division is responsible for two of the components. These are:

- Quality Assurance Reviews, and
- Ad Hoc Reviews.

Data is gathered statewide by these processes. The Q/A reviews are conducted in combination with the Administrative Reviews on 100% of the children/youth in out-of-home care for six months and every six

months thereafter. The QA reviews are also conducted on a stratified random sample of other populations receiving Child Welfare services as identified in the state's IV-B Plan. The ARD data analyst creates different lists of children based on pre-determined criteria to create stratified random samples of cases to be reviewed in the universe of cases identified for the in-home and short-term placement Quality Assurance Reviews. It is then analyzed and reported to drive program and systemic improvements in practice and policy.

Prior to the significant budget cuts experienced by the ARD in the recent legislative session, a part of the Quality Assurance system had been a client satisfaction survey of service recipients and stakeholders is conducted to identify strengths and weaknesses of the system. If funds are restored, the ARD will revisit when and if it is possible to reinstate this process. The Administrative Review Division conducts ad hoc reviews when needed or requested based on program need. For example, Administrative Review Division conducted an ad hoc review to collect data on the re-entry rate in Colorado. The data collected through this ad hoc review was then analyzed and presented to Child Welfare Program staff and the county departments to further analyze and direct program improvement plans and policy changes.

The Quality Assurance Reviews are typically scheduled to cover the 64 county departments within a year's timeframe. The 10 largest counties are scheduled for QA Reviews every 6 months, whereas the rest of the state is reviewed once per year. Depending on the size of the sample, anywhere from one to several reviewers will conduct case file reads and audits on the sample of cases.

The questions vary depending on the applicability to the type of case. The current QA criteria are as follows:

- Q/A reviews are conducted on 100% of out of home cases in placement six months or longer.
- Sampling span = most recent 6-month period from which a sample can be drawn. The sampling span for each county will be determined when the case sample is drawn.
- Review span = the period of time from the beginning of the sampling span to the date the case is actually being reviewed.

**Recently Opened In-home (ROIH)** = Cases opened during the 6-month sampling span that have no out-of-home placement. On the date of the review, the case may be open or closed.

**Ongoing In-home (OGIH)** = Cases opened prior to the beginning of the 6-month sampling span and were open on the last day of the sampling span, that have no out-of-home placement span. On the date of the review, the case may be open or closed.

**Short term out-of-home (STOOH)** = Cases opened during the 6-month sampling span with a completed out-of-home placement of less than 180 days.

Immediately following the on site QA review, the county is given a brief exit interview outlining the reviewer's initial impressions. The Administrative Review Division's data analyst then combines the reviewers narrative impressions with the data collected and prepares a full report outlining the strengths and weaknesses found during the review. The data analyst, a reviewer and the Administrative Review Division Manager assigned to that county schedules a meeting with the county to go over the specifics of the report.

The data collected from Administrative Reviews, Case Reviews, and Quality Assurance Reviews is then presented to the Program Specialists in both Child Welfare and the Division of Youth Corrections to drive policy and practice decisions. The data is broken out into three discrete areas for reporting purposes and is sometimes used by the counties in their evaluations of programs, units or staff. The three areas for data reporting are 1) Compliance, 2) Indicator, or 3) Data Only.

ARD is an important part of the State's Program Improvement Plan effort, both in monitoring specific items for compliance, as well as providing county-specific data to assist counties to plan and monitor their own compliance and progress.



## **Sustainability**

In order to demonstrate the sustainability of improvement of benchmarks and goals in the Program Improvement Plan, CO will maintain the improvement over two consecutive quarters.

## **State-County Partnership for Program Improvement**

As has been stated, Colorado Child Welfare is state supervised and county administered. This structure allows the 64 counties to address the issues of safety, permanency, and child and family well-being from a county strengths perspective. The county departments must also address systemic issues locally, as many of the other public serving agencies and the courts are regionally based.

The State PIP has been developed with State, County and Stakeholder input to address both system and policy issues that will impact caseworker practice. The County Directors and other county staff have been kept informed of the development of this Program Improvement Plan and have been solicited for input. Outcomes and measures for the State PIP are based on statewide data from ARD and Trails that represents all 64 counties.

Colorado is implementing PIPs at both the State and County levels to most effectively impact and improve overall outcomes and items on which the state is out of compliance. The State PIP actions are focused on policy, oversight, training, system change, and development/communication regarding resources to impact and support improved practice. A County PIP process has been developed as a parallel and integrated method to impact CO's outcomes, particularly related to practice and case planning. The County PIP process involves all 64 counties and is as follows:

- All counties will receive county-specific data (ARD and Trails) for PIP-related outcomes and items on which CO is out of compliance.
- Data and County PIP expectations are being presented to county directors and child welfare administrators across the state via regional meetings. These meetings commenced on 8/20/03 and will be concluded on 9/23/03. The sessions involve providing a summary of Colorado's CFSR, the State PIP, and the model/expectations for development of County PIPs. Counties are being provided data (ARD and Trails) regarding their own county performance.
- All counties are being assigned a child welfare manager who will be their liaison and monitor for PIP-related activities.
- 21 large and mid-size counties (representing 90 – 95% of children and family in the system) will be expected to address outcomes or items that are out of compliance via a formalized county PIP. The counties will prioritize the top three areas most egregiously out of compliance. Any concern regarding safety outcomes will be required to be addressed.
- Counties will have 60 days for PIP submission. Outcomes and measures will be negotiated by County administration and State Child Welfare (CW) manager.
- Final county PIP approval will be made by State CW manager and State CW director. The goal is to have all County PIPs approved by Jan 1, 2004.
- Reporting by counties, including submission of quarterly reports and a quarterly teleconference with the State CW Manager will be implemented.
- Remaining 43 counties will not be required to participate in the formalized PIP process, but will receive their data quarterly and will have an assigned State CW manager who will review data quarterly.
- If the data indicates a problem exists in any of these 43 counties, State CW manager will contact county administration and together they will negotiate an appropriate response. One possible response could include an on-site review to be conducted in a small grouping of counties to gather more comprehensive data regarding practice concerns.

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

**PROGRAM IMPROVEMENT PLAN MATRIX**

<b>State:</b>	<b><u>Colorado</u></b>	<b>ACF Regional Office:</b>	<b><u>Region VIII</u></b>
<b>State contact and telephone:</b>	<b><u>Charles Perez - 303 866-5139</u></b>		
<b>ACF contact and telephone:</b>	<b><u>Gloria Montgomery – 303 844-1181</u></b>		
<b>Date and quarter submitted:</b>	<b><u>12/11/02</u></b>		
<b>Date of third revision:</b>	<b><u>9/15/03</u></b>		
<b>Date of final revision:</b>	<b><u>10/10/03</u></b>		

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/ Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
Outcome S1 Children are first and foremost protected from abuse and neglect	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Item 1: Timeliness of initiating investigations of reports of maltreatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	85% of reports will receive a face-to-face observation of child within assigned timeframe (Baseline 81%)	1. In order to mandate a face-to-face observance of the child when initiating an investigation on both new referrals and referrals on open cases, State Child Welfare will: a. Submit a rule change request to State Board b. Announce the change to counties via Agency letter. c. Assure that counties implement this practice change (ARD).	ARD Q/A Report	Statewide county data will indicate attainment of benchmark at 83%  1a. Rule change approved. 1b. Agency ltr sent.	Aug, 2004  1a.Feb, 2004 1b. March, 2004		Oct, 2005	
Item 2: Repeat Maltreatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Recurrence of Maltreatment (Statewide data indicator relating to Item 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>								

1=Applicable  
2=Not Applicable

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
<b>Incidence of Child Abuse and/or Neglect in Foster Care</b> (Statewide data indicator relating to Item 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Children who experience abuse in out of home care will decrease to .57% (Baseline .73%)</b>	1. The 24-hour monitoring team will continue to provide over-sight and technical assistance to facilities that are determined to be at risk or where there has been an allegation of child abuse/neglect in order to correct situations that put children at risk and to increase the level of quality of care. (Child Welfare) a. receive referrals b. conduct site visits c. document findings and provide to county department and state staff. d. provide oversight and technical assistance.  2. Statewide training will be provided for county staff and child placement agency staff on Confirming Safe Environments (assessing safety of the foster home prior to and during placement.) (Child Welfare)  3. Statewide foster parent training curriculum (Core and Advanced) will provide information and suggestions to ensure that needs and behaviors of special needs children are addressed to prevent inappropriate or abusive treatment. (Staff Development/Child Welfare) a. Review and revise curricula as needed. b. Begin delivery of revised curricula  c. Assess training effectiveness via evaluation.  4. Foster Family Assessment training will be provided to county and CPA staff to improve their ability to assess and certify appropriate foster homes.	3c. Trg. Eval Report	<b>Children who experience abuse in out of home care will decrease to .61%</b>  1. Completion of assessment, oversight and t/a to facility  2a. Training started 2b Training completed  3a. Review and revision 3b. Deliver training.  3c. Evaluation  4a. Training started. 4b. Training completed	1.Ongoing	2a. Aug, 2003	2b. June, 2004	
<b>Outcome S2 Children are safely maintained in their homes whenever possible and appropriate</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
Item 3: Services to family to protect child(ren) in home and prevent removal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95% of Family Services Plans (FSP) contain a description of specific services that address the needs of the child(ren). (Baseline 95%.)	<p>1. In order to insure that appropriate services are provided, County Department's will conduct reliable assessments of families open to child welfare to provide them an appropriate array of prevention, support and Core services to protect children in their own homes and prevent removal (Child Welfare).</p> <p>a. Counties have been notified that the use of the Colorado Assessment Continuum (CAC) is now required to be completed in Trails.</p> <p>b. State will provide technical assistance to counties on the use of the CAC upon request.</p> <p>2. Use of Team Decision Making (TDM) to consider removal decisions will be expanded beyond Denver and El Paso counties. (Child Welfare)</p> <p>a. Present Family to Family strategies (including use of TDM) to Metro Child Welfare Administrators and County Directors</p> <p>b. Conduct statewide forum to provide information regarding implementation and support for Family to Family strategies</p> <p>c. Additional counties self-select to implement these strategies (Projected: three additional counties)</p> <p>d. The State will provide technical assistance and support to counties as they implement TDM for this purpose.</p>	ARD Q/A Reports	Maintenance of 95% statewide compliance	Jan, 2004		Oct, 2005	
							1a. Counties notified.			1a. April, 2003
						1b. T/A started and ongoing		1b June 2003	1b. June, 2004	
						2a. Presentations made.		2a Aug, 2003		
						2b. Forum conducted.		2b. Oct, 2003		
						2c Counties self-selected.	2c. March, 2004		2c. June, 2004	
						2d. T/A started and ongoing.	2d March 2004		2d. Dec, 2004	

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
Item 4: Risk of harm to child(ren)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75% of Safety plans will address the issues identified in the safety assessment. (Baseline 71%)	Core Caseworker Statewide training will provide training on how to incorporate the Safety Assessment into a Safety Plan. (Staff Development/Child Welfare) a. Review and revise curriculum. b. Deliver revised curriculum. c. Assess training effectiveness via evaluation and/or supervisor surveys.	ARD Q/A Report       c. Trg. Eval Report.	Statewide county data will indicate that attainment of goal at 73%  a. Review and revision. b. Deliver training. c. Evaluation	Aug, 2004      c. Jan, 2004 and ongoing		Oct., 2005	
Outcome P1: Children have permanency and stability in their living situation	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Item 5: Foster care re-entries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No more than 17% of children will experience re-entry into foster care within a 12-month period. (Baseline was 19.3%.)	1. Post-reunification services will be available for families statewide: a. County Departments submit Core Services and PSSF plans that address the post-reunification needs of a family. (Child Welfare/County Departments)  2. Family to Family Practice of Team Decision-Making (TDM) will occur in Denver and El Paso Counties (Child Welfare/County Departments):	Trails Report      2. Family to Family reports from Denver and El Paso	Re-entry rate will decrease to 18%  1.Plans submitted and reviewed  2. TDM will be completed in 75% of the cases where a child returns home	Aug 2004  1. Dec 2003  2. Dec, 2004		Oct, 2005  1. June, 2004	

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/ Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
Item 5: Foster care re-entries (Continued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>2a. Denver and El Paso counties expand current use of Team Decision Making to include delivering a TDM meeting prior to return of a child home. These TDMs will address post-reunification needs of the family. The current staff in these county TDM units will manage this expansion.</p> <p>2.b. Additional counties will be identified to deliver TDM meetings when a child returns home. (<b>Refer to Item 3 Action Steps for a description of this process</b>)</p> <p>2c. The State will provide technical support to the additional counties and the counties will implement TDM.</p> <p>3. NCFAS-R's two validated reunification domains will be increasingly used in counties to assist with determining when it is safe/appropriate to return children/youth home (Child Welfare).</p> <p>a. Use of NCFAS-R will be expanded beyond the three pilot counties. (Denver, Mesa, and Morgan) to assist with determining when it is safe/appropriate to return children/youth home.</p> <p>b. State will provide technical assistance with counties re: effective use of NCFAS-R.</p> <p>c. State will submit a request for the two new reunification domains to be integrated into Trails.</p> <p>d. NCFAS-R integrated into Trails</p>			2a. Dec, 2003		2a June, 2004	
						2b. Solicit county participation.	2b March 2004		2b. June, 2004	
						2c. T/A started & ongoing	2c March 2004		2c. Dec, 2004	
						3a. Additional counties identified	3a. Jan, 2004			
						3b. T/A started and ongoing	3b. Jan-2004		3b Nov, 2004	
						3c. Request submitted.		3c. Sept 2003		
						3d. NCFAS-R in trails			3d. Nov, 2004	

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/ Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
<b>Foster Care Re-entries</b> (Statewide data indicator relating to Item 5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>17% of children will experience re-entry into foster care within a 12-month period. (Baseline was 19.3%. )</b>	See item 5 for action steps to address this indicator.	<b>Trails Report.</b>	<b>Re-entry rate will decrease to 18%</b>	<b>Aug, 2004</b>		<b>Oct, 2005</b>	
<b>Item 6:</b> Stability of foster care placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>For 76% of children who experience change of placement, the change will be directly related to helping the child achieve his/her goals in the case plan. (Baseline from July/Aug data was 72%)</b>	<div>1. Training and technical assistance in Family Group Decision Making and Team Decision Making to plan for each move made by a child in foster care will be expanded to other counties. (Child Welfare/County Departments)</div> <div>2. Recruitment and retention of foster parents will be community- based to better meet the needs of children in their neighborhood home environment. (Child Welfare/County Departments)<div>a. Family to Family Counties will develop and implement community recruitment strategies. b. Strategies will be documented and shared with other counties.</div></div>	<b>ARD Qrtly Report</b>	<div><b>Increase to 74%</b></div> <div>1. Other counties identified.</div> <div>2b. Report documenting strategies produced and distributed.</div>	<b>Aug, 2004</b>	1. Jan, 2004	<b>Oct, 2005</b>	1. Dec, 2004





Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/ Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
Item 7: Permanency goal for child	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>96% of children in foster care will have an appropriate permanency goal. (Baseline 95% )</p> <p>50% of children in foster care will have a permanency goal established in a timely manner (Baseline 14%)</p>	<p>1. Ensure that Statewide Core Caseworker training includes the need to establish an appropriate permanency goal in a timely manner and to consider use of concurrent planning when appropriate. (Staff Development/ Child Welfare)</p> <p>a. review/revise curriculum.</p> <p>b. deliver revised curriculum.</p> <p>c. assess training effectiveness via evaluation and/or supervisor survey.</p> <p>2. Judges and magistrates will participate in “Stepping Up To Juvenile Court” – a training on the proper handling of Dependency and Neglect cases (including the timeliness of permanency determination) (State Judicial)</p> <p>3. Agency letter will be sent to reinforce timelines for establishing permanency goal.</p>	<p>ARD Qtrly Report</p> <p>Trails Report</p> <p>1c. Trg. Eval Report</p>	<p>Baseline is maintained.</p> <p>30% of children in care will have timely permanency goal</p> <p>1a. Review and revise</p> <p>1b. Deliver training</p> <p>1c. Evaluation</p> <p>2a. Begin training</p> <p>2b Training completed</p> <p>3. Ltr. sent</p>	<p>Aug. 2004</p> <p>1b. Dec, 2003 and ongoing</p> <p>1c. April 2004 and ongoing</p> <p>2a. Feb, 2004</p> <p>3. Nov, 2003</p>	<p>1a Sept, 2003</p>	<p>Oct, 2005</p> <p>2b. Oct, 2005</p>	
Item 8: Reunification, guardianship, or permanent placement with relatives	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Length of Time To Achieve Permanency Goal of Reunification (Statewide data indicator relating to Item 8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>								

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
Item 9 Adoption	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<p>1. Statewide Caseworker Core and ongoing training on adoption issues/practice will emphasize timelines and efforts to find adoptive homes for all children with a goal of adoption. (Staff Development/Child Welfare)</p> <p>a. Review and revise curricula as needed</p> <p>b. Begin delivery of revised curricula.</p> <p>c. Assess training effectiveness via training evaluation and/or survey.</p> <p>2. Adoptive families will be informed on the process for negotiation of subsidies (Child Welfare/Colorado Coalition for Adoptive Families)</p> <p>a. Handouts and website links regarding the negotiation of subsidies will be provided to adoptive families</p>	1c. Trg. Eval report	<p>1a Review and revise</p> <p>1b. Deliver training</p> <p>1c. Evaluation</p> <p>2a. Handouts and website info will be developed.</p>	1b. Dec, 2003 & ongoing 1c. April 2004 & ongoing	1a Sept, 2003	2a June, 2004	
Item 9: Adoption (Continued)				<p>3. Adoption caseworkers will be trained on resolving challenging issues including: working with children refusing adoption and children being labeled as "unadoptable".</p> <p>a. State Child Welfare will request technical assistance/training from National Resource Center or AdoptUSKids</p> <p>b. State will work in partnership with above-listed entities to provide training on working with children refusing adoption. (Child Welfare)</p> <p>4. ARD will establish a measure to determine effectiveness of county adoption efforts. (ARD and Child Welfare)</p> <p>a. Review questions will be added to Q/A instrument</p> <p>b. Baseline will be established</p> <p>c. Goal will be negotiated with RO</p>	4a. Instrument modified. 4b. Baseline established 4c. Goal approval by RO	<p>3a. Training and t.a. request approved.</p> <p>3b. Training started and completed.</p>	3a. Jan., 2004 3b. June, 2004 4a. Jan, 2004 4b. May, 2004 4c. June, 2004		3b Dec, 2004	

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/ Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
<b>Length of Time To Achieve Permanency Goal of Adoption</b> (Statewide data indicator relating to Item 9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Item 10:</b> Permanency goal of other planned permanent living arrangement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>18% of cases will have OPPLA as a permanency goal (Baseline 22%)</b>	<p>1. State staff will form a cross-system Child Welfare Child Placement Advisory workgroup to assist in gaining insight into current practices regarding permanency with children/youth. (Child Welfare)</p> <p>a. Cross System workgroup will review AFCARS Data and the use of and the processes that counties follow before use of OPPLA.</p> <p>b. If needed, Focus groups will be held statewide to gain information on barriers in securing permanency, barriers in maintaining permanency, the role of termination of parental rights in permanency, policy issues which create barriers and practice issues which create barriers.</p>	<b>Trails Report</b>	<p><b>20% of cases will have OPPLA as a permanency goal.</b></p> <p>1a. Review completed</p> <p>1b. Focus groups held. (if needed)</p>	<p><b>Aug 2004</b></p> <p>1a. Dec, 2003</p> <p>1b. Feb, 2004</p>		<p><b>Oct, 2005</b></p> <p>1. Sept, 2004</p>	

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/ Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
							Projected	Actual	Projected	Actual
Item 10: Permanency goal of other planned permanent living arrangement (Continued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>1c. State policies that have been identified as barriers will be reviewed and if possible revised to meet the outcome of maintaining permanency</p> <p>1d. TTT that focuses on preparing children and youth for permanency and adoption will be provided to state and county staff (especially focusing on those Counties with high use of OPPLA goals or high numbers of children/youth awaiting adoption)</p> <p>1e. A written document outlining the CDHS policy regarding permanency and the use of OPPLA, barriers to achieving permanency and revisions made to state policy that creates barriers to permanency will be drafted and distributed to state, county and local agencies</p> <p>2. Best practices learned from Adolescent Connections Project for establishing life-long connections for youth in care will be shared statewide (Child Welfare)</p> <p>    a. Information shared at statewide conferences and meetings</p> <p>    b. Information will be posted on Child Welfare Website</p> <p>3. Diligent search will be improved to better connect youth with paternal side of their family (Child Welfare).</p> <p>    a. State/county workgroup formed.</p> <p>    b. Request for funding for training.</p> <p>    c. Design and delivery of video/teleconference statewide training.</p>		<p>1c. State policy review.</p> <p>1d. Training provided</p> <p>1e. Doc produced and distributed. If appropriate, policy change initiated</p> <p>2a. Presentations made.</p> <p>2b. Website posting.</p> <p>3a. Workgroup formed.</p> <p>3b Funding requested</p> <p>3c Training developed and provided</p>	<p>1c. March, 2004</p> <p>1d June, 2004</p> <p>1e. July, 2004</p> <p>2a. March, 2004</p> <p>2b March, 2004</p> <p>3c June, 2004</p>	<p>3a. Sept, 2003</p> <p>3b. July, 2003</p>		

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Item 10: Permanency goal of other planned permanent living arrangement (Continued)			93% of the IL cases will reflect diligent efforts to prepare youth for emancipation (Baseline 89%)	4. In order to make diligent efforts to prepare youth for emancipation, State Child Welfare will: A. Review the county on-site review reports from ARD to ascertain that cases are compliant in the following areas: 1). Does FSP contain adequate IL Plan 2). Are IL services being provided sufficient to address youth's IL needs? 3). Is there any indication that the youth has been involved in IL planning? B. State staff will provide TA to county departments found not in compliance. C. State staff will participate in ARD quarterly forum to discuss data and implications	ARD Quarterly Report	ARD report will indicate achievement of benchmark at 91%  4a. Review of reports  4b. T/A provided as needed  4c. Quarterly review in county	Aug, 2004  4a June, 2004  4b. June, 2004  4c Beginning June, 2004	4a. Oct, 2003	Oct, 2005	
Outcome P2: The continuity of family relationships and connections is preserved for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Item 11: Proximity of foster care placement	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Item 12: Placement with siblings	<input type="checkbox"/>	<input checked="" type="checkbox"/>								

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							Projected	Actual	Projected	Actual
Item 13: Visiting with parents and siblings in foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	94% of visitation plans address permanency goal and are of sufficient frequency with each parent. (Baseline 90%)	<p>1. Statewide Core and ongoing caseworker training will provide opportunities to increase knowledge and understanding regarding familial contact, including: (Staff Development/Child Welfare).</p> <ul style="list-style-type: none"> <li>- developing visitation plans that take into account the child's permanency needs.</li> <li>- assuring parent's visitation plans are of sufficient frequency.</li> <li>- maintaining parent/sibling contact</li> <li>- the importance of parent/sibling contacts including after Termination of Parental Rights. <ul style="list-style-type: none"> <li>a. review and revise curriculum</li> <li>b. deliver revised curriculum</li> <li>c. measure training effectiveness via evaluation and/or supervisor survey</li> </ul> </li> </ul> <p>2. Joint training (via video conferencing) will be provided for judges and child welfare staff <b>regarding visitation issues (including frequency of contact)</b> for children in foster care (State Judicial)</p>	<p>ARD Qrtly Report</p> <p>1c. Trg. Eval Report</p>	<p>92% of visitation plans will address permanency goal and be of sufficient fre-quency with each parent.</p> <p>1a. Review and revision 1b. Training delivered 1c. Evaluation</p> <p>2a. Curriculum developed. 2b. Trainings started 2c. Training completed</p>	<p>Aug, 2004</p> <p>1b. Nov, 2003 &amp; ongoing 1c. March 2004 &amp; ongoing</p> <p>2a Oct, 2004 2b.Oct, 2004</p>	<p>1a. Aug, 2003</p>	<p>Oct, 2005</p> <p>2c. Oct, 2005</p>	









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							Projected	Actual	Projected	Actual
Item 17: Needs and services of child, parents, foster parents (Continued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>2. Counties will use the Child Protection Expert Consultants for case-specific assistance in identifying needs/services for child, parents, and foster parents. (Child Welfare)</p> <p>a. Reminder sent to counties regarding availability of consultants and process for requesting use of consultant.</p> <p>b. Monitor use of consultant by counties.</p> <p>c. Outcomes from consultant will be documented and advertised for counties.</p> <p>d. Counties will be kept informed of satisfaction rates of use of consultant.</p> <p>3. County Department records will reflect the use of the Colorado Assessment Continuum in the planning and provision of services for families and children. (County Departments/Child Welfare)</p> <p>a. State will provide t/a regarding use of the CAC upon county request.</p> <p>4. Caseworkers will be trained on the identification and delivery of services to estranged fathers. (Child Welfare and Child Support Enforcement)</p> <p>a. Coordinate efforts with Office of Self Sufficiency to provide training.</p> <p>b. Develop a training outline.</p> <p>c. Begin training delivery</p> <p>d. Prepare training proposal to continue training beyond June, 2004.</p>	2. Consultant report.	<p>2a. Reminder sent to Counties.</p> <p>2c/d Outcomes and satisfaction info sent to Counties.</p> <p>3a T/A provided</p> <p>4a. CW and CSE team formed.</p> <p>4b. Outline completed.</p> <p>4c. Training begins.</p> <p>4d Proposal completed</p>		2a Sept, 2003	2. June, 2005	
							2c/d June, 2004		3. June, 2005	
							4a. Dec, 2003		4.. Jan, 2005	
							4b. March, 2004			
							4c. June, 2004			
							4d Nov, 2003			

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	A <sup>1</sup>	NA <sup>2</sup>	Goal/Negotiated Measure/ Percent of Improvement	Action Steps and (Agency Responsible)	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement Goals'		Dates of Achievement	
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Item 17: Needs and services of child, parents, foster parents (Continued)				5. Develop a protocol for substance abuse screening, assessment, engagement and retention of families within CW, TANF and court systems. The protocol will become an MOU. (Child Welfare, ADAD, TANF & Judicial) <ul style="list-style-type: none"> <li>a. Conduct needs assessment of AOD, CW and court constituents across state.</li> <li>b. NCSACW issues a monograph on screening, assessment, engagement, and retention.</li> <li>c. Convene regional meetings to share learnings.</li> <li>d. If second year of T/A is requested and approved, identify at least five pilot counties for implementation of protocol/MOU.</li> <li>e. Implementation and monitoring of pilot counties.</li> </ul> 6. A measure will be developed to establish a baseline for foster parents needs being met. <ul style="list-style-type: none"> <li>a. Question added to review instrument</li> <li>b. Baseline established</li> <li>c. Goal and improvement negotiated with RO</li> </ul>		5a. Assessment conducted 5b. Monograph issued 5c. Regional meetings held. 5d. T/A approved and pilots identified 5e. Implementation and monitoring  6a. Revision 6b. Baseline 6c. Goal approved	5a. Jan, 2004		5. Jan, 2005	
							5b. Jan, 2004			
							5c. May, 2004			
							5d. Sept, 2004			
							5e. Jan, 2005			
							6a. Jan 2004			
							6b. May, 2004			
							6c. June 2004			

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Item 18: Child and family involvement in case planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	97 % of parents and children interviewed will be involved in case planning (Baseline 96%)	<p>1. Family Involvement practices will be utilized. (Child Welfare/County Departments)</p> <p>a. Denver and El Paso Counties will utilize TDM strategies to involve child and family in case planning.</p> <p>b. Strategies will be documented and shared with other counties.</p> <p>2. Opportunities for training in Family Group Decision Making will be provided for County Departments statewide (Child Welfare).</p> <p>a. Counties will be notified of resources available to attend FGDM conferences and trainings.</p> <p>b. County requests will be received and approved by State staff.</p>	ARD Qtrly Report	<p>Maintain baseline.</p> <p>1b. Report documenting strategies produced and distributed.</p> <p>2a. Notification of county staff.</p>	Aug, 2004	1a Jan, 2003	Oct, 2005	2b. Jan 2005

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							Projected	Actual	Projected	Actual
Item 19: Worker visits with child	<input checked="" type="checkbox"/>	<input type="checkbox"/>	95% of monthly visits with the child will be face to face. Baseline 92%	<p>1. Volume 7 rule change that requires agency staff to have monthly face-to-face contact with the child in his/her home or in placement. (Child Welfare)</p> <p>a. Rule change to clarify state policy and expectation.</p> <p>b. Agency letter distributed advising of rule change.</p> <p>2. After rule change is implemented, CO will negotiate new baseline and goal with R.O. (ARD, Child Welfare)</p> <p>3. Statewide Caseworker Core Training will emphasize the purpose of visitation and effective strategies for workers to use in conducting visits with children. (Staff Development/Child Welfare)</p> <p>a. Review and revise curricula as needed</p> <p>b. Begin delivery of revised curricula</p> <p>c. Assess training effectiveness via evaluation and/or supervisor survey.</p> <p>4. State Child Welfare has added a new CPS Consultant to be available on case-specific situations to support increased effective communication and engagement with children and their parents.</p> <p>a. Information sent to counties regarding availability of consultant and process for requesting use of consultant.</p> <p>b. Monitor use of consultant by counties.</p> <p>c. Outcomes from consultant will be documented and advertised for counties.</p> <p>d. Counties will be kept informed of satisfaction rates of use of consultant.</p>	ARD Q/A & Qrtly Reports	94% of visits with the child will be face to face 1a. Rule approved. 1b. Agency ltr sent.  2. July, 2004  3a. Review and revision 3b. Training delivered 3c. Evaluation  4a. Reminder sent to Counties.  4c/d Outcomes and satisfaction info sent to Counties	Aug, 2004 1a. March, 2004 1b. April, 2004    3a. Dec, 2003 3b. April, 2004 & ongoing 3c. June, 2004 & ongoing  4a. Sept, 2003  4c/d Jan, 2004		Oct, 2005	

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Item 20: Worker visits with parent(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	72% of the time, caseworkers will meet face-to-face at least every other month with parent or guardian to whom the child will return. (Baseline 68%)	1. Volume 7 rule change that requires face-to-face contact by agency staff at least every other month with parents or guardian to whom child will return. Include expectations if the child is not to return to the parents or guardian. (Child Welfare) a. Rule change to clarify state policy and expectation. b. Agency letter distributed advising of rule change.  2. After rule change is implemented, CO will negotiate new baseline and goal with RO (ARD and Child Welfare).  3. See Item 19 action step 3 for use of CPS consultants	ARD Qrtly Report.	Statewide county data will indicate achievement of benchmark at 70%  1a. Rule approved. 1b. Agency ltr sent.  2. July, 2004	Aug, 2004		Oct, 2005	
Outcome WB2: Children receive appropriate services to meet their educational needs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Item 21: Educational needs of the child	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Outcome WB3: Children receive adequate services to meet their physical and mental health needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

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Item 22: Physical health of the child	<input checked="" type="checkbox"/>	<input type="checkbox"/>	86% of initial health assessments of children in foster care are done in a timely manner. (Baseline 82%)	1. Statewide Core Training for foster parents will emphasize the importance of scheduling the child's health assessment and dental examination in a timely manner and documenting the dates which these occurred. (Staff Development/Child Welfare) a. Review and revise curriculum b. Deliver revised curriculum.  c. Assess training effectiveness via evaluation.	ARD Qrtly Report	84% of initial health assessments will be done in a timely manner.	Aug, 2004	1a. Sept 2003	Oct, 2005	
			94% of children in foster care will have health needs identified and services provided (Baseline 90%)		ARD Qtrly Report	92% of children in foster care will have health needs identified and services provided	Aug, 2004		Oct, 2005	
					1c Trg. Eval Report	1a. Review and revision. 1b. Training delivered 1c. Evaluation	1b. Dec, 2003 & ongoing 1c. April 2004 & ongoing			



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							Projected	Actual	Projected	Actual
Item 22: Physical health of the child (Continued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>2. State staff will develop an Agency Letter to encourage the use of an assessment continuum, reiterate the requirements regarding the initial health assessment, and timelines for on-going health and dental examinations. (Child Welfare)</p> <p>3. As a basis for information required in the child's case record, a state/county work group has been formed to revise the "Health Passport" to make it easier to use and understand (Child Welfare/County Departments)</p> <p>a. Health Passport will be reviewed and revised.</p> <p>b. Passport will be sent to all counties</p> <p>4. Counties will receive current information on community health resources. Child Welfare, in conjunction with Health Care Policy and Finance, will work with community resources to make available to counties a list of EPSDT sites, community health agencies, and other options available to children in need of health care.</p> <p>a. List compiled.</p> <p>b. List distributed to all counties.</p>		<p>2. Agency letter sent.</p> <p>3a. Passport revised. 3b. Passport sent to all counties.</p> <p>4a. List compiled 4b. List sent to counties</p>	<p>2. Nov, 2003</p> <p>3a. Dec, 2003 3b. Mar, 2004</p> <p>4a. Oct 2004 4b. Nov, 2004</p>			
Item 22: Physical health of the child (Continued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>5. ARD will develop a baseline of the number of children receiving in-home services who have medical needs identified in Assessment, Safety Plan, or Family Service Plan that are having their physical needs addressed through identified services.(ARD and Child Welfare)</p> <p>a. Review questions will be added to Q/A instrument</p> <p>b. Baseline will be established</p> <p>c. Goal will be negotiated with RO</p>		<p>5a. Instrument modified. 5b. Baseline established 5c. Goal approval by RO</p>	<p>5a. Jan, 2004 5b. May, 2004 5c. June, 2004</p>			

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<b>Item 23:</b> Mental health of the child	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>84% of children with identified mental health needs will have services provided. (Baseline 80%)</b>	<p>1. Statwidee Core training will emphasize the need for the use of NCFAS, CCAR and EPSDT in order to determine and document the need for initial and ongoing mental health services. (Staff Development/Child Welfare)</p> <p>a. Review and revise curriculum b. Deliver revised curriculum c. Assess training effectiveness via evaluation and/or supervisor survey.</p> <p>2. Remind counties of the availability of the Child Protection Expert Consultant who specializes in children's mental health issues. (Child Welfare)</p> <p>a. A letter will be sent to county directors to inform counties of the availability and method to engage a CW consultant in regard to children's MH issues.</p>	ARD Qrtly & Q/A Reports          1c. Trg. Eval Report.	<b>82% of children with identified mental health needs will have services provided.</b>  1a. Review and revision. 1b. Training delivered.  1c. Evaluation   2a. Letter drafted and sent to all counties.	Aug, 2004		Oct, 2005	
<b>Systemic Factor 1: Statewide Information System</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Item 24:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Systemic Factor 2: Case Review System</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
<b>Item 25:</b> 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Refer to Item 18 to address action steps, methods of measurement, benchmarks and dates of achievement for this item.						
<b>Item 26:</b> Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.	<input type="checkbox"/>	<input checked="" type="checkbox"/>								

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							Projected	Actual	Projected	Actual
<b>Item 27:</b> 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"/>	<b>88% of the 12-month permanency hearings are held in a timely manner. (Baseline was 84%)</b>	1. Caseworker Core and ongoing training will emphasize the timeframes of permanency planning and the Dependency and Neglect Court processes. (Staff Development/Child Welfare) a. Review and revise curriculum b. Deliver revised curriculum c. Assess training effectiveness via evaluation and/or supervisor survey.	ARD Qrtly Reports          1c. Trg. Eval Report	<b>86% of the 12 month hearings are held in a timely manner</b>     1a. Review and revision 1b. Training delivered.  1c. Evaluation	Aug, 2004       1b.Nov, 2003 & ongoing 1c. March 2004 & ongoing	1a. Aug, 2003	Oct, 2005	

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<b>Item 27:</b> 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 (Continued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>2. Judicial officers around the state will be trained regarding appropriate handling of the D&amp;N cases (including timeframes, termination, appropriate development of treatment plans) (State Judicial/Child Welfare).</p> <p>a. Court Improvement will produce an interactive CD ROM presentation for dissemination to Court facilitators.</p> <p>b. This CD will be viewed under the guidance of the Court Facilitators in each judicial district.</p> <p>3. DYC youth will have a permanency hearing in a qualified court or administrative body no later than 12 months from the date the youth entered foster care</p> <p>a. Waiver submitted and denied</p> <p>b. Reconvene stakeholder group to outline options.</p> <p>c. Submit request for 04 legislation to legislative liaison</p> <p>d. Survey Judicial for workload and fiscal impact.</p> <p>e. Executive director provided information and makes decision on option to pursue</p> <p>f. Paper submitted to Fed Office for approval.</p> <p>g. Legislative change.</p> <p>h. Rule change</p> <p>i. Compliance with Fed requirement of separation.</p>		<p>2a.CD Rom produced and disseminated.</p> <p>2b Video viewing.</p> <p>3b. Workgroup will form and begin meeting.</p> <p>3c. Request submitted</p> <p>3d. Survey sent</p> <p>3e Option chosen</p> <p>3f Paper submitted/apvd</p> <p>3g. Legislative change</p> <p>3h Rule change</p> <p>3i Move of ARD or PH Function</p> <p>3h. Move of ARD division or PH function.</p>	<p>2a. April, 2004</p> <p>2b. Dec 2004</p> <p>3b. July, 2003</p> <p>3c. July 2003</p> <p>3e. Nov 2003</p> <p>3f.Nov 2003</p> <p>3g June 2004</p> <p>3h June 2005</p> <p>3i. Oct 2005</p> <p>3i. Aug 2004</p>	<p>3a.May, 2003</p> <p>3b Aug 2003</p> <p>3c. July 2003</p> <p>3d.Aug, 2003</p>	3. Oct, 2005	

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							Projected	Actual	Projected	Actual
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75% of children who have been in FC 15/22 will either have a TPR filed or compelling reason documented. (Baseline: 25%)	<p>1. Data entry requiring TPR according to ASFA guidelines is incomplete. (Child Welfare)</p> <p>a. CW will request a Trails revision to require entry of TPR-related fields.</p> <p>b. Required Fields Document will be amended to incorporate changes.</p> <p>c. Counties will be advised of requirements change.</p> <p>d. ARD will revise oversight process to address this issue</p> <p>2.. Refer to Action Step 1 in Item 10 regarding permanency (including TPR) for adolescents.</p> <p>3. Refer to Action Step 2 in Item 27 regarding Judicial training focused on the appropriate handling of D&amp;N cases, including TPR).</p>	Trails Report	<p>50% of children who have been in FC 15/22 will either have a TPR filed or a compelling reason documented.</p> <p>1a.Request made</p> <p>1b. Doc. amended</p> <p>1c. Counties advised</p> <p>1d ARD monitoring</p>	Sept 2004		Oct, 2005	
							1a. Jan, 2004 1b Jan, 2004 1c.Feb, 2004 1d. Jan 2004 and ongoing			

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<b>Item 28:</b> Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act. (Continued)				4. Project Uplift will coordinate with the Court Improvement Project to change the Supreme Court Rule for Procedural Timeframes for Dependency and Neglect cases being heard for appeal. (Child Welfare and State Judicial) <ul style="list-style-type: none"> <li>a. Language for proposed change will be written</li> <li>b. Meeting with Court of Appeals</li> <li>c. Statewide symposium to present rule change</li> <li>d. Present rule change to Appellate Rules Committee</li> <li>e. Incorporate public comment</li> <li>f. Supreme Ct. Approval</li> </ul>		4a. Language written 4b. Mt. with Appeals Ct. 4c. Symposium 4d. Rules to committee 4e. Public comment 4f. Approval	4c. 2/04 4d. 4/04 4e. 4/04 4f. 5/04	4a. July, 2003 4b July, 2003		
<b>Item 29:</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Systemic Factor 3:</b> Quality Assurance System	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Systemic Factor 4:</b> Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Systemic Factor 5:</b> Service Array	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Systemic Factor 6:</b> Agency Responsiveness to the Community	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Systemic Factor 7:</b> Foster and Adoptive Parent Licensing, Recruitment, and Retention	<input type="checkbox"/>	<input checked="" type="checkbox"/>								