

**Hawaii's Program Improvement Plan  
2009 Child and Family Services Review**

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**Children's Bureau  
Child and Family Services Reviews  
Program Improvement Plan**

**Section I. PIP General Information**

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State: \_\_\_\_\_

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| Steven Choy, Director, Kapi'olani Child Protection Center  |
| Theresa Minami, Assistant Program Development Administrator, Department of Human Services CWS, Program Development |
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\*This list is not yet final and is therefore subject to change.

## Section II. Introduction & Overview: Hawaii's Program Improvement Plan

### INTRODUCTION

The Federal Child and Family Services Review (CFSR) conducted in Hawaii June 1-5, 2009 provided an opportunity for Hawaii to identify strengths in its Child Welfare Services system and develop strategies to improve safety, permanency and well-being outcomes for children and families where indicated.

CFSR outcomes and performance measures are closely aligned with Hawaii's Child Welfare Services (CWS) mission and Family Partnership and Engagement Practice Model. Hawaii's CWS mission is to ensure, in partnership with families and communities, the safety, permanency and well-being of those children and families where child abuse and neglect has occurred or who are at high risk for child abuse and neglect. Hawaii's Program Improvement Plan (PIP) is built on a foundation of principles that supports our mission. Our Practice Model defines how CWS, our families and our community partners collaboratively engage children and families in developing and delivering services and assistance to meet the unique needs of the children and families whom together we serve. Our Practice Model defines standards of practice and identifies how practice supports the achievement of positive outcomes for children and families. In this PIP, Hawaii CWS will focus on these broad goals:

- A. Ensure safety of all children in their homes and in foster care.
- B. Enhance engagement in case planning with parents, children/youth, and relatives through the life of the case.
- C. Improve permanency outcomes and connections for children.
- D. Sustain and support the improvement of outcomes through the use of data and training at all levels.

For goals A, B and C above, CWS will review and clarify procedures related to each strategy. Subsequently, we will update our CWS procedural manual and training curriculum for new workers as well as train current supervisors and staff, all of which will become our standard procedures for implementing new expectations and sustaining systemic changes.

Hawaii's CWS interventions are culturally sensitive and respectful of families' lifestyles, dynamics, and choices for themselves and their children. They are also undertaken in a spirit of partnership and collaboration with all parties interested in and committed to strengthening families' capacity to make healthy choices for the safety and well-being of their children. As demonstrated in this PIP, our actions nurture, enhance, and sustain the natural support systems for families in the community.

### PIP DEVELOPMENT

Recognizing the vital role the community and stakeholders play in the safety of children and success of families, CWS has engaged families and community partners throughout its self-assessment and PIP development processes. Hawaii began preparing for the CFSR on-site review with a CFSR Kick-off Conference on July 15, 2008. The Statewide Assessment phase began in August 2008 with the final statewide assessment submitted in April 2009. PIP planning began immediately after the CFSR Exit Conference, which was in June 2009. A PIP Kick-off Conference was held on September 1, 2009 with over 100 attendees, including CWS staff, State leadership, youth, parents, community partners and providers, and other stakeholders. Meeting participants were divided into workgroups corresponding to themes identified in the CFSR process as follows:

- Family engagement
- Safety and risk assessments
- Timely and appropriate permanency
- Case review system
- Consistency and accountability

Break-out groups explored strategies for program improvement, many of which are incorporated in this PIP. Participants in these break-out groups will join ongoing workgroups that will build on a continuous quality improvement structure representing each broad PIP goal to review progress on the PIP and implement action steps that are “Practical, Doable and Sustainable”.

The 2009 PIP was crafted to build on Hawaii’s demonstrated ability to pull together as an ‘Ohana, or family, to address the practice issues that were found to be areas needing improvement in our CFSR.

## DATA AND MEASUREMENT PLAN

Hawaii’s PIP values data and its importance to CWS at the supervisor and worker level. Hawaii will support staff and community involvement in program improvement by providing data reports in simple, easy-to-understand formats and allowing data to be pulled at different levels (e.g. by State, section, unit, and worker). Sharing results regularly will raise awareness of strengths and areas needing improvement and will increase interest in making improvements.

Hawaii has some data sources and methods for monitoring improvements that are already established. Every effort will be made to maximize the use of what is already in place. Although this review process has been in place since the first PIP, a new baseline needs to be used for this PIP because some substantive changes to the case review process were implemented beginning January 2010.

| State of Hawaii Program Improvement Plan Measures |   |                |            |                       |
|---|---|----------------|------------|-----------------------|
| CFSR Item   | Subject   | Federal Review | State Goal | Method of Measurement |
| 1   | Timeliness of investigations  | 87             | TBD        | Case review           |
| 3   | Services to family to protect children in home and prevent removal or re-entry into foster care | 69             | TBD        | Case review           |
| 4   | Risk assessment and safety management   | 65             | TBD        | Case review           |
| 7   | Permanency goal for child   | 60             | TBD        | Case review           |
| 17  | Needs and services of child, parents, and resource caregivers                                   | 43             | TBD        | Case review           |
| 18  | Child and family involvement in case planning   | 56             | TBD        | Case review           |
| 19  | Worker visits with child  | 58             | TBD        | Case review           |
| 20  | Worker visits with parent(s)  | 44             | TBD        | Case review           |

### *Data Sources and Methods for Measurement*

Hawaii’s PIP measures and reporting will be based on data collected from case reviews using the CFSR case review tool. The case reviews are modeled after the federal CFSR process.

In Hawaii's ongoing quality case reviews, approximately 64% of cases reviewed are foster care cases and approximately 36% of cases reviewed are in-home cases. Ninety-nine cases are reviewed per year—approximately 50 from metro Sections and 49 from neighbor island Sections. For the PIP2 period, 17 cases will be reviewed from each of the metro Sections and 12 from each of the four neighbor island Sections. Each Section is reviewed once per state fiscal year. Also, until recently, two Sections have been reviewed each quarter. With the current structural reorganization, there will be seven Sections; therefore, while two Sections will be reviewed each quarter for three quarters, there will be one quarter in which one Section will be reviewed. The number of cases reviewed each rolling year will remain 99.

The period under review for cases reviewed in the 1<sup>st</sup> and 2<sup>nd</sup> quarters of each state fiscal year begin on October 1 of the preceding year. The period under review for cases reviewed in the 3<sup>rd</sup> and 4<sup>th</sup> quarters of each state fiscal year begin on April 1 of the preceding year. Each period under review ends on the last day of the on-site review. The annual percentage results for each item will be reported on a rolling quarter basis. Results for each quarter will be reported in the subsequent quarterly PIP report.

Since all cases are applicable for Items 4, 17, and 19, the number of cases in the PIP2 period will be consistent with the number of cases in the baseline period. Likewise, since most foster care cases are applicable for Item 7 (with the exception of some short-term foster care cases), the number of cases in the PIP2 period will be consistent with the number of cases in the baseline period. Attention will be given to keep the same number of applicable cases for items 1, 3, 7, 18, and 20 during a rolling year.

#### *Baseline Measurement*

For a baseline, Hawaii will use data collected from case reviews during the 12-month period that encompasses January 2010 to December 2010. Given this, the baseline period will overlap the PIP period for one quarter, if the PIP is approved effective October 1, 2010. The baseline period will cover 99 cases and will follow the 64%/36% distribution of foster care and in-home cases. The proportion of cases for metro and neighbor island Sections will remain the same for the baseline period and PIP period.

## PIP Agreement Form

The PIP should be signed and dated by the Chief Executive Officer of the State child welfare agency and by the Children's Bureau Regional Office responsible for the State. The approved PIP with original signature must be retained in the Children's Bureau Regional Office. A hard copy of the approved PIP must be submitted to the following parties immediately upon approval:

- State child welfare agency
- Children's Bureau (Child and Family Services Review staff)
- Child Welfare Review Project, c/o JBS International, Inc.

### 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

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Children's Bureau      Date

**State of Hawaii  
Department of Human Services/Child Welfare Services  
Program Improvement Plan (PIP)**

**Section III. PIP Strategy Summary and TA Plan**

| GOAL   | PRIMARY STRATEGY   | KEY CONCERNS/CFSR PRELIMINARY FINDINGS  | TA RESOURCES NEEDED/ INITIATIVES  |
|--|--|---|---|
| <p>A. Ensure safety of all children in their homes and in foster care.</p> | <p><b>1. Improve completion and application of assessments of children at home and in foster care, through the life of the case.</b></p> | <ul style="list-style-type: none"> <li>• Inconsistent initial contact and risk and safety assessment of each child victim.</li> <li>• Lack of ongoing risk and safety assessments for all children in their homes and in foster care.</li> <li>• Lack of risk and safety assessments before reunification and prior to case closure.</li> <li>• Services not targeting key safety concerns.</li> <li>• Need more of a transition at reunification to reduce re-entry.</li> <li>• Over-reliance on service providers and resource caregivers to provide information on safety, risk, and updates on case activity.</li> <li>• Too many several-day foster care stays.</li> <li>• Not supporting the parent/family protecting child when possible.</li> <li>• Inconsistent with screening and assessing domestic violence.</li> </ul> | <p>-NRCCPS<br/>-NRCOI<br/>-National Court Improvement Program</p> <p><u>Initiatives</u><br/>-Threatened harm review<br/>-CWS Procedures Integration<br/>-RAI Statewide Implementation<br/>-Family Partnership and Engagement Practice Model</p> |
| <p>B. Enhance engagement in case planning with parents,</p>                | <p><b>2. Improve frequency and quality of monthly face-to-face contact for social workers with children/youth and with parents.</b></p>  | <ul style="list-style-type: none"> <li>• Lack of quality contacts by social worker with parent and child/youth.</li> <li>• Inconsistent face-to-face contact with children, parents, and resource caregivers, both in-home and foster care cases.</li> <li>• Lack of engagement with fathers, non-custodial parents and defaulted parents.</li> </ul>   | <p>-NRCPFC</p> <p><u>Initiatives</u><br/>-'Aha<br/>-SHAKA<br/>-CWS Procedures Integration<br/>-Project First Care</p>   |



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| children/youth, and relatives through the life of the case.  | <b>3. Enhance the immediate and ongoing search and engagement of fathers, relatives, and other important connections.</b> | <ul style="list-style-type: none"> <li>• Connections for child in foster care with extended family, religion/culture, school, and community/friends.</li> <li>• Lack of efforts to identify relatives for foster and permanent placement.</li> <li>• Fathers not identified early on.</li> <li>• Delays in completing or approving home studies.</li> <li>• Delays in the identification of an appropriate adoptive placement.</li> </ul>   | <ul style="list-style-type: none"> <li>-Norma Ginther</li> <li>-Family Journal</li> <li>-Family Partnership and Engagement Practice Model</li> <li>-‘Ohana Conferencing</li> <li>-Permanency Roundtables</li> <li>-587 Task Force</li> <li>-Project First Care</li> <li>-Family Finding</li> <li>-‘Ohana Conferencing</li> <li>-Youth Circles</li> <li>-Family Connection Consortium</li> <li>-Project Visitation (community partner)</li> </ul> |
|  | <b>4. Individualize services for parents, children/youth, and resource caregivers to meet their specific needs.</b>       | <ul style="list-style-type: none"> <li>• Need to clarify supportive services for pre-adoptive and adopted children.</li> <li>• Inconsistent initial mental health screenings for children entering foster care</li> <li>• Inadequate services provided for children’s identified mental health needs.</li> <li>• Inconsistent assessment and services to address child’s physical health, dental, and educational needs.</li> <li>• Foster care placements are often unstable.</li> <li>• Case plans are generic and not individualized.</li> <li>• Lack of post-reunification services</li> <li>• Limited ILP services.</li> </ul> |  |
| C. Improve permanency outcomes and connections for children. | <b>5. Improve the frequency and quality of the contact for children with their parents and siblings.</b>                  | <ul style="list-style-type: none"> <li>• Infrequent parent-child and sibling contact while in foster care.</li> <li>• Missed opportunities for parent-child contact in natural settings.</li> <li>• Lack of efforts to place siblings together.</li> </ul>  | <ul style="list-style-type: none"> <li>-NRCPPFC</li> </ul>   |
|  | <b>6. Establish and pursue appropriate and realistic permanency goals for each child/youth in a timely manner.</b>        | <ul style="list-style-type: none"> <li>• Goals are not appropriate for child’s needs and case situation.</li> <li>• Goals are not established timely.</li> <li>• Lack of efforts to reunify or finalize guardianship in a timely manner.</li> <li>• Lack of initiative to change the permanency goal despite limited participation from parents in the service plan.</li> <li>• Lack of state requirement for worker and supervisor</li> </ul>  | <ul style="list-style-type: none"> <li><u>Initiatives</u></li> <li>-587/Child Protective Act Task Force</li> <li>-Court Improvement Project</li> <li>-Permanency Roundtables</li> <li>-Zero to Three Court</li> </ul>  |

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|  |  | <p>ongoing training.</p> <ul style="list-style-type: none"> <li>• Lack of ongoing training expectations for resource caregivers.</li> <li>• Concurrent goals not actively worked.</li> <li>• Written goals do not match pursued goals.</li> </ul>   |              |
|  | <p><b>7. Improve the quality of information provided to the Family Court.</b></p>                                    | <ul style="list-style-type: none"> <li>• Improvement needed in joint case planning with parents.</li> <li>• Poor quality of periodic reviews.</li> <li>• Timeliness of permanency hearings don't comply with federal requirements</li> <li>• Notice/opportunity to be heard is inconsistent.</li> <li>• Resource caregivers are not encouraged to attend hearings.</li> <li>• TPR's not filed timely</li> <li>• Delays in the TPR process after filing</li> <li>• Need meaningful reviews and permanency hearings that focus on long-range plan for child.</li> <li>• Compelling reasons not documented.</li> </ul> |              |
| <p><b>D. Strengthen consistency and support of best practices.</b></p> | <p><b>8. Sustain and support the improvement of outcomes through the use of data and training at all levels.</b></p> | <ul style="list-style-type: none"> <li>• Lack of quality and quantity of visits between caseworkers and clients.</li> <li>• Lack of state requirement for worker and supervisor ongoing training.</li> </ul>  | <p>NRCOI</p> |

## Section IV. PIP Matrix

### Part A: Strategy Measurement Plan and Quarterly Status Report

| <b>Primary Strategy 1: Improve completion and application of assessments of children at home and in foster care, through the life of the case.</b>  |   |   |                    | <b>Applicable CFSR Outcomes or Systemic Factors:<br/>Outcomes: Safety Outcome 1, 2</b> |                         |
|---|---|---|--------------------|--|-------------------------|
| <b>GOAL A: Ensure safety of all children in their homes and in foster care.</b>   |   |   |                    | <b>Applicable CFSR Items: 1, 3, 4</b>  |                         |
| <b>Action Steps and Benchmarks</b>  | <b>Person Responsible</b>                                 | <b>Evidence of Completion</b>   | <b>Quarter Due</b> | <b>Quarter Completed</b>   | <b>Quarterly Update</b> |
| <b>1.1 Assure completion of risk and safety assessments through the life of the case.</b>   | <i>See Persons Responsible for sub-steps of 1.1 below</i> | <i>See evidence of completion for sub-steps of 1.1 below</i>  | <b>Q5</b>          |  |                         |
| 1.1.1 Review and clarify procedures to include that all children in foster care and in-home shall be assessed, timelines of when assessments are required, guidelines for screening and assessing domestic violence, and efforts required to locate all children and parents. Work with NRCCPS and Casey. | <i>Theresa Minami,<br/>Kathy Swink,<br/>Tracy Yadao</i>   | <i>Clarified/<br/>Revised<br/>Procedures</i>  | <b>Q3</b>          |  |                         |
| 1.1.2 Develop a tip sheet to assist in facilitation of improved safety and risk assessments with children and parents.  | <i>Theresa Minami,<br/>Kathy Swink</i>                    | <i>Tip sheet</i>  | <b>Q3</b>          |  |                         |
| 1.1.3 Train 75% of CWS and VCM staff about revised procedures and new tools related to mandatory safety and risk assessments. Implement revised procedures.   | <i>Theresa Minami,<br/>Kathy Swink</i>                    | <i>New Tool,<br/>Training<br/>Description &amp;<br/>Schedule,<br/>Attendance<br/>Sheets for 75%<br/>of staff and plan<br/>to train balance<br/>of staff during<br/>PIP period</i> | <b>Q3</b>          |  |                         |

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| 1.1.4 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to monitor completion of assessments, and for quality assurance staff to identify trends and evaluate training needs. | <i>Theresa Minami</i>                                     | <i>Data reports and meeting agenda</i>  | <b>Q5</b> |  |  |
| 1.2 Maintain children safely in their homes whenever possible and appropriate.  | <i>See Persons Responsible for sub-steps of 1.2 below</i> | <i>See evidence of completion for sub-steps of 1.2 below</i>  | <b>Q4</b> |  |  |
| 1.2.1 Develop and implement Early 'Ohana Conferences for cases in which removal is imminent or has occurred by police in the Leeward and Central Sections.  | <i>Theresa Minami, Bernie Lane</i>                        | <i>Protocol, Documentation of one meeting</i>   | <b>Q2</b> |  |  |
| 1.2.2 Review and clarify procedures to include removal criteria, appropriateness of in-home safety plans, provision of safety services, requirements and conditions for reunification, and case closure criteria.   | <i>Theresa Minami, Kathy Swink</i>                        | <i>Revised/ Clarified Procedures</i>  | <b>Q3</b> |  |  |
| 1.2.3 Initiate efforts to meet with police at least biannually in different jurisdictions to address a joint response to reports requiring immediate safety intervention and to develop basic guidelines for police on elements of assessing child safety.    | <i>Theresa Minami</i>                                     | <i>First Meeting summary for one jurisdiction and a plan/schedule of initiation in each jurisdiction</i>                            | <b>Q4</b> |  |  |
| 1.2.4 Train 75% of CWS and VCM staff about revised procedures and measurements in the case review instrument CFSR – OSRI. Implement revised procedures.   | <i>Theresa Minami</i>                                     | <i>Training Description &amp; Schedule, Attendance Sheets for 75% of staff and plan to train balance of staff during PIP period</i> | <b>Q4</b> |  |  |
| 1.2.5 Make training available to Police, DAG's, attorneys, and judges to address safety decision-making, appropriateness of in-home safety plans, and safety during reunification. Work with NRCCPS.  | <i>Theresa Minami, Faye Kimura</i>                        | <i>Training description &amp; schedule and first training attendance sheet</i>  | <b>Q4</b> |  |  |

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| 1.2.6 Implement supervisor quarterly meetings that will include trainings related to coaching social workers to link safety and risk assessments to the key findings of the case, appropriate and individualized services, use of data, safe reunification requirements, and case closure. | <i>Jill Arizumi</i>              | <i>Schedule of meetings, meeting agenda for 2 quarters</i> | <b>Q4</b> |  |  |
| 1.2.7 Convene a meeting with Court and CIP staff about screening and investigation protocols related to domestic violence cases towards developing an understanding of how cases are handled.  | <i>John Walters, Faye Kimura</i> | <i>Meeting notes</i>                                       | <b>Q3</b> |  |  |

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| <b>Primary Strategy 2: Improve frequency and quality of monthly face-to-face contact for social workers with children/youth and with parents.</b>   |   |   |                    | <b>Applicable CFSR Outcomes or Systemic Factors: Outcomes: Well-Being Outcomes 1</b> |                         |
| <b>GOAL B: Enhance engagement in case planning with parents, children/youth, and relatives through the life of the case.</b>  |   |   |                    | <b>Applicable CFSR Items: 17, 18, 19, 20,</b>  |                         |
| <b>Action Steps and Benchmarks</b>  | <b>Person Responsible</b>                                 | <b>Evidence of Completion</b>   | <b>Quarter Due</b> | <b>Quarter Completed</b>   | <b>Quarterly Update</b> |
| 2.1 Assure frequency and quality of social worker visits.   | <i>See Persons Responsible for sub-steps of 2.1 below</i> | <i>See evidence of completion for sub-steps of 2.1 below</i>          | <b>Q5</b>          |  |                         |
| 2.1.1 Review and clarify procedures for initial and ongoing contact to include that all parents and children must be visited monthly, and to define content, documentation requirements, location of visit, and contact with resource caregiver. Work with NRCPPFC. | <i>Kathy Swink</i>  | <i>Revised/ Clarified Procedures</i>                                  | <b>Q4</b>          |  |                         |
| 2.1.2 Finalize and implement the Family Journal in Maui Section.  | <i>John Walters</i>                                       | <i>Copy of family journal, Training Description, Attendance Sheet</i> | <b>Q4</b>          |  |                         |

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| 2.1.3 Develop a tip sheet to guide quality of worker visits, improved interaction, and effective documentation of worker visits with children, parents, and resource caregivers.   | <i>Kathy Swink</i> | <i>Tip Sheet</i>  | <b>Q4</b> |  |  |
| 2.1.4 Train 75% of CWS and VCM staff on engaging children/youth and families and strengthening client interactions as well as on revised procedures and new tools related to frequency and quality of contact and new tools. Implement revised procedures. | <i>Tonia Mahi</i>  | <i>New Tool, Training Description &amp; Schedule, Attendance Sheets for 75% of staff and plan to train balance of staff during PIP period</i> | <b>Q5</b> |  |  |
| 2.1.5 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to monitor frequency of contact.   | <i>Lee Dean</i>    | <i>Data reports and meeting agenda</i>  | <b>Q5</b> |  |  |

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| <b>Primary Strategy 3: Enhance the immediate and ongoing search and engagement of fathers, relatives, and other important connections.</b> |   |  |                    | <b>Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 2</b> |                         |
| <b>GOAL B: Enhance engagement in case planning with parents, children/youth, and relatives through the life of the case.</b>               |   |  |                    | <b>Applicable CFSR Items: 12,14, 15</b>                                   |                         |
| <b>Action Steps and Benchmarks</b>   | <b>Person Responsible</b>                                 | <b>Evidence of Completion</b>                                | <b>Quarter Due</b> | <b>Quarter Completed</b>  | <b>Quarterly Update</b> |
| 3.1 Improve efforts to identify and locate fathers and 'ohana of foster children/youth.  | <i>See Persons Responsible for sub-steps of 3.1 below</i> | <i>See evidence of completion for sub-steps of 3.1 below</i> | <b>Q5</b>          |   |                         |

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|--|---|---|-----------|--|--|
| 3.1.1 Review and clarify procedures for identifying and locating fathers and 'ohana to specify timelines and points in case requiring search and to describe steps workers must take to identify and locate, including incarcerated and deployed parents, and sending notification letter. Work with NRCDFC. | <i>Tracy Yadao</i>  | <i>Revised/<br/>Clarified<br/>Procedures</i>  | <b>Q4</b> |  |  |
| 3.1.2 Develop a chart to guide workers to identify legal status of fathers and to determine father's involvement based on legal status.  | <i>Tracy Yadao</i>  | <i>Chart</i>  | <b>Q4</b> |  |  |
| 3.1.3 Train 75% of CWS and VCM staff about the value of promoting and maintaining kinship connections for children/youth and on requirements and process for locating fathers and 'ohana and about the use of father chart as a guide. Implement revised procedures.   | <i>Jill Arizumi</i>   | <i>New Tool,<br/>Training<br/>Description &amp;<br/>Schedule,<br/>Attendance<br/>Sheets for 75%<br/>of staff and plan<br/>to train balance<br/>of staff during<br/>PIP period</i> | <b>Q4</b> |  |  |
| 3.1.4 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to monitor unidentified or absent parents, relatives for each child, and father and family-finding efforts that have been completed.                                 | <i>Lee Dean</i>   | <i>Data reports<br/>and meeting<br/>agenda</i>  | <b>Q5</b> |  |  |
| 3.2 Involve fathers, children, and 'ohana in case planning and placement.  | <i>See Persons<br/>Responsible<br/>for sub-steps<br/>of 3.2 below</i> | <i>See evidence of<br/>completion for<br/>sub-steps of 3.2<br/>below</i>  | <b>Q5</b> |  |  |
| 3.2.1 Review and clarify procedures to include a standard process for efforts that must be taken to engage fathers, children/youth, and 'ohana including timeliness, relative form letter and suggested strategies to involve fathers, children/youth, and 'ohana in case planning. Work with NRCDFC.        | <i>Lee Dean</i>   | <i>Revised/<br/>Clarified<br/>Procedures</i>  | <b>Q4</b> |  |  |
| 3.2.2 Implement a process for form letters to be sent to relatives to serve as notice of child's foster care entry and to describe options to participate in child's care.   | <i>Lee Dean</i>   | <i>Copy of letter<br/>and written<br/>implementation<br/>plan</i>   | <b>Q4</b> |  |  |

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| 3.2.3 Train 75% of CWS and VCM staff on engaging resistant parents and about revised procedures and processes.   | <i>Jill Arizumi</i> | <i>Training Description &amp; Schedule, Attendance Sheets for 75% of staff and plan to train balance of staff during PIP period</i> | <b>Q5</b> |  |  |
| 3.2.4 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to track children in non-relative foster care. | <i>Lee Dean</i>     | <i>Data reports and meeting agenda</i>  | <b>Q5</b> |  |  |

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| <b>Primary Strategy 4: Individualize services for parents, children/youth, and resource caregivers to meet their specific needs.</b>   |   |  |                    | <b>Applicable CFSR Outcomes or Systemic Factors: Well-Being Outcomes 2, 3;</b> |                         |
| <b>GOAL B: Enhance engagement in case planning with parents, children/youth, and relatives through the life of the case.</b>   |   |  |                    | <b>Applicable CFSR Items: 21, 22, 23</b>                                       |                         |
| <b>Action Steps and Benchmarks</b>   | <b>Person Responsible</b>                                 | <b>Evidence of Completion</b>                                | <b>Quarter Due</b> | <b>Quarter Completed</b>   | <b>Quarterly Update</b> |
| 4.1 Assure proper assessments and appropriate provision of services for parents' and children/youth's needs.   | <i>See Persons Responsible for sub-steps of 4.1 below</i> | <i>See evidence of completion for sub-steps of 4.1 below</i> | <b>Q5</b>          |  |                         |
| 4.1.1 In collaboration with community providers, develop a plan for updating contracts.  | <i>Bernie Lane, Kathy Swink</i>                           | <i>Written plan</i>  | <b>Q3</b>          |  |                         |
| 4.1.2 Review and clarify procedures to ensure that service plans incorporate appropriate and timely assessment of needs and service referrals, including requirements and timelines for completion of assessment tools. Work with NRCPPFC. | <i>Bernie Lane, Kathy Swink</i>                           | <i>Revised/ Clarified Procedures</i>                         | <b>Q4</b>          |  |                         |



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| 4.1.3 Train 75% of CWS and VCM staff about revised procedures and assessment tools. Implement revised procedures.  | <i>Bernie Lane,<br/>Kathy Swink</i>                                   | <i>New Tool,<br/>Training<br/>Description &amp;<br/>Schedule,<br/>Attendance<br/>Sheets for 75%<br/>of staff and plan<br/>to train balance<br/>of staff during<br/>PIP period</i> | <b>Q5</b> |  |  |
| 4.1.4 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to monitor completion of assessment tools.         | <i>Lee Dean</i>   | <i>Data reports<br/>and meeting<br/>agenda</i>  | <b>Q5</b> |  |  |
| 4.2 Increase the use of 'Ohana Conferencing and Youth Circles at the beginning and at critical points in cases.  | <i>See Persons<br/>Responsible<br/>for sub-steps<br/>of 4.2 below</i> | <i>See evidence of<br/>completion for<br/>sub-steps of 4.2<br/>below</i>  | <b>Q4</b> |  |  |
| 4.2.1 Assess and evaluate barriers to using 'Ohana conferencing and Youth Circles.   | <i>Lynne<br/>Kazama</i>   | <i>Documentation<br/>of Analysis</i>  | <b>Q3</b> |  |  |
| 4.2.2 Review and clarify procedures for referring cases for an 'Ohana Conference and Youth Circle to include requirements around timeliness and frequency of occurrence. Work with NRCPFC. | <i>Lynne<br/>Kazama</i>   | <i>Procedures</i>   | <b>Q4</b> |  |  |
| 4.2.3 Develop and implement a tracking mechanism to monitor that every family and youth of appropriate age is offered an 'Ohana Conference and Youth Circle.                               | <i>Lynne<br/>Kazama</i>   | <i>First tracking<br/>report</i>  | <b>Q4</b> |  |  |
| 4.2.4 Develop a tip sheet to include offering the family an 'Ohana Conference and the youth of appropriate age a Youth Circle.   | <i>Lynne<br/>Kazama</i>   | <i>Tip Sheet</i>  | <b>Q4</b> |  |  |
| 4.3 Assure that each child/youth is assessed and provided necessary mental health services and support.  | <i>See Persons<br/>Responsible<br/>for sub-steps<br/>of 4.3 below</i> | <i>See evidence of<br/>completion for<br/>sub-steps of 4.3<br/>below</i>  | <b>Q5</b> |  |  |
| 4.3.1 Review and clarify existing criteria and referral procedures for mental health screenings and treatment.   | <i>Theresa<br/>Minami</i>   | <i>Procedures</i>   | <b>Q4</b> |  |  |

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| 4.3.2 Train 75% of CWS and VCM staff about the provision of appropriate mental health services based on the results of assessment tools. Implement revised procedures.                     | Laurie Jicha | Training Description & Schedule, Attendance Sheets for 75% of staff and plan to train balance of staff during PIP period | Q4 |  |  |
| 4.3.3 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to monitor completion of mental health screenings. | Lee Dean     | Data reports and meeting agenda  | Q5 |  |  |

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| <b>Primary Strategy 5: Improve the frequency and quality of the contact for children with their families.</b>  |  |   |                    | <b>Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 2</b> |                         |
| <b>GOAL C: Improve permanency outcomes and connections for children.</b>   |  |   |                    | <b>Applicable CFSR Items: 13, 16</b>                                      |                         |
| <b>Action Steps and Benchmarks</b>   | <b>Person Responsible</b>                          | <b>Evidence of Completion</b>                         | <b>Quarter Due</b> | <b>Quarter Completed</b>  | <b>Quarterly Update</b> |
| 5.1 Enhance family time for foster children with their parents, siblings, and family.  | See Persons Responsible for sub-steps of 5.1 below | See evidence of completion for sub-steps of 5.1 below | Q6                 |   |                         |
| 5.1.1 Develop a visitation framework that incorporates standards for best practice. Work with NRCPPFC.   | Lynne Kazama                                       | Written plan  | Q4                 |   |                         |
| 5.1.2 Review and clarify procedures for family time to include activities and supervision levels, to specify requirement for sibling time/visitation, to define roles and responsibilities of visitation supervisor and resource caregiver, and to identify and utilize all available resources within the family's natural support system to expand frequency and meaningfulness of family time. Work with NRCPPFC. | Lynne Kazama                                       | Revised/ Clarified Procedures                         | Q5                 |   |                         |

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| 5.1.3 Train 75% CWS and VCM staff, including relevant POS-contracted staff on revised procedures of facilitating enhanced family time. Implement revised procedures.       | <i>Tonia Mahi</i>   | <i>Training Description and Schedule, Attendance Sheets for 75% of staff and plan to train balance of staff during PIP period, ITAO documentation</i> | <b>Q6</b> |  |  |
| 5.1.4 Train 50% of resource caregivers on revised procedures of facilitating enhanced family time.   | <i>Lynne Kazama</i> | <i>Training Description, List of trained resource caregivers</i>  | <b>Q6</b> |  |  |
| 5.1.5 Review contracts and resource caregiver agreements to ensure requirements are contained in the contracts & agreements.   | <i>Lynne Kazama</i> | <i>Copies of contracts and agreements</i>   | <b>Q6</b> |  |  |
| 5.1.6 Update contracts, if applicable.   | <i>Lynne Kazama</i> | <i>Revised contracts.</i>   | <b>Q6</b> |  |  |
| 5.1.7 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to track frequency of family time. | <i>Lee Dean</i>     | <i>Data reports and meeting agenda</i>  | <b>Q5</b> |  |  |

|  |   |  |                    |  |                         |
|--|---|--|--------------------|--|-------------------------|
| <b>Primary Strategy 6: Establish and pursue appropriate and realistic permanency goals for each child/youth in a timely manner.</b>                |   |  |                    | <b>Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 1;</b> |                         |
| <b>GOAL C: Improve permanency outcomes and connections for children/youth.</b>   |   |  |                    | <b>Applicable CFSR Items: 6, 7, 8, 9,</b>                                  |                         |
| <b>Action Steps and Benchmarks</b>   | <b>Person Responsible</b>                                 | <b>Evidence of Completion</b>                                | <b>Quarter Due</b> | <b>Quarter Completed</b>   | <b>Quarterly Update</b> |
| 6.1 Establish appropriate and realistic permanency goals for children/youth.   | <i>See Persons Responsible for sub-steps of 6.1 below</i> | <i>See evidence of completion for sub-steps of 6.1 below</i> | <b>Q6</b>          |  |                         |
| 6.1.1 In collaboration with the NRC, schedule meetings to develop an understanding of concurrent planning as it relates to Hawaii's specific needs | <i>John Walters</i>                                       | <i>Call Schedule</i>   | <b>Q2</b>          |  |                         |

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|---|----------------------------------|---|-----------|--|--|
| 6.1.2 In collaboration with the NRC, develop an understanding of concurrent planning as it relates to Hawaii's specific needs.  | <i>John Walters</i>              | <i>Documentation of process</i>   | <b>Q4</b> |  |  |
| 6.1.3 Review and clarify procedures to include the development of and criteria for permanent plan, appropriateness of goals, timeliness of establishing goals, timeliness to file TPR, process of identifying an appropriate permanent goal and placement, documenting compelling reasons, and process for inter-island courtesy supervision. Work with NRC/PCFC. | <i>Bernie Lane</i>               | <i>Revised/ Clarified Procedures</i>  | <b>Q2</b> |  |  |
| 6.1.4 Develop and utilize case staffing process (e.g. Pohai Ke Aloha) to mentor staff and review permanency goals and plans for each child/youth.   | <i>Tonia Mahi</i>                | <i>Protocol</i>   | <b>Q6</b> |  |  |
| 6.1.5 Train 75% of supervisors, social workers, social services assistants and aides, VCM supervisors and case managers, resource caregivers and POS providers about revised procedures and processes. Implement revised procedures.  | <i>Bernie Lane</i>               | <i>Training Description &amp; Schedule, Attendance Sheets for 75% of staff and plan to train balance of staff during PIP period</i> | <b>Q6</b> |  |  |
| 6.1.6 Meet with Court staff, DAG's, attorneys, and GAL's about revised procedures and processes.  | <i>John Walters, Faye Kimura</i> | <i>Meeting minutes</i>  | <b>Q6</b> |  |  |
| 6.1.7 Create and provide bench cards for judges and attorneys that incorporate practice updates and procedures.   | <i>John Walters, Faye Kimura</i> | <i>Bench cards</i>  | <b>Q6</b> |  |  |
| 6.1.8 Develop and use data reports for social workers, supervisors and administrators to review at branch, section, and worker meetings to track time in care for each child/youth and timeline for establishing permanency goals for each child/youth.   | <i>Lee Dean</i>                  | <i>Data reports and meeting agenda</i>  | <b>Q5</b> |  |  |

| Primary Strategy 7: Improve the quality of information provided to the Family Court.   |   |  |             | Applicable CFSR Outcomes or Systemic Factors: Case Review System |                  |
|--|---|--|-------------|--|------------------|
| GOAL C: Improve permanency outcomes and connections for children/youth.  |   |  |             | Applicable CFSR Items: 25, 27, 28, 29                            |                  |
| Action Steps and Benchmarks  | Person Responsible  | Evidence of Completion                                       | Quarter Due | Quarter Completed  | Quarterly Update |
| 7.1 Revise procedures and forms to include required information for family court hearings.   | <i>See Persons Responsible for sub-steps of 7.1 below</i> | <i>See evidence of completion for sub-steps of 7.1 below</i> | <b>Q5</b>   |  |                  |
| 7.1.1 Review and clarify procedures for court documents to include content requirements for hearings including the child's time in care (initial date of entry into foster care), documentation of compelling reasons not to file for TPR, and 12 month permanency hearings as well as process for timely notice of Court hearings for children/youth and resource caregivers. Work with NRCDFC. | <i>Bernie Lane</i>  | <i>Revised/ Clarified Procedures</i>                         | <b>Q2</b>   |  |                  |
| 7.1.2 Revise court documents to include content requirements for hearings including the child's time in care (initial date of entry into foster care), documentation of compelling reasons not to file for TPR, and 12-month permanency hearings.  | <i>Bernie Lane</i>  | <i>Revised court documents</i>                               | <b>Q2</b>   |  |                  |
| 7.1.3 Develop tip sheet to assist in improved consistency with notice of dates of upcoming hearings and encouraging attendance at hearing by children/youth and resource caregivers.   | <i>Bernie Lane</i>  | <i>Tip sheet</i>   | <b>Q4</b>   |  |                  |

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|---|--------------------------------------|---|-----------|--|--|
| 7.1.4 Train 75% of staff, CIP, attorneys, judges, and community stakeholders about changes in procedures and processes. Implement revised procedures. | <i>Lynne Kazama,<br/>Lee Dean</i>    | <i>New Tool, Training Description &amp; Schedule, Attendance Sheets for 75% of staff and plan to train balance of staff during PIP period</i> | <b>Q5</b> |  |  |
| 7.1.5 Create and adopt bench cards for judges and attorneys that incorporate practice updates and procedures.   | <i>John Walters,<br/>Faye Kimura</i> | <i>Bench cards</i>  | <b>Q5</b> |  |  |

| <b>Primary Strategy 8: Sustain and support the improvement of outcomes through the use of data and training at all levels.</b> |   |  |                    | <b>Applicable CFSR Outcomes or Systemic Factors: Staff/Provider Training</b> |                         |
|--|---|--|--------------------|--|-------------------------|
| <b>GOAL D: Strengthen consistency and support of best practices.</b>   |   |  |                    | <b>Applicable CFSR Items: 33, 34</b>   |                         |
| <b>Action Steps and Benchmarks</b>   | <b>Person Responsible</b>                                 | <b>Evidence of Completion</b>                                | <b>Quarter Due</b> | <b>Quarter Completed</b>   | <b>Quarterly Update</b> |
| 8.1 Refine and use data at all levels of the organization to evaluate performance and to make informed decisions.              | <i>See Persons Responsible for sub-steps of 8.1 below</i> | <i>See evidence of completion for sub-steps of 8.1 below</i> | <b>Q5</b>          |  |                         |
| 8.1.1 Identify performance measures aligned with Branch goals, for which data reports must be created.                         | <i>Lee Dean</i>   | <i>Written list of performance measures</i>                  | <b>Q2</b>          |  |                         |
| 8.1.2 Develop data reports for each performance measure.   | <i>Lee Dean</i>   | <i>Data reports</i>  | <b>Q4</b>          |  |                         |
| 8.2 Establish a supervisor initiative to improve the support, guidance and training of caseworkers.                            | <i>See Persons Responsible for sub-steps of 8.2 below</i> | <i>See evidence of completion for sub-steps of 8.2 below</i> | <b>Q6</b>          |  |                         |
| 8.2.1 Review and evaluate supervisor structures of other states. Work with NRCOI.  | <i>John Walters</i>                                       | <i>Meeting notes</i>   | <b>Q3</b>          |  |                         |
| 8.2.2 Select a basic supervisor structure to implement Statewide.  | <i>John Walters</i>                                       | <i>Documentation of structure</i>                            | <b>Q4</b>          |  |                         |
| 8.2.3 Develop an implementation plan.  | <i>John Walters</i>                                       | <i>Implementation Plan</i>                                   | <b>Q6</b>          |  |                         |

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| 8.3 Evaluate worker and supervisor tools for efficiency and effectiveness.   | <i>See Persons Responsible for sub-steps of 8.3 below</i> | <i>See evidence of completion for sub-steps of 8.3 below</i> | <b>Q6</b> |  |  |
| 8.3.1 Gather all tools currently in use and proposed new tools.  | <i>Theresa Minami, Kathy Swink</i>                        | <i>Listing of tools</i>                                      | <b>Q4</b> |  |  |
| 8.3.2 Analyze and revise the tools to streamline for efficiency as needed  | <i>Theresa Minami, Kathy Swink</i>                        | <i>Analysis, Copy of revised tools</i>                       | <b>Q5</b> |  |  |
| 8.3.3 Update standard core new-worker training and policy/procedures manual as needed.   | <i>Theresa Minami, Kathy Swink</i>                        | <i>Manual Updates, Updated Core Training Curriculum</i>      | <b>Q6</b> |  |  |
| 8.4 Develop ongoing training requirement for staff and resource caregiver training   | <i>See Persons Responsible for sub-steps of 8.4 below</i> | <i>See evidence of completion for sub-steps of 8.4 below</i> | <b>Q7</b> |  |  |
| 8.4.1 Develop an ongoing training requirement for identified CWS staff and POS- contracted staff, which may include participation to participate as reviewers in Quality Case Reviews.   | <i>John Walters</i>                                       | <i>Documentation of training requirement</i>                 | <b>Q3</b> |  |  |
| 8.4.2 Identify training needs and training delivery preferences of resource caregivers in supporting children in their placements, family time and efforts towards reunification and placement with relatives. Set a training requirement for resource caregivers. | <i>Lynne Kazama</i>                                       | <i>Documentation of training requirement</i>                 | <b>Q7</b> |  |  |

## Part B: National Standards Measurement Plan and Quarterly Status Report

| <b>Safety Outcome 1: Absence of Recurrence of Maltreatment</b>              |  |    |    |    |    |    |    |    |    |     |     |     |
|---|--|----|----|----|----|----|----|----|----|-----|-----|-----|
| National Standard   | 94.6%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report/Source Data Period                  | 97.8% (NCANDS data for 12-month period ending 3/31/2008)         |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                      | Not applicable – State met national standard                     |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal   | Not applicable – State met national standard                     |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal   |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)    | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|   |  |    |    |    |    |    |    |    |    |     |     |     |
| <b>Safety Outcome 1: Absence of Maltreatment of Children in Foster Care</b> |  |    |    |    |    |    |    |    |    |     |     |     |
| National Standard   | 99.68%   |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report/Source Data Period                  | 99.49% (NCANDS/AFCARS data for 12-month period ending 3/31/2008) |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                      | 99.82% (NCANDS/AFCARS data for FFY 2008)                         |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal   | Not applicable – State met national standard as of FFY 2008      |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal   |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)    | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|   |  |    |    |    |    |    |    |    |    |     |     |     |



| <b>Permanency Outcome 1: Timeliness and Permanency of Reunification</b>  |   |    |    |    |    |    |    |    |    |     |     |     |
|--|---|----|----|----|----|----|----|----|----|-----|-----|-----|
| National Standard  | 122.6   |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report/Source Data Period               | 120.4 (AFCARS data 12-month period ending 3/31/2008)        |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                   | 131.5 (AFCARS data for FFY 2008)                            |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | Not applicable – State met national standard as of FFY 2008 |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |   |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1  | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |   |    |    |    |    |    |    |    |    |     |     |     |
| <b>Permanency Outcome 1: Timeliness of Adoptions</b>                     |   |    |    |    |    |    |    |    |    |     |     |     |
| National Standard  | 106.4   |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report/Source Data Period               | 112.5 (AFCARS data for 12-month period ending 3/31/2008)    |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                   | Not applicable – State met national standard                |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | Not applicable – State met national standard                |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |   |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1  | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |   |    |    |    |    |    |    |    |    |     |     |     |

| <b>Permanency Outcome 1: Achieving Permanency for Children in Foster Care for Long Periods of Time</b> |  |    |    |    |    |    |    |    |    |     |     |     |
|--|--|----|----|----|----|----|----|----|----|-----|-----|-----|
| National Standard  | 121.7  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report/Source Data Period   | 123.5 (AFCARS data for 12-month period ending 3/31/2008) |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period   | Not applicable – State met national standard             |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | Not applicable – State met national standard             |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)                               | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |
| <b>Permanency Outcome 1: Placement Stability</b>   |  |    |    |    |    |    |    |    |    |     |     |     |
| National Standard  | 101.5  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report/Source Data Period   | 102.4 (AFCARS data for 12-month period ending 3/31/2008) |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period   | Not applicable – State met national standard             |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | Not applicable – State met national standard             |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)                               | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |

### Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

| <b>Item 1: Timeliness of initiating investigations of reports of child maltreatment</b>                                  |  |    |    |    |    |    |    |    |    |     |     |     |
|--|--|----|----|----|----|----|----|----|----|-----|-----|-----|
| Performance as Measured in Final Report  | 87%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period   | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement  | Case Reviews. (See Section II for description of methodology.)       |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)   | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |
| <b>Item 3: Services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care</b> |  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report  | 69%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period   | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement  | Case Reviews (See Section II for description of methodology.)        |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)   | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |

| <b>Item 4: Risk assessment and safety management</b>                     |  |    |    |    |    |    |    |    |    |     |     |     |
|--|--|----|----|----|----|----|----|----|----|-----|-----|-----|
| Performance as Measured in Final Report                                  | 65%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                   | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement  | Case Reviews (See Section II for description of methodology.)        |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |
| <b>Item 7: Permanency goal for the child</b>                             |  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report                                  | 60%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                   | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement  | Case Reviews (See Section II for description of methodology.)        |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |

| <b>Item 17: Needs and services of child, parents, and resource caregivers</b> |  |    |    |    |    |    |    |    |    |     |     |     |
|---|--|----|----|----|----|----|----|----|----|-----|-----|-----|
| Performance as Measured in Final Report                                       | 43%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                        | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal   | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement   | Case Reviews (See Section II for description of methodology.)        |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal   |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)      | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|   |  |    |    |    |    |    |    |    |    |     |     |     |
| <b>Item 18: Child and family involvement in case planning</b>                 |  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report                                       | 56%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                        | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal   | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement   | Case Reviews (See Section II for description of methodology.)        |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal   |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.)      | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|   |  |    |    |    |    |    |    |    |    |     |     |     |

| <b>Item 19: Caseworker visits with child</b>                             |  |    |    |    |    |    |    |    |    |     |     |     |
|--|--|----|----|----|----|----|----|----|----|-----|-----|-----|
| Performance as Measured in Final Report                                  | 58%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                   | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement  | Case Reviews (See Section II for description of methodology.)        |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |
| <b>Item 20: Caseworker visits with parent(s)</b>                         |  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured in Final Report                                  | 44%  |    |    |    |    |    |    |    |    |     |     |     |
| Performance as Measured at Baseline/Source Data Period                   | Will be determined based on the 12-month period ending December 2010 |    |    |    |    |    |    |    |    |     |     |     |
| Negotiated Improvement Goal  | TBD  |    |    |    |    |    |    |    |    |     |     |     |
| Method of Measuring Improvement  | Case Reviews (See Section II for description of methodology.)        |    |    |    |    |    |    |    |    |     |     |     |
| Renegotiated Improvement Goal  |  |    |    |    |    |    |    |    |    |     |     |     |
| Status (Enter the current quarter measurement for the reported quarter.) | Q1   | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|  |  |    |    |    |    |    |    |    |    |     |     |     |