

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
July – Sept 2020	Oct – Dec 2020	Jan – March 2021	April – June 2021	July – Sept 2021	Oct – Dec 2021	Jan – March 2021	April – June 2021

Goal Area 1: Workforce Development

Root Cause

- Much of the work of supervisors is compliance-based rather than focused on the development of caseworker skills and critical thinking.
- Emphasis is on completing tools and tasks rather than using the tools to gather information.
- Supervisory training and support emphasize administrative, human resources and compliance elements that do not effectively support ongoing clinical supervision and coaching of casework practice and development of staff.

Theory of Change

- Develop and implement a unified approach to skill-building and support for supervisors, so that...
- They have the tools and resources needed to support their workers, so that...
- Supervisors have increased competency in their role, so that...
- They are able to focus on supporting practice rather than compliance as a pathway to improvement, so that....
- Caseworkers have increased competency and feel more supported, so that...
- Safety, permanency, and well-being outcomes for children, youth, and families are improved.

Strategies

Strategy 1.1: Improve supervisory proficiency in utilizing individual staff and unit outcome indicators as a tool for guiding clinical supervision and achieving improved agency outcomes.

Tracking #	Activity	Projected Completion
1.1.1	Field Operations leadership, in consultation with DCYF’s Office of Innovation, Alignment, and Accountability (OIAA), will identify a limited set of key administrative data points that will be used by regional managers and supervisors in clinical supervision to monitor and drive outcomes across the state. These data points will focus on performance areas related to CFSR outcomes to include caseworker visits with parents, child health & safety visits, entries and exits into out-of-home care, length of stay, timely CPS investigations, timely CPS FAR assessments, timely placement documentation, and supervisory review completion. <i>This connects to the changes to supervision identified in strategy 1.3 by improving accessibility to compliance data which will allow supervisors to focus on clinical supervision and coaching of staff.</i>	Q1 (July 2020 – Sept 2020)
1.1.2	The key data points referenced in 1.1.1 will be made available to supervisors and administrators via a management dashboard in infoFamLink that will show data at	Q1 (July 2020 – Sept 2020)

	the office, region and state levels. Administrators and supervisors will be trained in the interpretation and application of the data. See Attachment B	
1.1.3	On a monthly basis, RAs, DRAs, and other key regional staff will focus on a rotating subset of the key data points identified in 1.1.2: <ul style="list-style-type: none"> • To identify good practice driving observed strong outcomes. • To identify practice in need of improvement. • To specify strategies for improving outcomes where needed. • To observe changes in performance over time. 	Q2-ongoing (Oct 2020 – Ongoing)
1.1.4	RAs and DRAs will incorporate data themes from discussions in 1.1.3 into regional supervisory coaching activities as described in strategy 1.2.4.	Q2-ongoing (Oct 2020 – Ongoing)

Strategy 1.2: Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.

Tracking #	Activity	Projected Completion
1.2.1	<p>All AAs and supervisors will engage in individualized skill development and training on evidence-informed coaching using a theory of change and model identified by the Alliance. New supervisors will receive this training as part of Supervisors’ Core Training (SCT), and AAs and existing supervisors will receive this through stand-alone individualized skill development and training.</p> <p>The Alliance Supervisor Coaching Model enhances practice skills and self-efficacy among DCYF supervisors. It aims to reduce trauma response in the child welfare practice environment by highlighting positive regard, cultural humility, and a trauma-informed lens. See Attachment C.</p> <p>The coaching model will be implemented in a staged approach through the regions and PIP offices in the following order:</p> <ul style="list-style-type: none"> • Region 4 (estimate 9 AA’s and 42 case carrying supervisors) • Region 3 (estimate 8 AA’s and 36 case carrying supervisors) • Regions 1 (estimate 9 AA’s and 41 case carrying supervisors) • Region 2 (estimate 6 AA’s and 24 case carrying supervisors) • Regions 5 (estimate 7 AA’s and 46 case carrying supervisors) • Region 6 (estimate 10 AA’s and 51 case carrying supervisors) 	Q1-Q5 (July 2020 – September 2021)

1.2.2	DCYF will conduct twice-yearly surveys of caseworkers and supervisors to track needs and trends in supervision and to provide data on items such as perceptions of skill development, support, and effectiveness to drive outcomes.	Q2-every 6 months thereafter (October 2020 – Ongoing)
1.2.3	AAs and supervisors will participate in a minimum of two coaching sessions following the training on evidence-informed coaching, with a focus on providing feedback that integrates a reflective supervision approach. The first session will take place within 1 month of the completion of training and the second session will take place within 6 months of training.	Q2-Q7 (October 2020 – March 2022)
1.2.4	AAs and supervisors will participate in office or region-based group reflective sessions quarterly with Alliance coaches to identify and problem solve practice barriers in a peer environment. <i>This activity will support and align with practice specific coaching and consultation activities identified in the Engagement, Assessment and Case Planning, and Permanency goal areas.</i>	Q2-ongoing (October 2020 – Ongoing)
1.2.5	AAs will observe one supervisory session per supervisor every six months and provide feedback regarding adherence to the coaching model.	Q5-ongoing (July 2021 – Ongoing)

Strategy 1.3: Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.

Tracking #	Activity	Projected Completion
1.3.1	Establish a short-term workgroup comprised of HQ program staff, one experienced supervisor and one developing supervisor from each region, designated regional staff, and the Alliance, to: <ul style="list-style-type: none"> • Revise policy and procedure regarding supervision to reflect a stronger emphasis on clinical supervision. • Develop program-specific guidelines for monthly formal supervision and coaching. • Make recommendations regarding changes to the FamLink supervisory tool and requirement for use. • Review and update guidance for use of the supervisory tool to include how the data available from the tool can inform clinical discussions. 	Q3 (January 2021 – March 2021)
1.3.2	HQ program staff, designated regional staff, and the Alliance will develop and disseminate complementary program-specific and practice issue-specific guides that can be used to facilitate critical practice discussions with staff, incorporating implicit bias and the needs of marginalized populations. <i>This activity aligns with activities for the development of practice-specific supports in the Engagement, Assessment and Case Planning, and Permanency goal areas. Program and</i>	Q3-ongoing (January 2021 – Ongoing)

<i>practice-issue specific guides will be developed and rolled out as outlined in the time frames of the specific strategies.</i>

Strategy 1.4: Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.

Tracking #	Activity	Projected Completion
1.4.1	<p>Regional QA/CQI staff will disseminate the Placement Lag Entry data report monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the report to inform performance and areas for practice improvement.</p> <p>Placement entry information will also be monitored administratively using the Child Management Dashboard in alignment with Strategy 1.1.</p>	Q1-Ongoing (July 2020 – Ongoing)
1.4.2	RAs will communicate policy and practice expectations around timely placement entry and use of the Child Location Application through electronic messaging provided from HQ Child Welfare Programs.	Q1 (July 2020 – September 2020)
1.4.3	Policy and practice expectations for placement entry will be communicated to fiduciary staff to support timely completion of payment. Communication will be through electronic messaging provided by HQ Child Welfare Programs	Q1 (July 2020 – September 2020)
1.4.4	Guidance and resources regarding the use of Child Location Application will be disseminated to staff. Communications will be tailored to a specific area of responsibility.	Q1 (July 2020 – September 2020)
1.4.5	HQ program staff, regional QA/CQI and other identified regional staff will use the Placement Lag Entry report to determine which offices/units/workers are not consistently using the Child Location Application. Focus groups with those identified offices/units/workers and fiscal staff will be conducted to determine barriers to using the Child Location Application.	Q3-Q4 (January 2021 – June 2021)
1.4.6	<p>Establish a short-time workgroup of HQ program staff, fiduciary staff, IT, OIAA and identified region staff that will use administrative data and information obtained from focus groups in 1.4.5 to address barriers to full implementation:</p> <ul style="list-style-type: none"> Identify modifications needed, if any, to the Child Location Application to improve functionality of placement entry. Update guidance and resources regarding the use of the Child Location Application to support full implementation. Update policy to reflect changes in practice regarding child placement entry. 	Q4 (April 2021 – June 2021)

Goal Area 2: Engagement

Root Cause

Caseworkers are not provided with the necessary supports in order to prioritize and plan for meaningful engagement with parents in all cases and children for in-home and FAR cases.

Theory of Change

- A consistent clearly articulated and supported framework for engagement with parents and children through improved frequency and quality of contacts will be implemented, so that...
- The value of engagement is prioritized and caseworkers have the support and resources needed to locate and engage parents and children, so that...
- Parents and children are able to be active participants in their child welfare cases and decision-making, so that...
- Accurate assessments and identification of services can occur, so that...
- Safety, permanency, and well-being outcomes for children and families are improved.

Strategies

Strategy 2.1: Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.

Tracking #	Activity	Projected Completion
2.1.1	Staff will be identified at the office level to track to ensure all identified staff have completed the six-part video series “Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families” (Capacity Building Center for States).	Q2 (Oct 2020 – Dec 2020)
2.1.2	DCYF RAs, DRAs, AAs and HQ program staff, designated regional staff, regional QA/CQI staff, and Alliance coaches will complete the six-part video series “Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families” and will review the corresponding resources.	Q2 (Oct 2020 – Dec 2020)
2.1.3	All supervisors will complete the six-part video series: “Quality Matters: Improving Caseworker Contacts with Children, Youth and Families.”	Q3 (Jan 2021 – March 2021)
2.1.4	All caseworkers will complete the six-part video series: “Quality Matters: Improving Caseworker Contacts with Children, Youth and Families.”	Q3-Q4 (Jan 2021 – June 2021)
2.1.5	Quality Matters resources will be disseminated to staff and supervisors as part of training and incorporated into supervision and coaching activities provided by supervisors, Alliance coaches and designated regional staff. Resources include: <ul style="list-style-type: none"> • Supporting Quality Contacts Through Supervisor-Worker Coaching • Defining Quality Contacts • Quality Contact Casework Activities Worksheet • Reference Guides for Videos 	Q3-Ongoing (Jan 2021 – Ongoing)

	<p>These resources include information regarding building an agenda framework for caseworker contacts including assessment of safety, risk and permanency, placement needs and stability, maintaining family and social connections and relationships, progress on case plans and objectives, physical and mental health needs, development and behavioral needs, educational progress and needs, exploration of resources to support identified needs, and next steps.</p> <p>Resources will not be integrated into FamLink. Resources include guidance for quality documentation of contacts after visits are completed to be monitored through activities outlined in Strategy 2.2.</p> <p><i>This item may be incorporated into coaching activities identified in 1.2.4. The guidance documents will be made available consistent with practice-specific guidance identified in Workforce Development strategy 1.3.2.</i></p>	
2.1.6	A team of HQ and field staff will revise monthly visit policy to reflect agency priority for engagement, aligning policy language with the framework.	Q3 (Jan 2021 – March 2021)
2.1.7	RAs will communicate policy and practice expectations around quality in-person contacts to staff in the regions through electronic messaging provided from HQ.	Q3 (Jan 2021 – March 2021)
2.1.8	AAs will review practice expectations at office staff meetings, including expectations of an in-depth discussion regarding the family safety concerns, conditions for return home, and case planning for permanency.	Q3 (Jan 2021 – March 2021)
2.1.9	Supervisors, designated regional staff, and Alliance coaches will provide ongoing coaching and support regarding engagement to caseworkers.	Q3-ongoing (January 2021 – Ongoing)
2.1.10	The six-part video series “Quality Matters: Improving Caseworker Contacts with Children, Youth and Families will be integrated into RCT and SCT and will be completed within the first 90-days of employment.	Q4 (April 2021 – June 2021)

Strategy 2.2: Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.

Tracking #	Activity	Projected Completion
2.2.1	To facilitate the collection of quantitative data and simplify documentation, the HQ program manager will work with IT to reconfigure options for “parent contact” documentation codes within FamLink.	Q1 (July 2020 – September 2020)
2.2.2	In order to capture parent visits for both in-home and out-of-home care, HQ will provide a monthly report to regional QA staff showing which parents are not	Q1-ongoing (July 2020 – Ongoing)

	linked to a child in FamLink. Regional QA will provide technical support on properly linking parents with each child with whom they are associated.	
2.2.3	Identified HQ and regional program staff will monitor and support staff in conducting monthly quality contacts through analysis of qualitative and quantitative data. Quantitative data include administrative data reports in infoFamLink including Monthly Health and Safety Visits with Child and Monthly Caseworker Visits with Parents. Qualitative data will be gathered through case reviews. This item will also be monitored administratively by regional leadership through the management dashboard as described in Strategy 1.1.	Q1 (July 2020 – September 2020)
2.2.4	Regional program staff designated in 2.2.3 will provide direct feedback on strengths, areas needing improvement, and any program barriers to frequent and quality contacts with parents and children to caseworkers, supervisors, and AAs based on the qualitative results from ongoing case reviews and the QA/CQI feedback process.	Q1-ongoing (July 2020 – Ongoing)
2.2.5	Regional QA/CQI staff will disseminate InfoFamLink data reports monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the reports to inform performance and areas for practice improvement and coaching: Monthly Caseworker Visits with Parent In-Home FVS Health and Safety Visits FAR & Investigation Intake Detail	Q3-ongoing (January 2021 – Ongoing)

Strategy 2.3: Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.

Tracking #	Activity	Projected Completion
2.3.1	In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607 Guidelines for Reasonable Efforts to Locate Children and/or Parents to reflect clear practice expectations regarding efforts to locate parents and children requiring monthly contacts. <i>This activity aligns with Assessment and Case Planning activity 3.1.6 as this is the document that addresses reasonable efforts to locate for all case types. Determine if one set of guidance meets practice needs for all program areas.</i>	Q2 (Oct 2020 – December 2020)
2.3.2	Designate an existing position within each region responsible for conducting missing parent searches in an effort to reduce the amount of time a caseworker	Q3 (Jan 2021 – March 2021)

	spends trying to locate parents who are unknown or whose whereabouts are unknown.	
2.3.3	Establish a short-term workgroup comprised of QA/CQI staff, HQ program managers, caseworkers, supervisors, and locator staff to develop a consistent process and clear roles for locating parents and children post initial contacts and provide guidance to locator staff, caseworkers, and supervisors of the process and roles.	Q3 (Jan 2021 – March 2021)
2.3.4	HQ program managers will create and make available to caseworkers and supervisors guidance for locating parents incarcerated in jail and prison; establishing and maintaining engagement; locating and contacting a parent's Department of Corrections (DOC) counselor and providing opportunities for incarcerated parents to participate in case planning. DOC will be engaged to provide consultation in the development of the processes and documents.	Q4 (April 2021 – June 2021)

Goal Area 3: Assessment and Case Planning

Root Cause

- There is a lack of clarity and oversight regarding policy and practice expectations for initial face-to-face contacts requiring extensions and subsequent attempts when children are not seen within required timeframes.
- There is a lack of consistent support and oversight for caseworkers to integrate the Safety Framework into ongoing practice.
- There is no tracking and monitoring of physical/dental health appointments.
- There is no mechanism in place to identify barriers and gaps in services.

Theory of Change

- Caseworkers will be provided the guidance, tools and support needed to accurately assess child safety and identify physical and mental health needs so that...
- Case plans that identify needed services to address identified safety and well-being needs can be developed in collaboration with the family, so that...
- Children are able to remain in the home when it is safe for them to do so, the conditions for return home are clearly articulated for parents, and services are accessible and available to mitigate identified needs so that...
- Children are able to remain home or achieve timely reunification or other forms of permanency if the safety concerns are unable to be resolved.

Strategies

Strategy 3.1: Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.

Tracking #	Activity	Projected Completion
3.1.1	<p>A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA will develop and implement clarifying guidance regarding extensions and documentation requirements, including but not limited to:</p> <ul style="list-style-type: none"> • Reasonable efforts and documentation to reflect those efforts, to locate children prior to using unable to locate extension. • Required documentation for law enforcement/community protocols extension. • Additional victims identified on an existing intake. • Assessment that child safety may be compromised. • Determining that the child is not available for IFF. 	Q1 (July 2020 – September 2020)
3.1.2	<p>The workgroup established in 3.1.1 will revise policy related to initial face-to-face responses to address:</p> <ul style="list-style-type: none"> • Caseworker consultation with their supervisor as soon as they believe an extension or exception will apply. • Expectation that supervisors will only approve extensions or exceptions if they meet the criteria per policy. • Guidance for attempts to locate, supervisor consultation and documentation once an extension has been approved. 	Q1 (July 2020 – September 2020)
3.1.3	<p>Regional QA/CQI staff will provide training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements (The IFF data report in infoFamLink contains administrative data including IFFs completed and attempted with assigned time frames; IFFs with exceptions and extensions, and late or missed IFFs. Data can be broken down into region, office, unit, and worker). Data will be used to identify practice areas to incorporate into coaching activities consistent with Workforce Development strategies 1.2 and 1.3.</p>	Q1 (July 2020 – September 2020)
3.1.4	<p>Supervisors and AAs will use the IFF data report weekly to identify children who need to be seen, status of extensions and consistency with policy. The supervisor or AA will provide direct feedback and guidance to assigned caseworkers if delays or concerns are noted.</p>	Q1-ongoing (July 2020 – Ongoing)
3.1.5	<p>Regional QA/CQI staff will review a sample of all extensions across the region monthly to assess for quality and consistency with policy using a standard format. Immediate practice or safety concerns will be communicated to the AAs and</p>	Q2-ongoing (October 2020 – Ongoing)

	supervisors. Regional performance will be rolled up and reported to the RA monthly. Timely IFFs will also be monitored administratively by regional leadership through the management dashboard as described in Strategy 1.1.	
3.1.6	In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607, Guidelines for Reasonable Efforts to Locate Children and/or Parents, to reflect clear practice expectations regarding efforts to locate alleged victims of child abuse and neglect. <i>This activity aligns with Engagement activity 2.3.3. Determine if one set of guidance meets practice needs for all program areas.</i>	Q2 (October 2020 – December 2020)
3.1.7	HQ program manager, designated regional staff, and Alliance will review training curricula and update as needed for clarity and alignment with revised policy and practice related to extensions and exceptions. This includes, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.	Q2-Q4 (October 2020 – June 2021)

Strategy 3.2: Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.

Tracking #	Activity	Projected Completion
3.2.1	Establish a short-term workgroup comprised of statewide program managers and designated regional staff to: <ul style="list-style-type: none"> Review policy and practice requirements related to the Safety Framework and SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), Comprehensive Family Evaluation (CFE), and required case planning activities, to identify opportunities for streamlining and practice efficiency. Make recommendations to align timeframes to support practice. Revise and disseminate policy and procedures to reflect changes in timeframes. 	Q1 (July 2020 – September 2020)
3.2.2	Workgroup established in 3.2.1 will revise, develop and redistribute tools and guides to increase and support ongoing integration of caseworker, supervisor, and AA knowledge of the Safety Framework and skill in applying information from the safety and risk assessment tools across all program types. Establish and implement expectations for use. <i>Supervisors will provide coaching and guidance to caseworkers specific to the use of Safety Framework guides using skills and resources identified and developed in</i>	Q2 (October 2020 – December 2020)

	<i>the Workforce Development goal area and incorporated into regional coaching activities.</i>	
3.2.3	In collaboration with DCYF, the Alliance will implement training on the application of the Safety Framework and risk assessment to supervisors, AAs, and Alliance coaches. Training will first be completed with all current supervisors and AAs and then will be made available on a quarterly basis for new AAs and supervisors.	Q2 (October 2020 – December 2020)
3.2.4	QA/CQI and/or designated regional staff will train AAs and supervisors in the use of administrative data reports to monitor compliance with the timely completion of safety assessments, SDM, and other safety-related data points. <i>Data will be used to identify practice areas to incorporate into coaching activities consistent with Workforce Development strategy 1.2 and activity 1.3.</i>	Q2 (October 2020 – December 2020)
3.2.5	AAs and supervisors, with support from regional QA/CQI staff and other designated regional staff, will complete semi-annual, office-based targeted case reviews focused on the implementation of the Safety Framework across all case types. Results will be used to identify areas for practice focus and improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed. <i>Reviews will include review of case plans identified in strategy 3.3.</i>	Q3 (January 2021 – March 2021)
3.2.6	Supervisors and AAs will participate in monthly safety consultation teams, staffing cases from different programs facilitated by designated regional staff or Alliance coaches to support integration of learning and practice consistency. <i>Consultation may take place as part of a group supervisory coaching session, in the context of the completion and discussion of results from the semi-annual review in 3.2.5, or the pre-filing or complex case review process in strategy 3.5.</i>	Q3-ongoing (January 2021 – Ongoing)
3.2.7	Supervisors will facilitate monthly safety consultation teams, staffing a minimum of one case with their units, focusing on consistent application of the Safety Framework to guide decision making (all programs), and supporting integration of learning and practice consistency. <i>Consultation may take place in the context of the discussion of results from the semi-annual review in 3.2.5.</i>	Q3-ongoing (January 2021 – Ongoing)
3.2.8	<i>Supervisors will provide coaching and guidance to caseworkers specific to the application of safety assessment, and planning and provision of services using skills and resources identified and developed in the Workforce Development goal area.</i>	Q3-ongoing (January 2021 – Ongoing)
3.2.9	The Alliance in consultation with HQ program managers, QA/CQI staff, and identified field staff will develop and provide a multi-modality training and skill development system addressing implementation of the Safety Framework throughout the life of a case for out-of-home cases.	Q4 (April 2021 – June 2021)

Strategy 3.3: Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.

Tracking #	Activity	Projected Completion
3.3.1	Revise policy and practice regarding case planning for in-home/FAR cases to require the caseworker to coordinate a case planning meeting involving the parents/caregivers, children as developmentally appropriate, caseworker and other participants as identified by the family. Supervisor participates if there is a current safety threat. <i>Timeframes for the case planning meeting will be aligned with those established in 3.2.1.</i>	Q2 (October 2020 – December 2020)
3.3.2	HQ program managers, regional leads, supervisors, and caseworkers will collaborate to develop a guide and template for completion of the case planning meeting to support practice consistency.	Q2 (October 2020 – December 2020)
3.3.3	HQ program manager and IT will establish a unique case note code to be used for documenting the in-home or FAR case planning meeting.	Q2 (October 2020 – December 2020)
3.3.4	The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice.	Q2 (October 2020 – December 2020)
3.3.5	The Alliance, in consultation with HQ program staff and identified regional staff, will develop and implement a multi-modality training and skill development for case planning structure to in-home and FAR caseworkers and supervisors.	Q3 (January 2021 – March 2021)
3.3.6	HQ program manager and OIAA staff will develop an administrative data report for supervisors to track timely completion of case plan.	Q3 (January 2021 – March 2021)
3.3.7	<i>Supervisors will provide coaching and guidance to caseworkers specific to the development of case plans and identification of safety-related services using skills and resources identified and developed in the Workforce Development goal area.</i>	Q3-ongoing (January 2021 – Ongoing)
3.3.8	<i>Review of case plans on in-home and FAR cases to assess for provision of safety-related services will be incorporated into the semi-annual targeted case reviews completed for activity 3.2.5.</i>	Q3 (January 2021 – March 2021)

Strategy 3.4: Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.

Tracking #	Activity	Projected Completion
3.4.1	OIAA staff in collaboration with FTDM leads and the HQ program manager will develop an FTDM shared planning meetings report. Data will be provided monthly to AAs and supervisors for use in monitoring completion of FTDMs and identifying practice improvements.	Q2 (October 2020 – December 2020)
3.4.2	Statewide FTDM program manager and regional FTDM leads will review a minimum of one FTDM shared planning meeting report for pre-placement FTDM's at their statewide meeting focused on practice and quality of documentation. Information gained from these reviews will be used to inform support needs, including training and consultation for facilitators to ensure consistent practice and adherence to the FTDM model.	Q2-ongoing (October 2020 – Ongoing)
3.4.3	HQ program managers, in collaboration with regional leads, will review the FTDM practice guide for alignment with safety and permanency practice expectations and update as needed. Develop practice guides and resources regarding FTDMs for caseworkers, parents, children, and other key participants. Guidance will align with safety resources developed in 3.2.2 and permanency training developed in 4.1.1 and 4.1.2 and incorporated into resources developed in 1.3.2.	Q3 (January 2021 – March 2021)
3.4.4	Supervisors will review FTDM documentation and outcomes for consistency of safety-related decision-making, prior to approving a dependency petition for filing.	Q3 (January 2021 – March 2021)
3.4.5	FTDM supervisors will observe a minimum of one pre-placement/72 hour FTDM per facilitator per quarter and provide direct feedback regarding meeting facilitation for safety and use of clear language that parents understand.	Q3-ongoing (January 2021 – Ongoing)
3.4.6	Designated regional staff will observe one pre-placement or 72-hour FTDM per office per quarter and provide feedback to the facilitator, caseworker and supervisor regarding application of the Safety Framework and engagement of the family in discussions of safety and safety-related case planning.	Q4-ongoing (April 2021 – Ongoing)

Strategy 3.5: Hold case consultations prior to filing dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services for keeping children safely with their parents.

Tracking #	Activity	Projected Completion
3.5.1	<p>A statewide team inclusive of Child Welfare Programs, QA/CQI, and designated regional staff will participate in a short-term workgroup to:</p> <ul style="list-style-type: none"> • Develop clear, consistent guidelines for identifying pre-dependency filing and complex cases that will be staffed. • Identify consistent core team members. • Develop a decision-making process that is based on the Safety Framework. • Develop a tool for documentation and related guidance documents for core team members and staff presenting a case to be used to guide the staffing. • Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs. 	Q1 (July 2020 – September 2020)
3.5.2	RAs will identify the specific individuals within the regions who will staff the cases.	Q1 (July 2020 – September 2020)
3.5.3	Identified teams will participate in training regarding the process provided by a team comprised of the HQ program manager, regional QA/CQI lead, and regional safety lead to support consistent implementation and documentation. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	Q2 (October 2020 – December 2020)

Strategy 3.6: Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.

Tracking #	Activity	Projected Completion
3.6.1	<p>Increase caseworkers' and caregivers' knowledge and understanding of Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) programs and referral pathways to CCW for identified care coordination needs so that more children are referred to services timely. This communication will be completed through:</p> <ul style="list-style-type: none"> • Providing program information in the DCYF Digest. • Providing program information to the field through regional leadership. • Including CHET and OMH program information in the Caregiver Connection on-line newsletter. 	Q1 (July 2020 – September 2020)

3.6.2	<p>OMH staff will add additional questions related to preventative physical and dental health to the OMH screening process that occurs when a child has been in out-of-home care for 6 months. OMH staff will ask the caregiver and/or youth being screened about past and future scheduled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental exams including dates (if known) of appointments reported. OMH staff will:</p> <ul style="list-style-type: none"> • Provide notification to caseworkers of identified needs. • Provide written information to the caregiver of the child’s identified needs. • Email the OMH report to CCW existing care coordination inbox when care coordination needs are identified during the OMH process. • Include reported information in the OMH case note that is uploaded into FamLink. 	<p>Q2-ongoing (October 2020 – Ongoing)</p>
3.6.3	<p>HQ program staff will update data sharing agreement with HCA to obtain child specific fee for service dental claims data.</p>	<p>Q3 (January 2021 – March 2021)</p>
3.6.4	<p>HQ program staff will work with OIAA to operationalize existing data from CCW and HCA reports that identify children who are due and past due for EPSDT and dental exams and develop a report that can be utilized by HQ and DCYF field staff.</p>	<p>Q4 (April 2021 – June 2021)</p>
3.6.5	<p>The Alliance, in consultation with HQ program staff, will update information related to CHET and OMH in the existing RCT including:</p> <ul style="list-style-type: none"> • Increase understanding that information in the screens/reports are actionable items that need to be followed up on • How to utilize recommendations in the CHET and OMH screens/reports • How to refer a child with identified care coordination needs to CCW 	<p>Q4 (April 2021 – June 2021)</p>
3.6.6	<p>Regional QA/CQI will pull report identified in 3.6.4 monthly and provide to AA’s, supervisors, and caseworkers. Regional QA/CQI will provide technical assistance on use of the report including assisting caseworkers with identifying children and youth who are not up to date for physical and dental health care services. Based on information in the report, caseworkers will coordinate with caregivers to make the necessary appointments as indicated in the report. Percentage of children and youth showing late or missed appointments will show a decrease over time, as appointments are made timely.</p>	<p>Q5-ongoing (July 2021 – Ongoing)</p>

Strategy 3.7: Improve availability and access to services to address children, youth, and their family’s behavioral health through data collection, analysis, and integration with systemic partners.

Tracking #	Activity	Projected Completion
3.7.1	<p>Establish a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures all MCOs are responsive through care coordination to specialized needs of children, youth, and adults involved in the child welfare system including, but not limited to:</p> <ul style="list-style-type: none"> • Data collection to be provided to HQ program managers to assess trends, gaps and barriers for development of further strategies with partners including <ul style="list-style-type: none"> ○ Behavioral Health Service Network Adequacy Reports from HCA for all Managed Care Organizations (MCOs). ○ Behavioral health service penetration rates for each county. • Development of processes and procedures including <ul style="list-style-type: none"> ○ Streamlined communication method for caseworkers to make referrals to Care Coordination service. ○ Clear and streamlined process to report and track when barriers to accessing care are identified by DCYF caseworkers. 	Q2 (October 2020 – December 2020)
3.7.2	HQ program managers will develop and implement a Service Array Assessment survey bi-annually to caseworkers and supervisors to identify available services and supports in each region and barriers to access.	Q2-ongoing (October 2020 – Ongoing)
3.7.3	<p>Provide and implement support and guidance to supervisors and caseworkers to increase utilization of continuum of care of behavioral health care to include:</p> <ul style="list-style-type: none"> • Develop and disseminate resources and guidance on how to access the continuum of behavioral health care services for children, youth, and families involved in the Child Welfare system. • Guidance on how to access behavioral health (BH) care coordination when there are barriers and challenges to access of services. • Guidance on process to follow when there is a waitlist or service is not available (as identified in 3.7.1). <p><i>Guidance will be in alignment with the program and practice specific guides developed in 1.3.2 in the Workforce Development goal area.</i></p>	Q3-Q4 (January 2021 – June 2021)
3.7.4	<i>Supervisors will provide coaching and guidance to caseworkers specific to access to services and identifying and addressing barriers through identified process in 3.7.3 using skills and resources identified and developed in the Workforce Development goal area.</i>	Q3-ongoing (January 2021 – Ongoing)

3.7.5	<p>For DCYF contracted services, DCYF will expand regularly scheduled quarterly Combined In-Home meetings with regional program managers/leads and HQ program managers to include Professional Service, and Psychiatric and Psychological services to improve alignment and process of referral and services provision. The meetings will be utilized to:</p> <ul style="list-style-type: none"> • Develop a unified approach to inform field staff of service capacity and availability in the regions. • Develop a communication plan on referral and availability of services (including e-mail communications, brown bag lunch series, regional provider meetings). • Data presentation and discussion of data. • Develop plans for addressing service gaps and needs. 	Q3-ongoing (January 2021 – Ongoing)
3.7.6	<p>On a biannual basis, HQ Program Staff will meet with HCA and CCW to:</p> <ul style="list-style-type: none"> • Discuss data obtained through 3.7.1, 3.7.2, 3.7.4 and 3.7.5, identifying trends, behavioral health usage needs and provider capabilities; • Identify service needs by specific areas for provider development; • Expand utilization of telehealth service availability. 	Q5-ongoing (July 2021 – Ongoing)

Goal Area 4: Permanency

Root Cause

- The lack of consistent support and oversight for caseworkers to complete ongoing shared planning meetings and integrate the Safety Framework into practice results in an inability to clearly communicate safety threats to children, parents, the court, and court partners and to create individualized case plans that accurately identify needed services to support timely permanency.
- Families lack support to effectively engage in the court process.
- A standardized statewide process for filing timely termination petitions does not exist.
- A clear process and communication plan regarding home study referrals and timely completion of the home study is not established.

Theory of Change

- Caseworkers are supported to engage parents, children, and caregivers and complete required processes timely, so that...
- Parents, children, and caregivers engage in case planning and kinship families are assessed timely, so that...
- Services and supports are identified to meet the unique needs of children, parents, and caregivers, so that...
- Timely accurate permanency plans for children can be identified and achieved.

Strategies

Strategy 4.1: Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.

Tracking #	Activity	Projected Completion
4.1.1	<p>The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes including, but not limited to:</p> <ul style="list-style-type: none"> • Identification of safety threats, strengths, needs, and protective factors. • Conditions for return home. • Child/youth safety, well-being and permanency needs. • Permanency goal and concurrent planning goal(s). • Case planning and action steps. 	Q2 (October 2020 – December 2020)
4.1.2	<p>The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.</p>	Q2-Q3 (October 2020 – March 2021)
4.1.3	<p>Permanency planning facilitator, or other regional designee, will coordinate meetings and invite participants, including parents, children, caregivers, and other members of the child’s team to develop case plans with specific action plans to support timely progress. Guidance will be provided through training in 4.1.1 and 4.1.2 regarding expectations of efforts to engage participants to attend permanency planning meetings. This activity aligns with Engagement strategies 2.1, 2.2 and 2.3. Permanency planning facilitator or other regional designee will document who attended and participated in the meetings.</p>	Q3-ongoing (January 2021 – Ongoing)
4.1.4	<p>In alignment with the PFD1 grant, an Enhanced Permanency Planning Meeting strategy will be implemented in 9 identified treatment offices (Centralia, Kelso, OICW, MLK, King East, Spokane Central, Spokane North, Spokane Valley, and Wenatchee) for early targeted intervention. A permanency planning meeting will occur within 30 days from the Fact Finding hearing, at 3 months and at 90-day intervals until permanency is achieved. All other offices will conduct permanency planning meetings as outlined in policy and in the activities as described in 4.1.8 and 4.1.9. Seven of the nine identified PFD1 treatment offices are PIP offices.</p> <p>See Attachment D</p>	Q3-ongoing (January 2021 – Ongoing)

4.1.5	Designated HQ or regional staff will observe one meeting per facilitator every six months for quality and model consistency and provide feedback to the facilitator.	Q3-ongoing (January 2021 – Ongoing)
4.1.6	The assigned caseworker will complete an updated Safety Assessment prior to the permanency planning meeting to inform discussion of safety threats and conditions for return home during the meeting.	Q3-ongoing (January 2021 – Ongoing)
4.1.7	If it is determined that an active safety threat no longer exists or can be mitigated in the home and the next court hearing is more than 60 days away, an affidavit recommending reunification will be submitted to the court within two weeks of the staffing, rather than waiting for the next hearing, unless court authorization already exists.	Q3-ongoing (January 2021 – Ongoing)
4.1.8	Caseworkers will staff cases at 9 and 12 months with the AA and supervisor if the child has been in out-of-home care for 9 months and reunification is the primary or concurrent plan but not imminent (within 60 days). If a change in the permanent plan is needed, caseworkers will schedule a permanency planning meeting and submit an updated court report to the court requesting a change in the permanent plan.	Q4-ongoing (April 2021 – Ongoing)
4.1.9	If a child has been in out-of-home care for 15 months, the staff will coordinate an interim case planning staffing to address barriers to permanency. This case staffing will be held in between the permanency planning meeting(s) at 90-day intervals from the permanency planning meeting date(s) until permanency is established.	Q4-ongoing (April 2021 – Ongoing)

Strategy 4.2: DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF’s Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.

Tracking #	Activity	Projected Completion
4.2.1	<p>Establish a short-term multi-disciplinary workgroup of IDCC subgroup members, FJCIP coordinators, field AGO, HQ program managers, DCYF field, Court Improvement Training Academy (CITA), the Alliance, and other identified stakeholders to:</p> <ul style="list-style-type: none"> • Develop a crosswalk of DCYF Safety Framework, safety principles and existing court safety-related training and guidance. • Identify impacted/related procedures and forms. • Identify supportive resources available (i.e. safety framework posters for courtrooms) • Make revisions (as needed) to current judicial/multi-disciplinary Child Safety Framework training as determined through the crosswalk including guidance 	Q2 (October 2020 – December 2020)

	for judges on specific questions related to safety threats and conditions for return home to be addressed at every court hearing.	
4.2.2	<p>With support from the Capacity Building Center for Courts, a multidisciplinary group including CIP, DCYF, AGO, the Court Improvement Training Academy (CITA), and the Office of Public Defense (OPD) will develop an evaluation action plan for a Hearing Quality Project related to the application of the Safety Framework in court hearings including, but not limited to:</p> <ul style="list-style-type: none"> • Baseline assessment of current court practice, specific to discussions of safety and family time. • Implementation assessment of how judges/multidisciplinary court teams have made changes to practices based on prior safety guide trainings. • Assessment of how current practice is related to specific CFSR outcomes of interest in a sub sample of sites. • A structured evaluation process that includes professional services, parent surveys, court observation, court case file review, and administrative data. 	Q1-Q2 (July 2020 – December 2020)
4.2.3	<p>Implement training, post-training supports such as peer exchanges and coaching, and supportive resources (including handouts, tools, and posters) in FJCIP jurisdictions to include:</p> <ul style="list-style-type: none"> • Providing information on updates to safety training (as a result of 4.2.1) and schedule of available trainings at the annual dependency training for judicial officers and FJCIP Coordinators • Providing training to judges, multi-disciplinary partners, AGOs, and DCYF staff in FJCIP jurisdictions that have not completed the training, that identify safety principles that will be discussed at every Court hearing. • Providing supportive resources to those who have already been trained per any changes or adjustments to the training curriculum. 	Q3-Q5 (January 2021 – September 2021)
4.2.4	<p>Once the training is completed, incorporation of the concepts learned and practiced in the training will occur including:</p> <ul style="list-style-type: none"> • Judges asking questions related to safety threats and conditions for return home • Attorneys asking questions within the Safety Framework • Caseworkers submitting with their Court Report an updated safety assessment with the current active safety threat(s) clearly articulated. The Court Report will include conditions for return home, which clearly delineate what behavioral change, and supports are necessary to achieve reunification. 	Q3-ongoing (January 2021 – Ongoing)
4.2.5	<p>AAs and supervisors, with support from HQ and regional QA/CQI staff, PFD1 grant staff, and other designated regional staff, will complete semi-annual, office-based</p>	Q4 (April 2021 – June 2021)

	targeted case reviews that will include review of Court Reports and Safety Assessments for documentation of current safety concerns, conditions of return home, and permanency planning. Review results will be presented to all staff and used to identify areas for practice focus and system improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed. <i>Case review results will be included in the Hearing Quality Project evaluation as identified in 4.2.4.</i>	
4.2.6	Information obtained from the Hearing Quality Project evaluation will be used to determine improvement in outcomes related to the application of the Safety Framework in the Courts and to develop a plan to follow-up with additional support for areas that are not showing improvement in outcomes or fidelity to the application of the Safety Framework.	Q6-Q8 (October 2021 – June 2022)

Strategy 4.3: AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.

Tracking #	Activity	Projected Completion
4.3.1	Establish a short-term workgroup with statewide child welfare and statewide AGO representation to assess termination referrals and termination filing and to establish a consistent statewide process that includes the following: <ul style="list-style-type: none"> • A single referral form for statewide use • Standardized referral packet requirements • Review process by AGO • Who to include in communication when the referral is submitted, denied, or filed • Timeframes for submission and resubmission when required elements are missing • Prioritization of referrals • Consistent communication chain with designated parties when termination referrals are not legally sufficient to file • Development of training and guidance to support implementation 	Q1 (July 2020 – September 2020)
4.3.2	The workgroup established in 4.3.1 will establish a consistent data report for use at the local, regional, and statewide level that incorporates process and timeliness tracking. DCYF and the AGO will be able to utilize the report to identify at the office and regional level where and why TPR referrals are not occurring.	Q2 (October 2020 – December 2020)

4.3.3	The workgroup established in 4.3.1 will establish a semi-annual process to evaluate statewide implementation and progress.	Q2 (October 2020 – December 2020)
4.3.4	Incorporate review of data related to the filing of and hearings for termination petitions into the quarterly data review conducted at IDCC in order to evaluate progress toward timely filing and identify other barriers for systemic improvements.	Q3-ongoing (January 2021 – Ongoing)
4.3.5	DCYF staff and AGO staff in collaboration with AOC and other system partners will develop a training session for the AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion.	Q4 (April 2021 – June 2021)
4.3.6	Using data related to timeliness of TPR filing and identifying FJCIP Courts where there is the highest delay in filing of TPR within or past 15 months, FJCIP Coordinators, in partnership with DCYF, AOC, and AGO, will hold stakeholder meetings within those court to review data, evaluate processes and determine what efficiencies can be implemented to improve timeliness to TPR filing.	Q5-Q6 (July 2021 –December 2021)
4.3.7	Delays in TPR filing will be monitored at a local level to determine if change in processes are effective.	Q7-ongoing (January 2022 – Ongoing)

Strategy 4.4: Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.

Tracking #	Activity	Projected Completion
4.4.1	<p>In collaboration with P4P provider, provide increased knowledge and understanding for regional leadership, AAs, supervisors and caseworkers through field communication, guidance, presentations at local offices, and RCT training about P4P and partnering with parent allies to increase engagement with parents. This will occur in jurisdictions where P4P is currently operating and in jurisdictions, if/when expansion of the program occurs. Information will include:</p> <ul style="list-style-type: none"> • Roles and responsibilities in relation to partnership between caseworkers and parent allies. • Barriers to engagement. • Best practice of engagement. • P4P evaluation and outcomes. • P4P service model. • How caseworkers can access and utilize the service. • How the P4P program works to reduce stigma for parents and caseworkers. 	Q3-Q4 (January 2021 - June 2021)

4.4.2	<p>In collaboration with P4P staff, identify key P4P and engagement related data points to identify practice strengths and improvements needed to support use of P4P including:</p> <ul style="list-style-type: none"> • Number of referrals/connections that occur from caseworkers to the program. • Participation by caseworkers in presenting at Dependency 101 classes. • Number of staffings and/or meetings that P4P is presenting at and in which offices/regions. • Number of parents engaged in the program. • Parent engagement and parental participation in case planning. 	Q3 (January 2021 – March 2021)
4.4.3	<p>Based on the data collected in 4.4.2, focus groups will be conducted with caseworkers and parent allies in the P4P jurisdictions where DCYF referrals to the program is low to gather information about barriers to use of P4P within those jurisdictions. Data will also be used and incorporated into coaching activities as described in the Workforce Development goal area.</p>	Q4-Q5 (April 2021 – September 2021)
4.4.4	<p>Based on information gathered in 4.4.2 and 4.4.3, DCYF HQ and regional leads, P4P leaders/representatives, and key stakeholders such as parent attorneys, CASA/GAL, and parents will meet bi-annually to discuss trends, areas of strength, barriers and identified areas of improvements. The team will develop a plan to address identified concerns including targeted outreach to jurisdictions where DCYF referrals to P4P are low and parental engagement outcomes are low to increase awareness, knowledge and usage of the program, and discussions regarding expansion into additional jurisdictions and additional supports needed.</p>	Q6-ongoing (October 2021 – Ongoing)

Strategy 4.5: Improve timely referrals for and completion of home studies.

Tracking #	Activity	Projected Completion
4.5.1	LD will reduce the requirements of the home study packet to be completed by the kinship care provider.	Q1 (July 2020 – September 2020)
4.5.2	HQ program manager will develop and provide guidance to Adoption AAs and Adoption Support Consultants regarding the requirements for home study updates to avoid time spent processing requests that are not required. Use administrative data to track home study update requests and identify strategies for practice improvement.	Q1 (July 2020 – September 2020)
4.5.3	A short-term workgroup will be convened to establish a consistent, statewide home study referral process within child welfare to support the timely submission	Q2 (October 2020 – December 2020)

	of home study applications. The workgroup will be comprised of HQ program managers, Child Welfare staff and LD staff.	
4.5.4	When LD has been unable to successfully engage a kinship family in the home study process, the home study worker will complete a declaration to the court regarding the diligent efforts made.	Q3 (January 2021 – March 2021)
4.5.5	A workgroup comprised of LD policy, quality, and data staff, administrators and supervisors will develop a consistent process for early identification of families where there may be barriers to approving a home study. This team, working with HQ child welfare program staff, AAs, and supervisors, will develop a process for resolving home study barriers.	Q4 (April 2021 –June 2021)
4.5.6	In collaboration with court partners identified through IDCC (including parent allies, parent attorneys, judicial officers and FJCIP coordinators), develop a process for court inquiry re: home study referral status including: <ul style="list-style-type: none"> • Appropriate language for court inquiry regarding home study referral status. • Development of a plan for evaluating whether court inquiry into home study referral and completion improves case timeliness and permanency outcomes. 	Q4 (April 2021 –June 2021)
4.5.7	Implement process including: <ul style="list-style-type: none"> • Within FJCIP jurisdictions, at review hearings judicial officers will ask about the status of the home study referral and completion until the home study is completed. The judicial officer will inquire if any updates to the home study are needed. • If a home study referral is not completed, a hearing related solely to status of the home study referral will be set by the court within 30 days. • If the caseworker completes the home study referral prior to the status hearing, they will complete an affidavit to the court of completion and the hearing will be vacated. • The caseworker shall update the court of the status of the home study at subsequent review hearings (Approved, Denied, In Process, Barriers to Completion) 	Q5-ongoing (July 2021 – Ongoing)
4.5.8	A sampling of recorded review hearings will be reviewed in FJCIP jurisdictions to determine if Court is inquiring about the home study. This information will be utilized along with data obtained through AOC and DCYF on home study completion and permanency outcomes.	Q6-Q7 (October 2021 – March 2022)
4.5.9	Based on data obtained in 4.5.7, if practice shows promising outcomes on permanency, then process for home study referral and home study completion inquiry will be implemented within the remaining PIP office jurisdictions that are	Q8-ongoing (April 2022 – Ongoing)

	not FJCIP jurisdiction and then, using a targeted and data-driven approach, within other jurisdictions around the state.	
4.5.10	LD will implement a process to complete an initial foster-family home license to care for specific children for a period not to exceed 90 days.	Q8 (April 2022 – June 2022)