



PROGRAM IMPROVEMENT PLAN

QUARTER 7 PROGRESS REPORT

August 2006 – October 2006

SUBMISSION DATE:

December 6, 2006

Quarter 7 Accomplishments

The following is summary of activities completed during Quarter 7 (August 2006 to October 2006) of the Program Improvement Plan.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: *Timeliness of initiating investigations of reports of child maltreatment*

(S1.1.1) – Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks have been completed for this action step.

(S1.1.2) – Increase accuracy of data regarding initial contact.

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. Ongoing.

- Supervisors in individual or group consultation stress the importance of meeting the 24 hour contact.
- Increase use of multidisciplinary team members and supervisors making sure workers are making multiple attempts within the 24 hour timeframe.
- Investigation supervisors continue to monitor PRR results and outcome measure to identify possible trends and develop action plans to address these trends.
- Circuit Managers review data to ensure that response time requirement is being met on a consistent basis. The importance of making initial contacts within the timeframes requirements will be addressed with the Investigation workers.
- Circuit Managers monitor peer record reviews and random reviews of each worker's hotline calls.
- Circuit Manager develops plan for identifying areas of need. These areas will be discussed with supervisory staff and a plan for improvement will be established as appropriate.
- Reports are reviewed in management and staff Meetings. Areas needing improvement are problem solved as a team.
- In addition to improvement plans, supervisor will begin tracking non-compliance and address with each worker as necessary.
- Use case readings, the PRR and weekly case staffing of open CA/Ns with each investigator to determine timely contact.
- QA Specialist provides statistical data to Regional Director on a monthly basis to be shared with program managers, supervisors and Family Court.
- Analyze how SACWIS may be negatively impacting outcomes. Performance has decreased for the past two quarters.

(S1.1.3) – Study feasibility for alternative protocols for managing non CA/N referral. All benchmarks have been completed for this action step.

(S1.1.4) – Develop improvement plan to respond timely to reports of maltreatment. All benchmarks have been completed for this action step.

(S1.1.5) – Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.

g. Collected and analyzed PRR tool results for practice enhancements. Ongoing The attached PRR results are for July, August, and September 2006 at the Child Abuse and Neglect Hotline. The Hotline staff continued to conduct duplicate PRR reviews (each PRR reviewed by two staff) during the months of July and August in order to measure conformity among hotline staff and to assure that the PRR tool results were reliable to use in the quality improvement process. In August 2006, the management analyst recommended dropping the dual reviews beginning in September, after her analysis revealed that the conformity level had reached 98.4%, 94.3%, 96%, 91.2%, 89.1%, and 99.5%, respectively, on the six items being measured.

There were 1287 peer record reviews completed during the 3rd quarter of 2006, which is approximately 10% of the total CA/N reports taken at the hotline during that quarter. The reviews were completed by approximately 45 Children's Service Workers at the hotline. The PRR results indicate an accuracy level of 98%, 97%, 97%, 98%, 95%, and 100% respectively on the six items measured on the PRR tool (see attachment), with an average accuracy level of 97.5%. These 3rd quarter outcomes verify that hotline workers are consistently making call decisions/classifications at a very high accuracy level.

(S1.1.6) – Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.

h. Policy changed for CANHU on the screening process for non CA/N calls if needed.

i. If needed, training provided to CANHU staff on modified protocol changes.

j. Notified known mandated reporters and other professional organizations on practice changes.

We are requesting renegotiation of these benchmarks. Missouri has, by policy, accepted calls to the Child Abuse and Neglect Hotline Unit that do not rise to the statutory definition of child abuse and neglect. It is evident from the CFSR final report the stakeholders do not have a good understanding of the differences between the alpha referrals and CA/N reports. Calls made to the Child Abuse or Neglect Hotline that do not meet the statutory requirement of a CA/N Report mostly fall into the Non-CA/N Referral category. Response to a referral may involve varied contacts and responses. These responses range from a single contact with the reporter to the actual removal of a child. County staff will record and enter into the CA/N automated system actions taken by the worker. These actions may include:

- *Contact with the reporter, shared information;*
- *Call/contact with the family only;*
- *Home visit with the family;*
- *Call/contact with law enforcement/juvenile office;*
- *Contact with Bureau of Special Health Care Needs (BSHCN);*
- *Children's Division linkage of family to community resources;*
- *Result in open FCS case;*
- *Result in formal CA/N report;*
- *Result in formal CA/N report due to adverse affect on other household children who were not originally listed on referral;*
- *Collateral contact;*
- *Meeting with parent and child at hospital;*
- *Child taken into custody - placed in Alternative Care for safety issues; non-CA/N situation (parent is incapacitated due to illness or mental health concerns); child beyond parental control.*

There is no specific policy that addresses timeframes for initial contact for Non-CA/N referrals, except Mandated Referrals (M). Staff will contact the mandated reporter within three (3) working days or the next working day on a referral received on the weekend or holiday, unless information indicates an emergency situation. A Newborn Crisis Assessment (A) is completed immediately prior to the newborn's release from the hospital. Actions are taken by county staff assigned to complete any of the Non-CA/N referrals within 30 days of the receipt of the referral.

The below revised benchmarks address what CD has done in the past two years in providing information/training to community partners.

[a. Revised and provided training as needed to community partners on differences between CA/N reports and non-CA/N \(Mandated Reporter\) related Alpha referrals.](#) See the attached PowerPoint presentation used to provide training to mandated reporters and other community partners.

[b. Local staff presented training to school personnel as requested.](#) Local staff provided this training as requested to schools prior to the new school year.

[h. Shared proposed plan with and provide \(mandated reporter\) training to CJA taskforce.](#) This training was provided to the CJA Taskforce during a quarterly meeting when they were reviewing the proposed plan for information dissemination on practice changes regarding non-CA/N call.

[j. CD continued to accept non CA/N referrals.](#) The Children's Division has made a decision to continue responding to these non CA/N referrals per the recommendation of the CJA Taskforce and other community partners.

k Continued to provide mandated reporter training to MO Hospital and School Counselors Associations. Projected due date: Nov. 06. Information will be provided on this benchmark in quarter 8.

Item 2: Repeat maltreatment

(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.

d. Evaluated SDM Peer Record Review Outcomes. Ongoing

h. As needed, provided training to circuits identified with imminent need. Ongoing

- Office staff will be receiving SDM training as part of COA training. This will give staff consistent information and re-emphasize value.
- CS Specialist will provide brief in-service training regarding the importance of data regarding SDM at every peer record review.
- The need for training will be evaluated after data is reviewed. Problematic statistics will be identified and review will be made at the following staff meeting. There will also be a consultation with CSSI and workers advising of items of concern.
- Training on the SDM was provided to investigators by a local CSSI at a circuit meeting.
- Circuit Managers and PET Team monitor this issue on a monthly basis.
- Outcomes reports are reviewed by management in staff meetings and at individual levels starting with the current review period.
- Updates and changes are made as needs are identified through the PRR. Weekly supervisor consultations will help address this also.
- Supervisors are encouraged to use SCRT data and discuss with staff during weekly meetings.
- Ongoing data accuracy training provided by QA Specialist; OJT trainer provides ongoing SDM training to new workers.

(S1.2.2) – Implementation of Confirming Safe Environments (CSE) Process. All benchmarks have been completed for this action step.

(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement. All benchmarks have been completed for this action step.

(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. All benchmarks have been completed for this action step.

(S1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.

i. Held community forum to gain support from stakeholders.

j. Initiated pilot.

Jasper, Newton and McDonald Counties (29th & 40th Circuits) held a Community Forum on August 30, 2006. The overall reaction from the community was very positive with many partner agencies, such as the Jasper County Health Department and School District offering to donate services. However, due to staffing changes, the 29th circuit did not begin implementing the pilot until November 20, 2006. They are screening both new child abuse/neglect reports as well as current Family-Centered Services cases (which includes cases that have been opened greater than 10 months.) The 40th circuit began implementing the pilot on September 20, 2006.

A subsequent Community Forum was held in the 40th circuit on November 15, 2006, to share how the program was developed, implemented, and is currently working. Newton and McDonald County staff presented the program, which included perspectives from traditional Family-Centered Services and Intensive In-home Services staff who shared information regarding their programs and how the pieces fit together to make a more effective cadre of available services.

The McDonald County School District and Juvenile Office participated in the Community Forum for the first time. Again, many agency partners brainstormed on 40th circuit resources. The School District Administrator was very interested in offering needed educational services as they arise. The 40th circuit will be holding a subsequent Community Forum in the spring of 2007 to share the status of the project.

(S1.2.6) – Develop performance-based contract for foster parents.

g. Initiated PFDP for all new and reassessed foster parents. Staff continue to use the PFDP for all new foster parents and existing foster parents as their license come up for renewal.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in home and prevent removal

(S2.3.1) – Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.

e. Recommendations regarding changes made. There are currently no plans for additional training sessions due to the CD-14 being fully integrated into the basic training curricula for new workers. Designated Children's Services specialists in each region were trained to provide ongoing assessment and support for field staff on the case assessment and case planning process. The state is currently satisfied with this tool and will no longer report quarterly on this benchmark.

(S2.3.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent,

caregiver and child involvement. All benchmarks have been completed for this action step.

(S2.3.3) – **Improve supervisory capacity to monitor enhanced practice relating to case planning.** All benchmarks have been completed for this action step.

(S2.3.4) – **Establish procedures to access various service funding streams.** All benchmarks have been completed for this action step.

(S2.3.5) – **Per new legislation, develop comprehensive children’s mental health plan to increase level of cooperation between court, mental health, child welfare and families.** All benchmarks have been completed for this action step.

Item 4: Risk of harm to child

(S2.4.1) – **Ensure consistent and accurate completion of SDM safety and assessment.** Refer to S1.2.1. All benchmarks in this action step have been completed.

(S2.4.2) – **Implementation of CSE process.** Refer to S1.2.2. All benchmarks have been completed for this action step.

(S2.4.3) – **Implement enhance background screening for foster/adopt and court ordered providers.** All benchmarks in this action step have been completed.

(S2.4.4) – **Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.**

f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. Ongoing. This quarter under review finds a rise to eight POE CA/N reports, involving eight licensed residential child care agencies. Each agency developed a corrective action plan for each incident. Employees of these facilities were immediately terminated with the exception of one resignation. The four core principles of the Culture of Care curriculum are youth development, collaboration, culture competence, and permanent connections. It is speculated that most and perhaps all of the above agencies use the Culture of Care curriculum to a certain extent, some more than others. Certainly, if staff fully embraced the core principles of the training, it would help to prevent CA/N. However, it is also clear that, in the incidents, licensed residential child care agency staff made a conscious choice to violate statute, rule, and policy and engage in prohibited behavior, resulting in CA/N reports and findings.

(S2.4.5) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** Refer to S2.3.1. All benchmarks have been completed for this action step.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries. *This item was found to be substantially achieved.*

Item 6: Stability of foster care placement

(P1.6.1) – **Increase system capacity to accurately track placement kinship vendor types.** *All benchmarks have been completed for this action step.*

(P1.6.2) – **Improve diligent search for relatives/missing parents.** *All benchmarks have been completed for this action step.*

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** *All benchmarks have been completed for this action step.*

(P1.6.4) – **Identify resource family types and shortages.**

d. Circuits reported quarterly progress on recruitment activities. Ongoing

- *Continue to use monthly report to track application and licensing status of resource homes.*
- *Hiring of new recruitment worker to develop method of tracking results of recruitment activities.*
- *Additional staffing as licensing/resource workers hired for recruitment efforts.*
- *Working with a regional task force to develop a plan for recruitment.*
- *A display board will be used at community fairs and churches to provide information about foster parenting.*
- *Fliers sent to area business, a booth at Wal-mart, and weekly festivals.*
- *Sent fliers to local churches, fliers sent to elementary schools, bookmarks distributed at the library and church bulletin inserts.*
- *Placing posters at various locations with information about becoming foster parent and have a feature completed on a local TV station.*
- *Created a recruitment committee to address recruitment to address recruitment issues.*
- *Continually encourage foster parents to recruit friends and family as respite providers in order to "try out foster parenting".*
- *Utilizing foster parents as recruiters focusing within churches.*
- *Continue to participate in Wendy's adoption program, "For Your Life" and the state Heart Gallery program.*
- *Continue to collaborate with the Council of Churches recruitment efforts in local churches.*
- *Recent implementation of a licensing unit to help with specialized recruitment.*

(P1.6.5) – **Increase number of resource families.**

g. Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability. The attached Excel report provides the preliminary cumulative information on progress of PBC contractors toward achieving the required outcomes. When the reconciliation process is complete and an update will be made available.

(P1.6.6) – **Increase placement stability by improving matching capabilities for children in out-of-home setting.**

c. Developed a placement matching tool designed for use in team decision making.

d. Tool disseminated with instructions.

e. Tool incorporated into BASIC training and supervisory oversight provided to existing staff.

We are requesting to renegotiate the above remaining benchmarks. See below proposed benchmarks.

[c. Convened stability workgroup to meet with NRC FCP-PP to identify issues impacting stability.](#)

[d. Stability workgroup identified and began to develop work plan areas to improve.](#)

The Stability workgroup met with the NRC consultant on August 23, 2006 and began identifying barriers associated with placement stability in Missouri. The consultant provided the group with information on how to be successful in achieving placement stability through lessons learned from other states. Finally, the group identified areas to improve and developed subgroups to concentrate on the five problematic areas and the expected deliverable. They include:

- **Improved Respite Options**

- *Review the respite policy and make recommendations regarding language improvement*
- *Approach to assessing existing resource families/kin caregivers to become respite providers to build capacity*
- *Address the barriers such as background checks (\$50.95 fee) or others*
- *Explore partnership with the respite care association regarding education*

- **Kinship Care Practices and Policies**

- *Policies that tribute to barriers to placement with kin/relatives*
- *Determine if there are policies that may contribute to multiple placements—make recommendations for changes in language*
- *Assess if practice is clear and enables workers to get to a permanency outcome?*
- *Should we implement an assessment of protective capacity?*

- **Pre-placement Options**

- *Assessment of what is already happening in the state—is it successful? Why or*

- why not? Other state experiences? Age groups? Which placement?*
- *Design of an approach (preparation) to the pre-placement process:*
 - *teen questions/process*
 - *resource family questions/process*
 - *birth family questions/involvement*
 - *Dealing the results/reactions*

- **Support of Resource Families/Kin**

- *Address and develop recommendations to change the Levels of care process*
- *Develop an assessment process for resource family needs and child needs (in process)—this would include assessment of the family’s ability to meet the child’s racial and ethnic identity issues:*
- *Design specific strategies for worker to wrap services around the child and the resource family—MATCHING services and supports to the needs identified.*
- *Ongoing assessment*
- *Birth parent mentoring*
- *Early identification of problems that may result in disruption*
- *South Dakota approach?*

Supervisor –Worker Development Issues

- *Cultural identity issues (integrated into practice and training)*
- *Worker knowledge on preventing placement disruption*
- *Worker understanding of kinship care –and family realignments and roles/tension and mitigation of conflict (blended family approach)*
- *Worker understanding of their advocacy positions (with resource families, with kin and with residential care)*
- *Supervisory practices to support child stability*

[e. Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children. Projected due date: Nov. 06](#)

[f. Conference calls scheduled with circuits needing additional supports. Projected due date: Dec. 06.](#)

[g. Scheduled target case reviews with circuits needing additional supports. Projected due date: Jan. 07](#)

[h. Circuits proved monthly report to Central Office on reasons for continued placement instability. Projected due date: Jan. 07 & Ongoing.](#)

(P1.6.7) – Evaluate support and training provided for relative/kinship resource families.

[c. Based on curriculum modifications, training began to be delivered to newly licensed relative/kinship providers. Additional changes were made to the Kinship training curriculum which required another review and delayed the approval process. The](#)

curriculum was approved and finalized in October 2006. The curriculum is currently being printed at the Office of Administration, State Printing. We anticipate the curriculum and an announcement memorandum to be disseminated to staff in January 2007. See the attached Table of Content for the Kinship Care training.

Item 7: Permanency goal for child

(P1.7.1) – **Ensure the frequency and timeliness of FST Meetings occurs per policy.**

c. Circuit Managers assisted by PET monitored frequency data. Ongoing.

- Supervisors provide staff with 30 day reminder notices to schedule meetings during unit meetings.
- Practice Enhancement Team (PET) convened to identify continued barriers and to discuss developing action plan to increase timeliness of meetings and system entry documentation.
- CS Specialist recruiting and training third party reviewers.
- Identify barriers to why invited community representatives fail to attend or why meetings have to be rescheduled.
- Supervisors review all court reports prior to submittal and are able to monitor and ensure the FST's are being conducted timely.
- Circuit Managers assisted by PET monitor frequency data. The supervisor is having weekly conferences with workers to remind them about entering FST information into computer.
- Supervisors track FST due dates through a recently developed spreadsheet and send reminders to staff.
- The CM and supervisor are monitoring this through weekly case consultations and the PPRT tool created by the QA Specialist.
- Supervisor will have weekly training with staff to implement case load charts and compile a monitoring plan to keep track of FST and PPRT meeting dates.
- FST/PPRT Workgroup continues to meet nearly every month to maintain viable pool of objective 3rd party reviewers for use by staff.

(P1.7.2) – **Improve quality of FSTs to ensure permanency goal is reviewed and established.** All benchmarks have been completed for this action step.

(P1.7.3) – **Strengthen policy and practice relating to concurrent planning.** All benchmarks have been completed for this action step.

(P1.7.4) – **Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.**

f. Training implemented by CD/OSCA to include concurrent planning training. Ongoing, twice per year.

On May 1, 2006, the Office of State Courts Administrator and the Children's Division held a joint video teleconference (VTC) on concurrent planning. Employees of the

Children's Division and juvenile courts (judges and juvenile officers) were invited to attend at one of six locations around the state for the six hour training. A total of 111 people attend the VTC in the various locations. Janyce Fenton of the National Resource Center for Family Centered Practice and Permanency Planning delivered the bulk of the training from her location in New York. Ms. Fenton's presentation focused on defining concurrent planning, working with biological and foster families, best practices in concurrent planning, and the long term outcomes that could occur as a result of the process. A panel of individuals from the Children's Division then discussed how Missouri approaches concurrent planning and the sibling issues that can arise when looking for permanent alternative placement. Each circuit then worked on developing a strategy for implementing concurrent planning and reported their plans and concerns prior to the conclusion of the training.

Item 8: Reunification, guardianship, or permanent placement with relatives

(P1.8.1) – Address permanency and service needs of children in Legal Status 2, 3, and 4. *All benchmarks have been completed for this action step.*

(P1.8.2) – Establish procedures to access various funding streams. *Refer to S2.3.4. All benchmarks have been completed for this action step.*

(P1.8.3) – Ensure frequency and timeliness of FST Meetings occurs per policy. *Refer to P1.7.1. All benchmarks in this action step have been completed.*

(P1.8.4) – Improve quality of FST to assure the review of permanency goal. *Refer to P1.7.2. All benchmarks have been completed for this action step.*

(P1.8.5) – Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations. *Refer to P1.7.4. All benchmarks have been completed for this action step.*

(P1.8.6) – Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. *All benchmarks have been completed for this action step.*

(P1.8.7) – Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. *All benchmarks have been completed for this action step.*

(P1.8.8) – Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. *Refer to P1.6.1. All benchmarks have been completed for this action step.*

Item 9: Adoption

(P1.9.1) – **Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.**

f. Quarterly monitoring by PRR. Ongoing

- *Monthly case reviews are being conducted with DLS Attorney on TPR and guardianship cases and on cases that are less than 30 days old.*
- *Monitored through FST's and follow up with the DJO to ensure this is being completed timely.*
- *Circuit managers and supervisors have regular discussions with court personnel, JO's and GAL's to encourage following of policy and ASFA guidelines on filing.*
- *Once TPR is recommended, a packet is completed and sent to DLS and local JO for review and further actions. This is required to be completed within 30 days of the PPRT where the goal is decided.*
- *Circuit Manager and Supervisors met with the Juvenile Office and developed a protocol to ensure timely TPR. Within 30 days after the goal is changed, CD would have the TPR summary to the Juvenile Office Attorney. JO Attorney would file the petition 30 days after receiving the CD Summary.*
- *Supervisor will work with staff to use FST practice to assist in developing ongoing plans that allow TPR to be filed timely whenever this is an appropriate goal. DLS will be used as needed to assist in this Outcome.*

(P1.9.2) – **Increase number of resource families.** Refer to P1.6.5. All benchmarks have been completed for this action step.

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** All benchmarks have been completed for this action step.

(P1.9.4) – **Improve access to legal representation for CD staff.**

e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. Ongoing *The process for staff to access DLS representation continues to work well. At minimum, quarterly meetings are available between the DLS attorney assigned to the circuit and the Circuit Manager to discuss issues of significance to the division or the region. The joint committee discussed and began working with CD policy staff to incorporate this information into a chapter in the Child Welfare Manual.*

Item 10: Other planned living arrangement

(P1.10.1) – **Increase number and quality of resource families for older youth.** All benchmarks have been completed for this action step.

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.**

c. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies. Ongoing *Various informational meetings have been provide to staff, youth, foster parents and other providers on the upcoming changes to the older youth program.*

(P1.10.3) – Increase program accessibility to prove life skills training services for older youth.

c. Consulted with SYAB members on needs of older youth. Ongoing *The State Youth Advisory Board has had regular input on the draft of the new protocol (the Adolescent FST Guide and Individualized Action Plan) and have had some training on how to facilitate their own FST meeting. SYAB members will lead their FST when we begin using the new tool across the state. The SYAB has also been asked to review the TLP and Chafee RFPs. Youth will be utilized as a team member on the evaluation teams for the TLP and Chafee RFPs.*

During the Test Project (training and piloting the use of the new tool), specific youth have been identified to engage with in using the new tool, specifically those youth turning 14 during the Test Project.

(P1.10.4) – Increase older youth involvement in service planning and delivery.

a. Convened older youth workgroup to evaluate current Chafee services provided to youth ages 14 and older. *Missouri has been working diligently to meet the needs of older youth in their foster care system. An executive decision was made to utilize private contractors and to take an in-depth look at current outcomes, policies, and practices. The first step was to identify a team to research and make recommendations to a program that is fiscally responsible, accountable and sustainable and meets the needs of the youth. This workgroup was convened and began meeting during November 2005.*

b. Recommendations for change provided by older youth workgroup. *See the attached recommendations report and revised Item Narrative.*

c. Developed draft policy and protocol to improve youth involvement, service planning and delivery for older youth. *This memorandum introduces the upcoming policy and practice changes to the Older Youth Program.*
<http://www.dss.mo.gov/cd/info/memos/2006/cd0683.pdf>

d. Introduced Adolescent FST Guide and Individualized Action Plan protocol at the Missouri Juvenile Justice Association conference. *The State's Independent Living Coordinator presented information concerning the upcoming changes to the Older Youth Program at the annual Missouri Juvenile Justice Association conference. The Adolescent FST Guide and Individualized Action Plan (IAP) was introduced to various court personnel, including judges and juvenile officers. Attached is the FST Guide and IAP protocol.*

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement. *This item was found to be substantially achieved.*

Item 12: Placement of Siblings.

(P2.12.1) – **Increase the number of siblings placed together.**

c. Circuit Managers monitored quarterly PRR results and improvement plans developed.

- *Circuit Manager and Supervisors have continuous meeting about the importance of keeping siblings together. Supervisors assist staff in initial placements to make sure siblings are being placed together when possible.*
- *In STARS and Spaulding training a consistent message to Foster and Adoptive families will emphasis the priority of CD is what is best for the children is for siblings to remain and be adopted together to ensure lifelong relationships and secure bonding and attachment.*
- *Investigators will actively pursue appropriate kinship placements for sibling groups.*
- *Staff have attended sibling placement training. They understand the importance of siblings being placed together and this training has raised awareness of this issue.*
- *Licensing representatives are included in all meetings to discuss the importance of recruitment of foster parents who will consider accepting sibling groups.*
- *Resource worker is working hard to recruit families that are willing to accept sibling groups.*
- *Sibling placement is monitored in all FST and PPRT Meetings. When a split is necessary due to need for child specific placements, FTSM is held to discuss the move and the plan to keep siblings visiting each other.*

P2.12.2) – **Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.** *All benchmarks have been completed for this action step.*

(P2.12.3) – **Increase capacity for resource families that accept sibling groups.** *Refer to P1.6.5. All benchmarks have been completed for this action step.*

Item 13: Visiting with Parents and Siblings in foster care.

(P2.13.1) – **Increase frequency and quality of parent/child and sibling visits.**

e. Circuit Managers monitor data regarding frequency of parent/child/sibling visits.

f. Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.

The Visitation training is posted on the division's Intranet site to assist staff in understanding the importance of visits and why visits matter. Regular face to face

contact with parents and caretakers allows staff to evaluate the safety and their ability to care for children. Sibling visitation is essential if children are not placed together. It preserves the sibling relationship, bond and family connection. It provides an opportunity for the siblings to support each other during their time of separation and helps lessen the trauma of the removal. Worker and child visitation with parents are crucial for reunification and every effort is made to have regular visits.

PET teams are available to meet with circuit staff to discuss any areas of concern. PET teams and Circuit Managers can use PRR date to monitor visits with parents and siblings. The use of checklists for worker/child, parental and placement providers are also available in case records for supervisory or manager reviews. Staff can review data for the PRR on a quarterly basis. The new Supervisory Case Review results are provided to regions on a monthly basis and circuit specific information are available quarterly.

Item 14: Preserving connections.

*(P2.14.1) – **Increase emphasis on preserving familial and community connections for children in out of home care.** All benchmarks have been completed for this action step.*

*(P2.14.2) – **Improve diligent search for relatives/missing parents.** Refer to P1.6.2. All benchmarks have been completed for this action step.*

*(P2.14.3) – **Revise ICWA policy.** All benchmarks have been completed for this action step.*

Item 15: Relative Placement.

*(P2.15.1) – **Increase system capacity to accurately track placement kinship venter type.** Refer to P1.6.1. All benchmarks have been completed for this action step.*

*(P2.15.2) – **Improve diligent search for relatives/kinship resource families.** Refer to P1.6.2. All benchmarks have been completed for this action step.*

*(P2.15.3) – **Evaluate support and training provided for relative/kinship resource families.** Refer to P1.6.7.*

Item 16: Relationship of child in care with parents.

*(P2.16.1) – **Improve diligent search for non-custodial parent.** Refer to P1.6.2. All benchmarks have been completed for this action step.*

*(P2.16.2) – **Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver***

(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.

Well Being Outcome 1 – Families have enhanced capacity to provide for children’s needs

Item 17: Needs and services of child, parents, and foster parents.

(WB1.17.1) – Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks have been completed for this action step.

(WB1.17.2) – Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.

(WB1.17.3) – Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2. All benchmarks have been completed for this action step.

Item 18: Child and family involvement in care planning

(WB1.18.1) – Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2. All benchmarks have been completed for this action step.

(WB1.18.2) – Improve the quality of Family Support Team Meeting. Refer to P1.7.2. All benchmarks have been completed for this action step.

(WB1.18.3) – Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.

f. Policy distributed to all staff and supervisory oversight. A memo was disseminated to staff introducing the new Handbook for Parents of Children in Foster Care and policy regarding its use. <http://www.dss.mo.gov/cd/info/memos/2006/cd0681.pdf>.

g. Policy Incorporated into BASIC training. In Child Welfare Practice Basic Orientation, the parents rights handbook is discussed/ covered in Class 3 (Out of Home Care week.) It is covered again in Class 4- (Reinforcement/Evaluation week) of CWPT Basic when staff does the skills practice around the 24 hr FST meeting.

Item 19: Worker visits with Child – Improve quantity and quality

(WB1.19.1) – **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** All benchmarks have been completed for this action step.

WB1.19.2) – **Increase policy compliance for frequency of worker visits for intact and out-of-home cases.**

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. Ongoing

- *Circuit maintains practice in monitoring caseload equalization through "End of the Month" reports that are submitted to the Circuit Manager by every work unit.*
- *Looking at equalization of caseloads by looking at workers and supervisor's monthly reports. Also using COA standards as their guidelines to try to equal out the caseload size.*
- *Supervisors meet at least quarterly to discuss work load and case assignment. A case listing of all cases assigned to each worker is provided to each supervisor and Circuit manager to review.*
- *Monthly staffing analysis is completed and case load assignment is constantly monitored on a dry erase board and cases adjusted and assigned accordingly.*
- *A caseload tool was devised and implemented. CSSI calculates quarterly for determining if adjustments need to be made to equalize load distribution.*
- *Workers are reporting their caseloads on a database. CM and supervisors discuss case loads during their consultations.*

(WB1.19.3) – **Tracking system to track worker visits (date/site)** – All benchmarks have been completed for this action step.

Item 20: Worker visit with parent(s)

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.** All benchmarks have been completed for this action step.

(WB1.20.2) – **Refer to WB1.19.1, WB1.19.2 and WB1.19.3** – All benchmarks have been completed for this action step.

Well Being Outcome 2 – Children receive services to meet their educational needs

Item 21: Children receive appropriate services to meet their educational needs

WB2.21.1) – **Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.** All benchmarks have been completed for this action step.

(WB2.21.2) – **Improve the flow of educational records and reports when children transfer schools.** All benchmarks have been completed for this action step.

(WB2.21.3) – **Decrease the incidence of educational neglect, truancy and suspension of children in care.** All benchmarks have been completed for this action step.

(WB2.21.4) – **Decrease the incidence of educational neglect, truancy and suspension of children for intact families.** All benchmarks have been completed for this action step.

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

(WB3.22.1) – **Increase ability of Children’s Division staff and families to access available dental resources.** All benchmarks have been completed for this action step.

(WB3.22.2) – **Increase capacity of staff to assess medical needs of children in intact families.** All benchmarks have been completed for this action step.

Item 23: Mental health need of the child

(WB3.23.1) – **Increase the ability of Children’s Division staff and families to access available mental health resources.** All benchmarks have been completed for this action step.

(WB3.23.2) – **Increase awareness of staff and foster parents regarding attachment and mental health issues.**

b. Increased the number of staff and foster parents trained on Working with the Explosive Child. Semi-annually. Two sessions of this training was held during the last six month by contracted trainers. The Kansas City training session was held on April 27, 2006 and the training in St. Louis was held on July 28, 2006. This training is designed to assist participants obtain knowledge and skills to recognize behaviors associated with difficult and explosive children. This training offers participants knowledge about children diagnosed with behavior disorders and the etiology of those disorders. Participants will gain knowledge in differentiating between behavior-disordered children and "normal" childhood behavior. Techniques and skills will be presented to the participants to work with parents to help them deal with their stress and frustrations, to increase their knowledge of the child's behaviors, and to learn new skills when parenting a difficult and/or explosive child.

c. Increased the number of staff and foster parents trained on Grief and Loss. Semi-annually. This workshop is designed to discuss the issues surrounding separation, loss,

and grief. The training addresses the various types of separation and loss with a focus on the process of grieving. Participants will also learn techniques and strategies to use when working with families experiencing separation, loss, and grief. One session was made available to staff and foster parents on July 7, 2006.

e. Incorporated attachment issues training in to on-going training. A mental health issue training module is available for foster parents as well as agency staff through the contracted training unit. A session was held on May 11-12, 2006. This two-day training focus is designed to provide the participants with a general understanding of attachment theory and the symptoms of attachment disorder. It will provide tools to aid in the assessment of risk for the children and family. Participants will learn several strategies when working with children and families with attachment problems.

In addition to this training, information regarding attachment issues are addressed In STARS foster parent training in:

- **STARS Pre-service:**
 - Session 3--Meeting Developmental Needs: Attachment (Also discusses lags in emotional/mental health of the child as it relates to development)
- **STARS In-service:**
 - Module 1--The Foundation for Meeting the Developmental Needs of Children at Risk--addresses issues around attachment
 - Module 5--Supporting Relationships between Children and Their Families--addresses attachment within 'shared parenting' issues.
- **Learning Guide for the Caregiver Who Knows the Child--**
 - In section on Child Development, information is provided on 'Conditions and Experiences that May Cause Developmental Delays and Affect Attachment'
 - In section on Health Care--Information is provided on Emotional Health.

(WB3.23.3) – **Increase capacity of staff to assess mental health needs of children in intact families.** There are no benchmarks due during Quarter 7 or have been completed for this action step.

Systemic Factors

Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions

(25.1) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks have been completed for this action step.

(25.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.

(25.3) – Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Refer to S2.3.3. All benchmarks have been completed for this action step.

(25.4) – Maximize parental/family involvement in Family Support Team Meetings. Refer to P1.6.2. All benchmarks have been completed for this action step.

(25.5) – Improve staff facilitation skills for Family Support Team Meetings.

d. Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module. FST skills application has been integrated into the FCS In-Service module. See attached FCS objectives and training outline.

Item 26: Process for 6-month case reviews

(26.1) – Revised current policy to clarify an Administrative Review and requirements. All benchmarks have been completed for this action step.

(26.2) – Recruit 3rd party participants for Administrative Reviews. All benchmarks have been completed for this action step.

(26.3) – Increase ability to track 6 month Administrative Reviews separately from FSTs. All benchmarks have been completed in this action step.

Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

(27.1) – Improve access to legal representation for CD. Refer to PI.9.4. All benchmarks have been completed in this action step

(27.2) – Implement training to develop testifying skills for CD staff. All benchmarks have been completed for this action step.

(27.3) – Increase the timeliness of 12 month Permanency Hearings. All benchmarks have been completed for this action step.

(27.4) – Provide cross training to judiciary, court staff, GALs and Children’s Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. Refer to P1.7.4. All benchmarks have been completed for this action step.

Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.

(28.1) – Improve access to legal representation for CD. Refer to P1.9.4. All benchmarks have been completed for this action step.

(28.2) - Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.

(28.3) – Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1. All benchmarks have been completed for this action step.

(28.4) – Improve diligent search for relatives/parents. Refer to P1.6.2. All benchmarks have been completed for this action step.

(28.5) – Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required. All benchmarks have been completed for this action step.

Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.

(29.1) – Increase ability of foster parents to be notified of and heard in court. All benchmarks have been completed for this action step.

Item 30: Standards to assure quality services and ensure children’s safety and health - This item was found to be substantially achieved.

Item 31: Identifiable QA system that evaluates the quality of services and improvements - This item was found to be substantially achieved.

Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge - This item was found to be substantially achieved.

Item 33: Ongoing training for staff

(33.1) – **Develop supervisory training for front line supervisors.**
All benchmarks have been completed for this action step.

(33.2) – **Develop advanced in-service training module for investigations and assessment.** All benchmarks have been completed for this action step.

(33.3) – **Develop advanced in-service training module for Family-Centered Services.**

h. Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide. FST skills application has been integrated into the FCS In-Service module. See attached FCS objectives and training outline.

(33.4) – **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.** All benchmarks have been completed for this action step.

(33.5) – **Enhanced On-The-Job (OJT) Training.**

i. Skills guide/list available for statewide use by supervisors. The skills guide was made available to supervisors for use to assist new staff with OJT. The skills guide continued to receive feedback and revisions through November 2006. See attached Table of Content.

(33.6) – **Create training advisory committee to annually assess needs and evaluate training.**

a. Professional Development and Training created state training advisory committee, including schools of social work.

b. Advisory committee developed a mission statement.

The Training Advisory committee convened their first meeting on October 18, 2006. See the attached agenda, committee members listing and committee minutes.

(33.7) – **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.**
All benchmarks have been completed for this action step.

(33.8) – **Provide training based on circuit specific needs.** All benchmarks have been completed for this action step.

Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.

Item 35: Service array

(35.1) – **Increase access and availability to dental services.** Refer to WB3.22.1. All benchmarks have been completed for this action step.

(35.2) – **Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).** All benchmarks have been completed for this action step.

(35.3) – **Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.** Refer to P1.6.5. All benchmarks have been completed for this action step.

(35.4) – **Increase availability of and access to parenting classes and family/parent aide services.** All benchmarks have been completed for this action step.

(35.5) – **Increase services to meet the needs of non-English speaking consumers.** All benchmarks have been completed for this action step.

(35.6) – **Increase availability of transportation services.** All benchmarks have been completed for this action step.

Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6. All benchmarks have been completed for this action step.

Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

(37.1) – **Increase access to existing services.** See item 35 1-6. All benchmarks have been completed for this action step.

(37.2) – **Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks have been completed for this action step.

Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.

Item 39: Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.

Item 40: Coordinates services with other federal programs. This item was found to be substantially achieved.

Item 41: Standards for foster family and child care institutions. *This item was found to be substantially achieved.*

Item 42: Standards are applied equally to all foster family and child care institutions. *This item was found to be substantially achieved.*

Item 43: Conducts necessary criminal background checks. *This item was found to be substantially achieved.*

Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity

(44.1) – Increase the number of resource families. *Refer to P1.6.5. All benchmarks have been completed for this action step.*

Item 45: Uses cross jurisdictional resources to find placements. *This item was found to be substantially achieved.*