

ITEM NARRATIVES

Outcomes

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

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

A key concern noted in the CFSR was inconsistency of reporting the initiation of investigations of child maltreatment reports or establishing face-to-face contact with the child subject of the report in accordance with the State-established timeframes.

Missouri's policy regarding Item 1 is based in law. RSMo. (Revised Statutes of Missouri) 210.109 establishes Missouri's child protection system and RSMo.210.145 establishes time frames for initial responses.

(S1.1.1) The initial contact information is captured on a child abuse/neglect form known as the CA/N 1. During the research for the PIP, a discrepancy was revealed between the definition of the term "initiate" as written in statute and the procedure for documenting "initial contact" on the CA/N 1. As a result, policy language must be clarified, as well as, enhanced CA/N 1 form instructions regarding timeliness of response to reports of child maltreatment. Although statewide policy is based on statute, there continues to be a lack of clarity regarding definition and the actions required. In addition, the CA/N automated system requires staff to enter "*initial contact date and time*". This notation, per policy, is the date and time CD staff makes face-to-face contact with the subject child. This may not accurately reflect whether another member of a multidisciplinary team had initial contact with a child within the 24 hour time period. Other issues requiring clarification include: who may conduct face-to-face contact within the 24 hour timeframe and why it is considered a delayed contact by the worker when face-to-face contact was made by a multidisciplinary team member.

(S1.1.2) Through this clarification process, the entry fields may remain the same with a change for initial contact definition or this may lead to systems entry field enhancements. Once these clarifications are completed, additional systems entry codes may need to be developed in order to more accurately capture data. To increase the accuracy of the data collected in the Legacy system regarding initial contact of the victim when investigating a child abuse and neglect report, the Peer Record Review process will be utilized. The Peer Record Review will be revised to reflect the changes and clarification of initial contact. Aggregate data from the Peer Record Review will be available on a quarterly basis which will provide Circuit Managers and QA specialist with evidence on which to base recommendations for practice improvements.

(S1.1.3) During the CFSR, there were concerns regarding Missouri's protocol for responding to non-CA/N referrals or alpha referrals. The alpha referrals, primarily "M" (mandated reporter) referrals and "P" (preventive services) referrals are assigned based

on the information received by the Child Abuse and Neglect Hotline Unit (CA/N HU). Frequently, non-CA/N referrals address family needs such as housing, or medical assistance. In spring 2004, a combined effort began between the Family Support Division (FSD) and the Children's Division (CD) for the purpose of reducing the number of CA/N referrals allowing the Children's Division staff to concentrate their efforts on cases which are more serious in nature. A test site (Jackson, Clay and Platte counties) was chosen and a strategic plan was developed and presented to both Division Directors for consideration. In May 2004, protocols were written for screening and assigning non-CA/N referrals to FSD Self Sufficiency Case managers. The Self Sufficiency Case Managers were already trained on strengths based case management; domestic violence; behavioral inventory assessment to identify substance abuse and addictive behaviors, mental illness, and domestic violence; Family Support Programs and policies (eligibility); Family Support Team Meetings; and community resources and partner agency collaboration. The Directors felt these Self Sufficiency Case Managers possessed the necessary skills to respond to non-CA/N reports. The Self Sufficiency Case Managers also shadowed the Children's Division investigators and assessment workers to gain further experience. Additional training was provided to both Children's Division and Family Support Division staff regarding the testing site protocols for non CA/N referrals which officially began July, 2004. QA measures are in place to make sure assessments are being conducted appropriately and the safety of children is assured. The goal of this pilot program is to ensure children are safe while diverting non-CA/N related concerns directly to service providers.

(S1.1.4) In order for staff to respond to reports of maltreatment in a timely manner, circuit level assessments to evaluate CA/N response were completed. In addition, management reports which provides worker level information were sent to each circuit to analyze timeliness of initial contact, timeliness of conclusion and pattern of conclusions. This report will also provide a basis for comparison at the circuit and state level. Based on their circuit assessment and management report, local protocols for improvement will be established and implemented. In addition it will provide information for circuits with timely completion rates. This improved timeliness of initial child contact will be monitored on an on-going basis. As needed, resources will be targeted to circuits with identified needs.

(S1.1.5) The new call management and Structured Decision-Making (SDM) protocols implemented at the Child Abuse and Neglect Hotline Unit (CA/NHU) will provide consistent screening and classification of calls received. Through the improved screening effort, a more uniform process will be institutionalized for accepting calls made by mandated reporters and other miscellaneous calls, not rising to the level of abuse or neglect and not requiring a formal investigation. Using these protocols will assist in consistency of the initial classification of reports received. The protocols have been completed and remaining CANHU staff trained. A quality assurance peer record review tool will be developed for monitoring. Once the monitoring tools are in place, the hotline protocols will be automated. The Supervisory Review Tool for the CANHU will be a stand alone tool; however, data from the tool will be collected in the same data base as the universal Supervisory Case Review Tool (SCRT).

(S1.1.6) The division is in process of revising policy relating to non-CA/N referrals. Missouri has, by policy, accepted calls to the hotline that do not rise to the statutory definition of child abuse and neglect. These calls are referenced as non-CA/N referrals and include mandated reporter (M) referrals, preventive services (P) referrals, and non-caretaker (N) referrals. Upon accepting such calls of concern, these non-CA/N referrals are dispatched to the local offices for some type of follow-up by field staff. Of the nearly 110,000 calls to the hotline each year, nearly 30,000 are classified as non-CA/N referrals.

The policy revision now under planning is a concerted effort to better address the core functions and statutory mandates of the division with its existing available resources. These calls would no longer be dispatched to the local offices for follow-up. Rather, the call would be screened at the hotline to determine if it meets the criteria for a CA/N report, and if not, the caller will be redirected to more appropriate local resources which may better address the caller's concerns. This policy revision is intended to be in effect by July 1, 2006, the beginning of the upcoming state fiscal year.

Item 2: Repeat Maltreatment

(S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM tool is designed to assist child welfare staff with the most appropriate responses to Child Abuse and Neglect reports, both in making the decision to accept the initial report, as well as the level of response needed to address the allegation of abuse/neglect reported. Moreover, the tool assists child welfare professionals in assessing safety and risk to the children in the home.

One goal of SDM is to reduce subsequent harm to children. SDM tools assist workers in the identification of critical factors within the family that could affect future harm to the children in the home. The tools help workers make more consistent and reliable decisions on the need for services aimed at alleviating abuse and neglect situations in families that are at "high risk" for future harm to the child/ren. Coupled with information taken from past reports received on the family, the tool assists workers in establishing a pattern of behavior that will help determine the necessary services to reduce subsequent harm to children.

The SDM tool allows staff to make decisions that are consistent throughout the state and eliminates bias that might affect the worker's ability to objectively understand the problems and needs of the family. The tool helps identify "high risk" families for workers so that resources can be targeted to families with the greatest need, thus reducing the occurrence of future harm to children.

To ensure consistent and accurate completion of the SDM safety and risk assessment, BASIC training will be enhanced to include this SDM component and an in-service training for SDM will be developed. A workgroup will be convened to finalize the SDM

review tool. Once finalized, instructions will be sent to the field on how to use the tool and instructing them to review ten percent of the cases. As needed, ongoing training will be provided to circuits identified with such needs

(S1.2.2 AND S1.2.3) To address the issue of child maltreatment in foster care, Missouri purchased the *Confirming Safe Environments* (CSE) curriculum developed by ACTION for Child Protection in 2003. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. The curriculum training will be expanded to all investigative, out-of-home care, and licensing staff and supervisors in Pettis, Cooper, and Greene counties. In St. Louis, one complete out-of-home supervisory unit will be trained. By January 30, 2005, all investigative staff in St. Louis will be trained on the CSE work process. During this expansion period, ACTION will be utilized to assist the division in building capacity to train the curriculum in-house. ACTION will also be utilized to evaluate CSE implementation. Based on the evaluation, the CSE curriculum will be modified to meet Missouri's specific needs and an expansion plan will be developed as indicated. Division policy regarding assessment of safety at and throughout the life of a placement will be developed based on the Confirming Safe Environments curriculum and evaluation of safety assessment best practices in other states.

(S1.2.4) The Practice Evaluation Teams (PET) will be used to assist the Circuit Managers in developing strategies to reduce repeat maltreatment and CA/N in foster care. Once PET member roles and responsibilities are developed and defined, the teams will be formed and convened to review the Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care. Improvement strategies will be developed and implemented by the Circuit Managers (with the assistance of the PETs).

(S1.2.5) Repeat maltreatment will also be reduced through strengthening division policy and practice related to chronic neglect and the accumulation of harm that a child experiences in cases of chronic neglect. St. Louis has a chronic neglect initiative that will be analyzed for statewide applicability. A statewide analysis has been done on families that have multiple reports of maltreatment. Subsequently, the division applied for a Title IV-E waiver for a chronic neglect pilot. Missouri recognizes there are a small number of families who have a large number of repeat maltreatment events that ultimately result in an accumulation of harm to the child leading to out-of-home placements and costly services to rectify the abuse or neglect conditions. The Institute of Applied Research (IAR) conducted a follow up evaluation of Missouri's dual track system and discovered that a relatively small segment of the families served (9.3 %) account for a large amount of expenditures (41.9%) due to the chronic pattern of ongoing abuse and neglect. A funding request will be made to the Children Justice Act if Missouri is unsuccessful in attempts to secure the Title IV-E Waiver. Three pilot sites have been selected including Jasper, Jefferson, and Randolph counties. Jefferson County was chosen as a representation of a metro site due to St. Louis being over saturated with pilot programs. Missouri has a strong interest in testing new approaches

in early identification of chronic neglect, having the potential to provide valuable knowledge on improving services to children and families.

(S1.2.6) Development of performance based contracts for foster parents will also assist in decreasing repeat maltreatment. HB 1453 established that foster parents will meet performance based criteria prior to licensing. A Professional Family Development Plan (PDFP) will be incorporated into the foster parents licensing rules. The performance based criteria required for the PDFP will be established and CD staff will be informed of the new requirements for foster parents. CD staff will be trained on how to assist the family in developing and implementing a PDFP. The resources necessary for foster families to successfully implement PDFP will be identified. Due to the requirements of HB 1453, the Professional Development and Training Unit is very busy developing and providing trainings, however, the new PDFP will be initiated for all new and reassessed foster parents and the PDFP will be reviewed at each reassessment for licensure.

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

The CFSR found the agency had not consistently assessed the needs of and made provision for services for the child, parents, and foster parents to meet identified issues. One problem included incomplete assessments for parents and children. It was noted that some Stakeholders reported the Children's Division was effective in assessing needs and identifying services, but service access was difficult. In some instances, funding of services for family members was a challenge.

Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the Family Support Team or based on identified assessed needs. Services to children and families tend to follow a cookie cutter approach and do not address the needs of the underlying issues of the family and the child. Examples of this are treatment plans and court orders requiring broad services like parenting classes instead of targeting specific outcomes such as new skill acquisition and how demonstration of that skill will prevent future harm.

(S2.3.1) As the agency moves forward with new programs and assessments, care will need to be taken to assure assessments and case plans compliment one another. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1).

Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

(S2.3.2) Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers were conducted in four circuits across the state to identify clinical support needs. Information from focus groups, PRR, and consumer surveys has been analyzed and incorporated into a training curriculum for workers and front line supervisors. The Family Assessment and Service Planning training for workers and Supplemental Supervisory training will be utilized in the field to assist staff in engaging families and in case plan development. Twenty sessions of Supplemental Supervisory training will be available across the state to train all front line supervisors. Twenty sessions of Family Assessment and Service Planning training will be available to train selected staff as trainers, who will in turn provide the training to other staff in their county or circuit. The curriculum will include topics such as service planning, basic writing skills and concurrent planning.

(S2.3.3) Improvement in supervisory capacity to monitor case planning practice is critical to quality supervision. The division continues to review and refine the standardized supervisory case review tool that will be used by supervisors to ensure best practice and to assist them in their clinical consultations with supervisees. Existing supervisory case review tools were reviewed and evaluated to create a draft of the supervisory case review tool (SCRT). The division will continue to field test the SCRT and will provide feedback to a review team. Based on this feedback, the tool will be revised and protocols for use of the SCRT will be established. To ensure integrity of the data collected, the SCRT will be automated. Once the SCRT is distributed and used statewide, baseline measures for the tool will be established.

(S2.3.4) In-home services are available to children and families through Children Treatment Services (CTS) funds. Over the last few years, there has been a reduction in the overall state budget, which has resulted in confusion regarding the amount of dollars available through CTS for services. As a result of overall budget cuts, staff have used CTS funds sparingly, or not at all, accessing Medicaid services when available. Some concerns are that families are not receiving needed services due to failure to access CTS funds or there are long waiting lists for Medicaid services (such as counseling and dental services). This directly impacts the amount of services provided to intact families. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(S2.3.5) In Aug 2004, SB 1003 was enacted establishing a plan for a comprehensive children's mental health system. This "System of Care" initiative has increased the level of cooperation among the child welfare, mental health, education and court systems. One goal of this initiative is to divert children from state custody who need mental health

services but are not at risk of abuse or neglect from caretakers. The agencies recognize that for some children no one agency may have the ability and/or resources to adequately meet the multiple service needs of those struggling with psychiatric, developmental and/or substance abuse problems.

The “System of Care” is an effort to coordinate the resources of multiple agencies to remove system barriers that might otherwise result in children not accessing all needed services. Through judicial review of Family Support Team meetings, the division will determine which cases involve children in the system due exclusively to a need for mental health services, and identify the cases where no instance of abuse, neglect or abandonment exists. Individualized service plans are developed to identify which agencies will supply the appropriate services to the child. These plans are submitted to the court for approval and the child’s family may actively participate in the plan. Children in need of only mental health services may be returned to the family’s custody. Services must be provided in the least restrictive environment.

The Voluntary Placement Agreement (VPA) is a written agreement between the Children’s Division and a parent, legal guardian or custodian of a child under age 18 in need of out of home placement. This provision allows the state to provide foster care services without a judicial determination. This will allow a parent or legal guardian to enter into a written agreement for the placement of a child seventeen years or younger needing mental health services into foster care or residential group care.

Continued cooperation and collaboration between the Children’s Division and community partners will increase the ability to provide optimal care to the children and families of Missouri.

Dr. Ivor Groves and Ray Foster from Human Systems and Outcomes Incorporated have collaborated to tailor their Quality Service Review evaluation process, to the Missouri System of Care for children who have been identified as needing mental health services. This tool mirrors Missouri’s current PDR process in that family members and providers are interviewed to assess the overall status of the child as well as the system’s functioning. A multi-disciplinary review team made up of persons involved with the System of Care is conducting the reviews. An initial review site has been determined and the review date has been established.

Item 4: Risk of Harm to Child

(S2.4.1 refer to S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process. The Children’s Division is working to reduce the risk of harm to children by consistently implementing SDM statewide to assist staff in identifying high-risk families and providing the necessary services and level of resources based on their needs.

(S2.4.2 refer to S1.2.2) ASFA requires that at the time a child is placed, the safety of the placement is assured. Further, ASFA requires that the case plan include information on

how the safety of the placement was considered and that a six month review be conducted of the safety of the placement. In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments (CSE)* curriculum, developed by ACTION for Child Protection. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings.

(S2.4.3) Policy for enhanced background screening took effect after House Bill 1453, the Dominic James Memorial Foster Care Reform Act of 2004 was signed into law. Existing staff was made aware of the legislative changes through a memorandum from the division director and regional and local supervisory meetings with staff. Information was disseminated to new resource families and staff through STARS and Basic (Pre-service) training. Background screening requirements when licensing and re-licensing foster, kinship, relative and adoptive resources have been expanded to include court ordered providers. These enhancements will include registration with the Family Care Safety Registry, fingerprints for criminal records searches by the Missouri State Highway Patrol and Federal Bureau of Investigation, searches of Case.net and circuit court records as well as contact with child protection agencies in previous states of residence.

(S2.4.4) The National Resource Center for Youth Services at the University of Oklahoma was contacted by the Residential Program Unit (RPU) to help develop the Culture of Care curriculum in working with licensed residential child care agencies to identify effective training, techniques and programs currently utilized to provide quality services to youth. RPU requested a particular emphasis to be placed on creating a safe, nurturing environment in residential facilities. Roundtable discussions were held with CEO's of the residential agencies to support the effort of training front line staff in the child care agencies. Two train-the-trainer sessions were held in Kansas City and St. Louis for residential licensed providers. The curriculum's premises include children and youth in residential care:

1. must receive services that do more than focus on problems or deficits;
2. and their families must be engaged and actively involved in all aspects of the services they receive;
3. must have opportunities to establish caring relationships in their lives;
4. must be served in programs that take into account environmental influences on growth and progress;
5. must be served in programs that collaborate and form partnerships with a number of resources.

These premises support a competency based approach and focuses on strengths of young people rather than the problems they exhibit. By supporting strengths, we can provide a safe and nurturing environment which translates to more effective care for young people and a reduction in the preponderance of evidence reports received by the residential child care agencies.

(S2.4.5 refer to S2.3.1) Risk of harm is reduced when quality assessments are done. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

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) Missouri's legacy system does not support the ability to track all kinship placement types, therefore, it does not accurately report the number of kinship placements for children in care. The Children's Division will resolve this issue by creating system logic that will enable the system to track the various kinship placement types and identify kin as related and non-related as well as licensed and non-licensed. Once the logic and system changes are completed, policy reflecting these changes will be updated and distributed to staff.

(P1.6.2) Early identification of kinship providers is an important step in ensuring stability of foster care placements. Kin may be identified through an assessment tool given to the family as well as through continued searching by the worker throughout the life of the case. This topic should continually be discussed at Family Support Team meetings if there is no identified permanent placement resource. The Children's Division's will partner with the Family Support Division and the Office of the State Courts Administrator to establish a protocol to utilizing already established mechanisms to expand diligent search efforts. Agreements will also be established with other state agencies to access their databases in diligent search efforts. Once these resources are available to the Division, policy will be distributed to staff.

(P.1.6.3) Family Support Team meetings provide an excellent medium to staff cases and address issues with a multidisciplinary team of individuals. In July 2004, HB 1453 was enacted. One component of this legislation requires the CD to conduct a Family Support Team meeting prior to or immediately after an impending move. This allows the family to benefit from services from community agencies in order to prevent removal. At the time of the Family Support Team meeting, concurrent planning takes place and efforts are made to identify relatives in case removal does ultimately become necessary. This meeting assists in identifying the needs of the child and the family, thus preventing further moves and increasing the stability of the child so that their number of placements will be minimal. The ACTS system is being enhanced to better

track Family Support Team meetings. Further quality assurance monitoring of Family Support Teams will occur by updating the peer record review and supervisory case review tools.

(P.1.6.4) Issues regarding resource families transect all aspects of permanency. Unless needs regarding resource families are addressed, improved performance in all aspects of permanency will be severely compromised. An area needing intensive focus is the overall increase in available foster, adoptive and kinship resource families. To make the best possible match when children first come into care, a wide variety of resource providers is needed. Otherwise, children experience increased moves, delays in achieving adoptive permanence, increased trauma and the youth's development is hampered rendering attempts at independent living and other planned permanent arrangements less successful.

Identifying the number and type of resource families in each circuit is the first step in increasing the number of resource families available. Contracts exist for this purpose, however, there is a renewed focus on their efficiency and performance-based use. The Children's Division accessed technical assistance and performance based contracts are being developed. The CD will implement and monitor these contracts for improvement. Better support of licensing and recruitment staff will enhance their functioning. A plan for developing incoming calls and inquiries regarding foster/adoptive care needs to be devised, maintained, evaluated and refined. This plan and our recruitment efforts will be coordinated with national recruitment efforts and Missouri will maximize the use of Federal programs in this area. Once the contracts are awarded, the resource and recruitment contractors will review the circuit self-assessments to determine resource family needs and develop a recruitment plan for each circuit.

(P.1.6.5) Older youth continue to be a priority in developing an effective recruitment plan. The number of older youth waiting for permanency continues to increase and is a national issue. A video, starring Missouri youth, has been developed and distributed across the state for use in recruitment of families for youth. These videos will be used in pre-service foster parent training classes.

In June, 2004, The Collaboration to AdoptUSKids launched a national media campaign, which will be three years in length. The focus of this campaign is recruitment of resource providers for older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist these families in getting enrolled in Foster/Adoptive parent training. The current resource contract is currently under reconstruction, and will address the need for our contractors to focus on recruitment of resource families for older youth.

Resource Development contracts have been awarded for the last several years. These contracts are in the process of being re-written to include performance-based requirements that will allow our agency to utilize these resources more effectively. Contracts will be revised to recruit families that reflect racial and ethnic populations,

homes for sibling groups, older children, and children with various emotional, behavioral, educational, and medical needs.

The Children's Division recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities the division desires to reach all potential families regardless of their cultural and socioeconomic status. Recruitment efforts are carried out in all areas of the state to meet the needs of all of Missouri's Children that are waiting to be adopted.

(P1.6.6) Successfully matching children with out-of-home providers upon their entry into care should decrease the number of moves a child makes while in care. There are believed to be some "critical factors" in matching which may impact placement stability. Such factors include the difference between the age of caregiver and the age of child, placement of children in non-same race homes, keeping large sibling groups together, etc. To strengthen the matching process the Children's Division will access technical assistance from the National Resource Center for Family Centered Practice and Permanency Planning to identify the "critical" factors in placement success/failure. A survey will also be conducted with resource families to identify factors in placement success/failure. Once these factors are identified, a tool will be developed to assist in the team decision-making process, and policy will be developed and shared with staff.

(P1.6.7) Placement stability is also dependent upon quality training being provided to placement providers. The agency has training for kinship/relative resource providers called the Caregiver Who Knows the Child, which is an abbreviated version of the STARS curriculum used for licensing foster parents. Adequacy of this curriculum in educating and preparing the provider to care for the child in their home will be evaluated through a survey to all current kinship/relative providers. The supports provided to kinship/relative providers will also be evaluated through this survey to determine effectiveness. Once the evaluation is complete, the information will be analyzed and changes, as determined to be necessary, will be incorporated into the existing curriculum.

Item 7: Permanency goal for child

(P1.7.1) Per division policy, Family Support Team meetings are to occur within certain time frames. In addition to being required before or immediately after an impending move, they are to occur within 24 and 72 hours and 30 days of a child coming into division custody. Additionally, the Family Support Team is convened monthly until adjudication and every 6 months thereafter. At each meeting the child(ren)'s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. Good case planning and review of the permanency goal is dependent upon Family Support Team meetings occurring with the frequency indicated per policy as well as ensuring the permanency goal is reviewed with regularity in the meetings.

In order to improve the frequency per policy of Family Support Team meetings, Circuit Managers will analyze the Family Support Team meeting data during their circuit self-assessment. They will then initiate a corrective action plan as needed and be assisted by the PET members in monitoring for improvement.

(P1.7.2) The quality of Family Support Teams will be improved by ensuring the permanency goal is reviewed and established with the multi-disciplinary team. The permanency goal will be established and reviewed within 30 days and at least every six months thereafter during the permanency reviews. System fields and coding changes were made to the ACTS system so permanency reviews could be tracked separately from Family Support Team meetings. Policy on the elements required for a Family Support Team meeting to be considered permanency review is being developed and disseminated to all staff. These system and policy changes will be integrated into BASIC training.

Quality Family Support Team meetings are also dependent upon the skill of the facilitator. CD Children's Service Workers typically facilitate these meetings. When Family Support Team meetings become overly contentious, it is challenging for the worker to be an effective facilitator. Therefore, "expert" facilitators will be identified in each region. These "experts" will serve as objective facilitators for more contentious and difficult Family Support Team meetings. A protocol will be developed for accessing the "expert" facilitator and the facilitators will receive advanced Family Support Team facilitator training. Information on the "expert" facilitator duties and access protocol will be distributed to all staff.

(P1.7.3) The CFSR indicated a concern that "true" concurrent planning was not taking place consistently across the state. The case file may reflect a concurrent goal; however no concurrent efforts are being acted upon. True concurrent planning will help expedite the achievement of the case goal in that equal efforts are occurring simultaneously for two different goals. Currently, the Children's Division's Child Welfare Manual does not provide clear guidelines on how to facilitate "true" concurrent planning.

The Division owns the Concurrent Planning curriculum developed by Hunter College. Currently newly hired social service front line staff are trained on concurrent planning in the child welfare practice basic orientation. However, to strengthen skill practice in this area there will be advanced in-service module developed that will be provided to new staff in their first year of employment. This advanced in-service module will further address engagement skills, goal setting, change, effective resources, road blocks, courtroom skills, quality of contact with parents and working with parents regarding their denial for need for care. Although this in-service module is being developed as part of the new service workers required training, existing staff will also be allowed to attend as needed. The manual will be updated with a concurrent planning section where staff can obtain information as needed. Circuit Managers will monitor the concurrent planning outcomes through the PRR tool and the PET will assist in developing improvement plans.

Materials gathered from the National Resource Center for Family Centered Services will be utilized in the development of the curriculum. In addition to the existing training on concurrent planning as well as the in-service curriculum development, Children's Division has a training partnership with the Office of State Courts Administrator, which will include training on concurrent planning. A multi-regional conference is being planned for the spring of 2005 which will cover a variety of practice and procedural issues for juvenile court, Children's Division and Department of Mental Health staff.

(P1.7.4) Establishing a permanency goal for a child is key to determining the case plan. It is imperative staff understand family dynamics and case situations and how those impact the permanent plan for the child and family. ASFA provides some guidance on situations which immediately cause a case goal to be adoption. Collaboration with the courts to provide cross training to new judiciary, court staff, GAL's and Children's Division staff on ASFA and permanency hearings will assure consistency across the state regarding state and federal regulations. The Children's Division will partner with the Office of the State Courts Administrator (OSCA) to develop a training curriculum.

Item 8: Reunification, Guardianship, or Permanent Placement with Relatives

(P1.8.1) CFSR results indicated an overall lack of services were provided to children in legal status 2 (temporary custody with adoptive parents), legal status 3 (supervision only by the Children's Division), and legal status 4 (care and custody with juvenile court or other agency). As these children are not in the division's legal custody, the Child Welfare Manual may not provide enough guidance to staff on what their duties and responsibilities are when managing these types of cases. In order to address this issue, the division is retrieving data from the Legacy system. Central Office has sent lists of children in LS-2, LS-3, and LS-4 to regional staff (LS-4's were those children who did not meet ICPC criteria). Regional staff will review their lists, which shows where each child is residing to see if the child is placed incorrectly by legal status. Once these lists are "cleaned up" and children are placed more accurately by their legal statuses, it is anticipated there will be few children left on these lists. A workgroup will be convened to examine this data to determine how many children specifically fall into these categories as well as their overall outcomes. The workgroup will include Office of State Courts Administrator (OSCA), the Division of Legal Services and CD staff from both rural and metro sites in the state. Additionally, special case reviews will be conducted on a random sample of these legal statuses. The Children's Division will meet with the Division of Legal Services to determine the legal obligations the division has in these types of situations. Once these steps are accomplished, policy and protocol on division staff roles and responsibilities will be revised and a decision regarding the definition of children in the AFCARS population will be made. Once policy is firmed up on these legal statuses, quality assistance can be monitored through the Peer Record Review process.

(P1.8.2 refer to S2.3.4) Shortening the length of time in which permanency is achieved is dependent upon services being provided to the family. Procedures to access various

service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(P1.8.3 refer to P1.7.1) The Family Support Team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By increasing the frequency and timeliness per policy of Family Support Team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better aftercare planning to reduce re-entries.

(P1.8.4 refer to P1.7.2) Quality as well as timely FST meetings will assist families in achieving their case goal sooner. Establishing the permanency goal early on and regularly reviewing the goal assures that all team members have a common understanding about what the family is trying to achieve.

(P1.8.5 and P1.8.6 refer to P1.7.5) Collaboration between court staff and the Children's Division to ensure consistency of ASFA and Permanency hearings will impact the ability to work towards reunification and permanency with relatives. Additionally, there will be a collaborative effort to provide cross training to the judiciary, court staff, GALs and CD staff on their various roles and responsibilities. A contract has already been developed to provide this training and meetings between OSCA and the CD will be held to discuss the roles and responsibilities of all parties.

(P1.8.7 and P1.8.8) To establish the goal of guardianship more expeditiously, Missouri law will need to be amended to allow Juvenile Courts the ability to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts. To do this, the Children's Division will work in conjunction with the OSCA and DLS to draft a proposal to expedite guardianship. Each circuit will also work concurrently with their court to determine which strategy will expedite guardianship for children placed with relatives in CD custody. In addition, once logic has been created, coding changes in Legacy will track additional kinship placement types and show children are correctly placed by legal status, which will expedite permanency for children.

Item 9: Adoption

(P1.9.1) Filing procedures for Termination of Parental Rights (TPR) vary across the state. Filing issues and docket management will be best resolved when completed on a circuit-by-circuit basis. However, the first step is for the court and the Children's Division to have a common understanding on the criteria a case must meet in order to pursue TPR. The Children's Division will develop policy outlining supervisor and staff responsibilities in filing TPR, including documentation of compelling reasons for not filing TPR. Each circuit office will meet with their judiciary to establish a process for expeditious filing of TPR case.

(P1.9.2 refer to P1.6.5) An increase in the number of resource families is essential in the Division's ability to find adoptive resources for the children in need of permanency.

By awarding performance based permanency and resource contracts, as well as increasing the number of staff as needed throughout the state, the Division's ability to increase the number of home studies for prospective families will increase. The contracts will provide performance expectations for contracted services, which will net the Division with better equipped adoptive families. A workload staffing analysis will be conducted to determine staffing needs for completion of home studies and finalizing adoptions. Additional resources will be committed as needed per available resources.

(P1.9.3 and P1.9.4) As stated in the final report, the most significant barrier to achieving adoptions was the agency's failure to file for TPR in a timely manner. In many cases, the Juvenile Office files a petition for TPR; however, it is also the prerogative of the agency to do so when in the child's best interest. Improved access to legal representation will allow the Children's Division staff to file terminations and adoptions timely. Current legal resources are scant due to budgetary cuts to the Division and to the court system as well as an increase in children needing permanency. In July of 2004, the Division of Legal Services (DLS) identified a plan to fill vacant FTE's or contract for attorneys. The additional attorneys are being hired and placed in areas of need. Further, DLS and the law schools will identify and seek other funding sources for the expansion of the law school cooperative program. The Children's Division and DLS will establish a workgroup to develop a protocol for accessing DLS attorneys. Monitoring will occur by a CD and DLS joint committee for improvement.

Item 10: Permanency goal of other planned permanent living arrangement

(P1.10.1 refer to P1.6.5) Much of the success of youth, who have a case goal of another planned permanent living arrangement, is dependent upon their preparation for eventual independence and support system after independence occurs. The foster parents of these youth must be prepared to assist them in working on their independent living skills. To increase the number and quality of resource families for older youth, the division will implement the recruitment and retention plan developed through the Chafee program, the Adopt US Kids campaign, and development of the recruitment and resource development contracts. Additionally, the Ready, Set, Fly curriculum for foster parents with older youth and the Chafee recruitment video will be incorporated into foster parent training.

(P1.10.2) Each year many youth are served through the Independent Living Program (ILP) due to the dedication and commitment of the ILP staff. However, increasing awareness of the program to CD staff, juvenile court and other youth serving agencies must be an ongoing process. Increasing awareness of the Education and Training Vouchers program as well as other Chafee services is a priority for Missouri's ILP. Informational meetings, seminars and workshops has been available to staff and community providers beginning with the annual Chafee stakeholder meetings. ILP staff has been working to design an ETV poster for distribution to secondary and higher educational institutions. An information memorandum will be written and disseminated

to staff about the importance of involving ILP staff in the case planning process for older youth.

(P1.10.3) CD recognizes the importance of serving youth younger than age 16 through the ILP. In FY 2004, ILP staff worked diligently to design a hands on curriculum for youth younger than age 16. Missouri's philosophy for its youth in care is one of empowerment, leadership and responsibility. Each year the State Youth Advisory Board designs and hosts an youth empowerment conference to promote foster youth reaching out through community services, encourage and strengthen positive youth and adult relationships, and educating youth and adults about available resources.

One consistent recommendation from the Chafee stakeholder meetings held throughout the state in 2004 was to designate an adolescent worker position. Such a position would increase program accessibility and aware to youth, CD staff, juvenile court and other youth serving agencies. A workgroup will be convened to identify workers and design a training plan. In addition a CD memo will be written and disseminated to all CD staff to involve ILP staff in the case planning process for older youth and to increase youth referrals to the Chafee program.

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

Item 11: Proximity of foster care placements.

This item was found to be substantially achieved.

Item 12: Placement with siblings.

This item focuses on a child's placement while they and their sibling(s) are in a foster care setting. Most of the stakeholders interviewed for the CFSR indicate that the agency attempts to place siblings together. The Children's Division has policy, which supports placement of siblings in the same alternative care setting.

(P2.12.1) In order to increase the number of siblings placed together, the agency developed a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings and strengthened policy addressing the continual need for maintaining sibling relationships. Through the FST process, potential placement resources that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings. These policy requirements were incorporated into the Peer Record Review and the Supervisory Case Review Tools and will be monitored by Circuit Managers.

If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit

Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor.

(P2.12.2 refer to P1.7.5) To augment this policy enhancement, the agency will also develop an ongoing training module regarding sibling placements for staff, foster parents, juvenile officers, GALs and judges. In order to accomplish this, the agency will develop a curriculum that emphasizes the importance of placing siblings together whenever possible by presenting information on sibling bonds, sibling rivalries, and the long-term effects of separation, etc. This training curriculum will be incorporated into foster parent training and the advanced Family-Centered Out-of-Home in-service training module for staff.

(P2.12.3 refer to P1.6.5) Increasing the number of resource families whom will accept sibling groups is critical to increasing the number of siblings placed together. The performance development resource contracts will be utilized for this purpose.

Item 13: Visiting with Parents and siblings in foster care

(P2.13.1) The agency has policy that addresses frequency of visitation. Visitation between parents and siblings of children in foster care is arranged on an individual basis and is intended to occur in either a neutral setting or in the out-of-home care placement. The agency recognizes the need to enhance policy to improve the quality and frequency of visitation between the child and their parents and siblings, through the use of community partners (such as relative, foster parent, school or other Family Support Team member) when possible. This enhanced visitation policy will emphasize that visitation should have intention and be held in the least intrusive and most natural setting. The enhanced visitation policy will be incorporated into BASIC and on-going training and incorporated into the Peer Record Review and Supervisory Case Review tools. Circuit Managers will monitor this data and PET teams will assist them in developing improvement plans.

Item 14: Preserving Connections

(P2.14.1) During the onsite review stakeholders stated that the Children's Division is not consistent in its efforts to promote and maintain children's connections with community and extended family. The Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, has developed a reform initiative called Family to Family, which will address this issue. The system envisioned by Family to Family is designed to:

- Be targeted to bring children in congregate or institutional care back to their neighborhoods;
- Involve foster families as team members in family reunification efforts;
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- Provide permanent families for children in a timely manner.

This initiative is being piloted in St. Louis City. CD will evaluate the effectiveness of the program and feasibility for implementing the program statewide. Based on results of Family to Family evaluation and review of other state's best practices the division will determine statewide applicability. A statewide plan to address preserving connections will then be developed.

(P2.14.2 refer to P1.6.2) Improving diligent search for relative and missing parents will also assist the division in preserving connections for children in care.

(P2.14.3) The agency recognizes that children of American Indian descent need to maintain familial connection to encourage continued growth and learning of cultural traditions, activities and lifestyles. The agency has revised Missouri's Indian Child Welfare Act (ICWA) policy to reflect best practice standards. Questions about Native American heritage will be incorporated into the intake tool (CPS-1) and family assessment tool (CD-14) to ensure the possibility of Native American heritage is explored early in the division's involvement with a child and family. This will be monitored by adding an ICWA question to the Peer Record Review and the Supervisory Case Review tools.

Item 15: Relative Placement

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources.

(P2.15.1 refer to P1.6.1) Alternative Care tracking system enhancements will be made to accurately track the use of kinship and relative placements.

(P2.15.2 refer to P2.15.2) Conducting a “diligent search” is necessary to find missing parents early in the case to ascertain parents’ intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child’s care.

(P2.15.3 refer to P1.6.2) The training provided for relative/kinship resource families needs evaluation. Relative and kinship caregivers will be surveyed on the adequacy of the Caregiver Who Knows the Child training curriculum. Data from the survey will be collected and analyzed and necessary adjustments will be made to the curriculum.

Item 16: Relationship of Children in Care with Parents

A key concern found in the CFSR was a lack of consistent effort to maintain children’s relationships with the non-custodial parent; specifically noted were fathers.

(P2.16.1) Conducting a “diligent search” is necessary to find missing parents early in the case to ascertain parents’ intentions regarding the child(ren).

(P2.16.2 refer to S2.3.2) Once parents are located, engagement of the parents throughout the case planning and decision making process is crucial to maintaining parent and child relationships. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will strengthen parent/child relationships.

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

(WB1.17.1 refer to S2.3.1) Missouri policy requires an initial assessment of the family be completed within 30 days of receipt of a Hotline referral. A more in-depth family assessment (CD-14) is completed on the family if the case is open longer than 30 days. This assessment includes utilizing tools such as the genogram, eco-map, and timeline. While these tools are helpful in engaging the family, the CD-14 will be revised to better link service provision to the needs of the family.

(WB1.17.2 refer to S2.3.2) Family engagement in the assessment process is crucial to identification of needs and improved case planning.

(WB1.17.3 refer to S1.2.2) Assessing need and the provision of services for alternative care providers will be accomplished through the implementation of the “Confirming Safe Environments” work process.

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

Item 18: Child and family involvement in case planning

(WB1.18.1) Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan were found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process. A protocol will be established to access CD staff outside of regular business hours.

(WB1.18.2 refer to P1.7.3) Improving the quality of the Family Support Team meetings will assist in increased family participation in the case planning process.

(WB1.18.3) One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff.

Item 19: Caseworker visits with child

The CFSR found the level of face-to-face contact between children's service workers and the children in their caseloads was not consistently sufficient to ensure children's safety and well being and promote case goals. This was especially evident for in-home services cases. In other cases, visits failed to focus on issues pertinent to case planning, service delivery and goal attainment.

WB1.19.1 & 19.2) In order to increase policy compliance for the frequency of worker visits with children in both intact and out-of-home families, policy regarding responsibility for visits and the documentation is needed when visits did not occur in a timely way will be clarified. Currently policy requires workers to meet with the child and foster/kinship family within the first week and thereafter a minimum of every two weeks to monitor placement. New protocols that assure worker visits incorporate case planning, service delivery and goal attainment will be developed. These protocols will be determined by the visitation policy and practice workgroup and submitted to the Policy Review Team and executive management staff for feedback prior to approval by the executive team and implementation. Visit protocols will be incorporated into BASIC training for new staff. Furthermore, supervisor and staff field practice will be improved and supported through utilization of the regional Practice Evaluation Teams (PETs). Protocols will include the Confirming Safe Environments concepts discussed in Item 2 narrative.

(WB1.19.3) A statewide tracking measure, which will serve as the basis for a management report, is needed as a means of measuring and improving caseworker

visits. Using current information systems, it is difficult to monitor past or current compliance. A visitation policy and practice team will be convened to develop policy on visitation re: how often; what should take place during visits and possibly used as accountability of tracking where children are. To track visits electronically, enhancements to the existing ACTS and FCS system will be made. Children's Division staff will meet with MIS SACWIS management to develop logic and a reporting format for tracking visits. SACWIS will be available to track visitation in the Case Management System.

Item 20: Worker Visits with Parents

(WB1.20.1 and WB1.20.2) The CFSR found that worker visits with parents was an area needing improvement. The CFSR results indicated that, overall, the frequency and quality of worker visits with both mothers and fathers were not sufficient to monitor the safety and well being of the child or promote attainment of case goal. The Family Risk Assessment/Reassessment is a reliable tool used to assess risk to children. The risk level is used to guide the minimum amount of contact with the family each month for cases opened for ongoing services. CD minimum guidelines for very high risk families require workers to have two face-to-face/month contacts with the family and three outside collateral contacts/month. High risk level cases require one face-to-face and three collateral contacts/month. Moderate risk requires one face-to-face and two collateral/month and low risk requires one face-to-face and one collateral contact/month. The PRR will be revised to more accurately reflect the collateral contacts which are required.

The action steps necessary to enhance worker/parent visitation are the similar to those outlined in the first three benchmarks in Item 19 which include: developing clear protocols for quality visits with parents that focus on case planning, service delivery and goal attainment, clarifying policy on frequency of visits with parents and making changes to the ACTS and FCS systems to track visits with parents. The division will also strengthen relationships between the worker and resource provider by integrating the quality visit protocol into foster parent training and evaluating the Caregiver Who Knows the Child training.

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) This indicator focuses on addressing and meeting the educational needs of children in foster care and in-home services cases. Key concerns addressed in the CFSR report had to do with truancy and educational neglect in the in-home services cases reviewed. Of note was the adverse effect of placement changes on school attendance and performance. Strengthening and promoting positive relationships between schools and the division is critical to improving the educational well-being of children in both intact families and out-of-home care.

The first step in improving these relationships is to have educational personnel/liaisons involved in the team decision-making process. Therefore, protocols establishing when educational personnel should be invited to Family Support Team meetings will be developed.

The Children's Division and many school districts are partnered to provide the School Based Social Worker (SBSW) Program. The rationale for this program is the prevention and early identification of children at possible risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting. Missouri school districts interested in the SBSW program can submit a proposal for a Cooperative Service Program. The division pays 35 percent and the school pays 65 percent of the salary for the SBSW. The function of the SBSW broadens the expanse of services available to the child and family, differing in focus and job duties than the traditional guidance school counselor. The goal is for all parties involved to collaborate, enhance and complement the type of services provided to ensure the best interests of the child.

Even when educators are included in FST's, there will still be instances when division staff needs additional assistance in advocating for the educational needs of children. For this reason, educational liaisons will be regionally assigned to assist staff in brokering educational services. This staff person will have the knowledge and expertise to help guide children through the educational system, especially as it relates to special educational needs issues and the Safe Schools Act.

The circuit self-assessment completed within each circuit will identify local barriers to providing appropriate educational services to children. Based on this assessment, a plan for addressing the local barriers with schools will be completed and implemented in each circuit. In addition, Children's Division central office administration will partner with the administration of the Department of Elementary and Secondary Education (DESE) to address identified barriers at the state level.

(WB2.21.2) To improve the flow of educational records and reports between schools, a protocol will be developed for children in care to allow for custodial permission to access the educational and medical records necessary for enrollment. The regional educational liaison will also be used to work with schools and staff in getting records for enrollment when difficulties arise. In addition, accountability measures for transferring educational records will be incorporated into the residential facility contracts to ensure these facilities are transferring records in a timely manner.

(WB2.21.3 and WB2.21.4) Incidence of educational neglect, truancy and suspensions of children in both intact families and out-of-home negatively affect educational well-being. The National Resource Center on Organizational Improvement Child Protective Services and other national education resources will be accessed to assist in identifying risk factors for educational neglect, truancy and suspensions. Early identification of these risk factors will be incorporated into the CS-1 (Child Assessment and Case Plan) and the CD-14 (Family Assessment). A protocol for accessing early interventions for students found to be at risk and for children expelled due to implementation of the Safe

Schools Act will be developed. The draft protocol will be distributed and implemented statewide.

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

Item 22: Physical health of the child

Stakeholders indicated the Children's Division is consistent in ensuring the physical needs of the child in foster care are met. However, in some parts of the state, it is difficult to find a dentist that will accept Medicaid. This causes a lack of sufficient dental services for some children in foster care.

(WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

Jackson County began partnering with a mobile dental group Reachout Healthcare America to schedule appointments for children to receive dental care at mobile sites in November 2003. Bridgeport, the dental subcontractor for MC+ plans to formalize agreements with Reachout to provide services for any Jackson County child with MC+ or Medicaid. A dentist, x-ray technician and a dental hygienist are available each visit to provide routine dental work including cleaning, oral hygiene, fluoride treatments, sealants, and fillings. More complicated and orthodontic services are not provided at the mobile site. The Jackson County dental coordinator has been communicating with Reachout to inquire about what other cities the mobile dental group visits and the possibility of expanding this service to other children eligible for MC+ or Medicaid in other parts of the state.

(WB3.22.2) Another concern identified was the lack of medical services for intact families. The Children's Division will increase the ability of staff to assess medical needs of families. To identify needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of medical needs for each person in the family. The revised form and form instructions will be issued to all staff. Circuit Managers will be assisted by quality assurance specialist to monitor the Supervisory Case Review outcomes. Regional Practice Evaluation Teams (PETs) will be utilized to support practice protocols related to medical needs assessment.

Item 23: Mental health needs of the child

Stakeholders indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

(WB3.23.1) The Children’s Division will increase the ability of staff, foster parents and families to access available mental health resources. Mental health resources will be identified in each circuit through the circuit self-assessment and a mental health coordinator will be designated in each region to assist staff in accessing available resources for families. These coordinators will convene teams to identify local barriers and develop plans to alleviate barriers and create partnerships to improve service delivery in the mental health arena. In an effort to encourage mental health providers to accept Medicaid, the division will work with the Division of Medical Services to reduce the administrative burden on Medicaid providers. Additionally, the development of the comprehensive state children’s mental health plan discussed in Item 3 will coordinate the resources of multiple agencies and remove system barriers that might otherwise result in children not accessing all needed services.

(WB.3.23.2) Staff and foster parents must be cognizant of the mental health trauma a child may experience due to removal from the home and subsequent changes in placement. To increase awareness about these attachment and mental health issues, attachment issues training will be incorporated into the ongoing training curriculum. Implementation of HB 1453 will assist in reducing the number of moves a child in care experiences, thus reducing attachment-related trauma. Provisions within HB 1453 include mandatory Family Support Team meetings prior to any move or with 72 hours of an emergency move. Additional trainings entitled “Working with the Explosive Child”, “Grief and Loss”, and “Reactive Attachment Disorder” will be offered semi-annually to staff.

(WB3.23.3) Early identification of mental health needs is vital to ensuring the well-being of children and families. To assist staff in identifying these needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of specific mental health needs of children and family members. The revised form and form instructions will be issued to all staff. Mental health needs assessment practice will then be supported through the use of Practice Evaluation Teams (PET) in each region.

Systemic Factors

Statewide Information System

Item 24: System can identify the status, demographic characteristics, and location and goals of children in foster care.

This item was found to be substantially achieved.

Case Review System

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.

This item was found to be an area needing improvement due to case plans not being developed jointly with the child's parent on a consistent basis. Though policy and practice support a strength-based process that empowers families, there is a need to embed that approach within the organization and ensure the family does not feel they have little input into a plan that is dictated by the court and/or agency. There was a concern regarding "cookie-cutter" plans that don't address the underlying needs or build on the unique strengths and resources of a particular family. Clearly articulated values and principles, which are consistently reinforced in the field and shared by key stakeholders, are essential in order to change practice.

(25.1 refer to S2.3.1) Revising the assessment and case planning tools to be more user-friendly will assist with engaging families in the case planning process. The CD-14 will be revised to ensure a more a global assessment of family needs and strengths.

(25.2 refer to S2.3.2) Family participation in Family Support Team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time.

(25.3 refer to S2.3.3) To ensure accountability for good social work practice, supervisors must have the capacity to monitor practice. The division will improve supervisor capacity to monitor case planning practices.

(25.4 refer to P1.6.2 and S2.3.2) Improving diligent search mechanisms will assist in maximizing familial participation in the case planning process. Strengthening worker and supervisor skills in engaging families in the case planning process will ensure plans are developed jointly with families.

(25.5) Improving the overall Family Support Team facilitation skills of staff will ensure that the family has input into the case planning process. Fundamental FST skill application has been a part of BASIC training. In February 2005, Professional Training and Development will roll out an enhanced/improved version of this skill application. A supplemental one day FST training will be offered to existing staff focusing on skills necessary to conduct effective FST meetings beginning in February 2005. Twenty-five sessions will be available through October 2005. In addition, the Advanced FST skill application will become available in February 2005. Twenty-five sessions will also be available throughout the state in 2005 with a concentrated focus on leading and modeling FST facilitation skills. The use of solution focused techniques will be demonstrated and practiced. The advanced FST facilitation training will be integrated

into the advanced Family-Centered Out-of-Home Services in-service module in May 2006 and Advanced Family-Centered Services in-service module in September 2006.

Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

The CFSR determined that FST meetings are not always held in a timely manner. Additionally, FSTs convened for the six month administrative review do not meet the Federal requirement of involving a third party participant.

(26.1) The current policy will be revised to clarify FST requirements/procedures. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff.

(26.2) Circuit Managers will recruit a pool of qualified volunteers to participate as third party reviewers for the six month administrative reviews. These reviewers will be assigned to case reviews by the Circuit Managers.

(26.3) In order to increase the ability to track the six month administrative review, the child assessment and case planning form (CS-1) will be revised to specifically denote the six month review. The revised form will be distributed to all staff. Additionally, Alternative Care Tracking System (ACTS) system logic will be developed and a field will be added to the SS-61 (ACTS form). Staff will only be able to enter a 6 month administrative review into the system and get credit for it if the 3rd party reviewer criteria has been met for that review.

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

The CFSR determined the State does not consistently ensure that each child in foster care has a permanency hearing no later than 12 months from the date the child enters care and no less frequently than every 12 month thereafter. And, there is no statewide system in place for tracking the timeliness of permanency hearings. In addition, many of the 12-month hearings involve only “paper” reviews and full hearings are not being held unless one of the parties specifically requests it.

The Social Security Act, Title IV-E, SEC. 475 (5). [42 U.S.C. 675], mandates that states develop a case review system to assure “...each child in foster care under the supervision of the State has a permanency hearing, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F)

and not less frequently than every 12 months thereafter during the continuation of foster care which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement...”

Section 210.720 of the Missouri Revised Statutes is consistent with the Act, stating that:

1. In the case of a child that has been placed in the custody of the division of family services... every six months after the placement, the foster family, group home, agency or child care institution with which the child is placed shall file with the court a written report on the status of the child. The court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining in accordance with the best interests of the child a permanent plan for the placement of the child, including whether or not the child should be continued in foster care or whether the child should be returned to a parent, guardian or relative, or whether or not proceedings should be instituted by either the juvenile officer or the division to terminate parental rights and legally free such child for adoption.”

Reasons for noncompliance with above laws, specifically delays in such hearings, were analyzed and determined to fall into three major categories:

- Lack of legal representation for all parties to include Children’s Division staff, children, parents and juvenile officers;
- Inconsistency in permanency hearing practices; and
- Inconsistent or lack of tracking and notification of permanency hearings.

It was observed that legal representation played a crucial role in facilitating the timeliness of permanency hearings. It was noted that in many cases when parties were not represented on the appointed court date, hearings were reset for a later date on an already overloaded docket, thus delaying permanency. This issue is not limited to the legal representation of parents under contested situations, but also applied to children. Court appointed Guardian Ad Litem in various parts of the state are few and are not easily replaced on short notice.

Competing opportunities for greater financial compensation and lack of training on Adoption and Safe Families Act (ASFA) guidelines may play a role in low prioritization of child welfare cases. In addition, many court appointed attorneys lack experience in the Juvenile/Family Court setting and are unfamiliar with associated laws. Although Children’s Division staff is required to submit status reports and recommendations to the court in the best interest of children, they are seldom legally represented. Such legal representation would come from the Division of Legal Services (DLS). However, access to DLS attorneys is limited due to budgetary constraints.

(27.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(27.2) Regardless of whether legal representation is provided to Children's Division staff, there is a need for training CD staff on witness skills and on the legal process in general. The purpose of this is not to provide professional expertise in the law, but rather to provide CD staff with the ability to conduct themselves in court in a competent manner to represent the best interest of the children they serve. The training will be developed collaboratively with CS, OSCA, NRC and DLS. The training will be incorporated into BASIC and ongoing for existing training.

(27.3) In some cases, review hearings are held at intervals that far exceed the expectations of the law. However, many of these reviews do not qualify as 'permanency hearings' by definition as they fail to address the required elements. Although frequent hearings may provide for added accountability of parties, the permanency of children is unaffected if a permanency plan and ASFA timeframes are not addressed. A concern is that there may be a lack of clarity within some courts as to the difference between a review hearing and a permanency hearing. Other situations have been noted where ASFA timeframes and permanency guidelines may indeed have been addressed, but not explicitly documented in the court order. As such, permanency hearings are neither documented nor conducted consistently across the state.

Currently, there is no statewide court system to track permanency hearings and ensure they are held in a timely manner. The Children's Division operates a statewide data system that tracks hearings and child placements. However, the information does not interact with the court docket, and therefore does nothing to alert the juvenile office to schedule permanency hearings when they are due. Some court circuits have a system of tracking hearings, but no statewide system exists. Notification of hearings is not consistent. This results in continuances and ultimately, delayed permanency. There is a lack of consistency as to who sends and who receives notice. Consequently, some parties are notified by the court, others notified by the Children's Division worker, while others are not notified at all. Likewise, the timing of such notification is also inconsistent.

A tracking system is currently being developed by the Office of State Courts Administrator (OSCA), but is not projected to be completed statewide in the near future. While court scheduling is not within the purview of the Division, the Division can take steps to promote hearing timeliness. As stated previously, the Division will provide staff training to improve testifying skills. The Children's Division will also collaborate at the state level with OSCA to ensure joint accountability for timely court hearings and identify those circuits in which court issues need to be addressed. Timeliness of hearings will be monitored through the development of an interagency work group which will address system-wide Juvenile Justice issues regarding consistency, communication and

coordination across judicial circuits. Additionally, local protocols between the court and local offices will be developed to ensure timely hearings. The Family Support Team policy will be revised to assure the twelve month permanency hearing date is discussed and documented during the team meeting. The revised policy will be incorporated into BASIC training.

(27.4 refer to P1.7.5) Attorneys appointed by the court are in need of some formalized training in laws applying to permanency, including ASFA timeframes. Included in such training would be an explanation of their roles and responsibilities as appointed representatives of children and parents. The CD will coordinate with the OSCA and DLS to provide cross training to court staff, Guardian ad Litem and division staff on ASFA and permanency hearings consistent with state and federal regulations.

Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

As stated in the Final Report, there were several barriers to ASFA compliance with regards to the TPR process in the State of Missouri. There was some overlap between these issues and the barriers for timely permanency hearings. For instance, lack of agency representation was addressed and listed as an action step for Systemic Factor 27 as delays in permanency reviews may ultimately result in delays of Termination of Parental Rights. Legal representation of parents is many times lacking prior to a TPR hearing because the court ordered appointments are time limited. Since appointments expire, hearings are often delayed so that another appointment can be made.

(28.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(28.2 refer to S2.3.2) Engagement of the family and child is critical to their involvement in the case planning process and service delivery. Staff must be aware of the reasonable efforts required by AFSA prior to filing TPR. If concurrent planning is to begin from the time a child enters care, frontline workers must not only be aware of ASFA timeframes and standards, but also intentionally working toward TPR while also working toward reunification. Training must deal with not only the reality that ASFA is relevant at the 72 hour FST, but also in how to conform to the law. Worker and supervisor skill in engaging the family will be strengthened by gathering focus group information and developing a training curriculum or guide.

(28.3 refer to P1.9.1) Termination of parental rights needs to be filed in a timely manner unless compelling reasons are documented in the record. Local procedures for TPR filings will be developed and division policy will address supervisor and staff responsibilities in documentation of compelling reasons for not filing TPR.

(28.4 refer to P1.6.2) Lack of service and reasonable efforts often delay TPR proceedings. A frequent cause is that the whereabouts or identity of the parent is unknown. In the spirit of exploring every possible placement option for the child, absent parents should be amongst the first considered. Although policy addresses the diligent search for absent parents, protocol will be developed to widen and document such efforts.

(28.5) Ideology and concern about the welfare of children can both present barriers to timely adoption/TPR. Typically, parties from the frontline worker to the judge/commissioner work to avoid creating 'legal orphans.' Although the concern is a valid one, it need not be the case. 211.447 RSMo. addresses the filing of a petition for TPR in cases of infant abandonment and when no reasonable efforts are required. However, there is currently no timeframe in the statute. Modification of the statute to comply with ASFA is appropriate and would expedite permanency. To do this, the Children's Division will work in conjunction with the Office of the State Court Administrator (OSCA) to draft a proposal and obtain a legislative sponsor for the bill.

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

(29.1) Notification to caregivers of children in alternative care is mentioned in three places in the Missouri Statutes. Although it is clear that the court is responsible to notify caregivers in both 211.464 RSMo. & 211.566 RSMo. (Foster Parent Bill of Rights), in Section 211.171 RSMo., no one is listed as the party responsible for such notification. HB 1453 indicates it is the courts responsibility to notify parties of hearings. Five sessions of Comprehensive Child Welfare Training co-sponsored by OSCA during March, April and May 2005 for CD, court staff and judges will include notification of this responsibility. Although notification is a court process, each circuit has in a place a mechanism based on local protocol to ensure their circuit court has available addresses to notify parties of upcoming court hearings. Questions regarding notification of court hearings will be incorporated into consumer surveys for foster parents, youth and biological parents for monitoring purposes.

Quality Assurance System

Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

This item was found to be substantially achieved.

Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service

delivery system, provides relevant reports, and evaluates program improvement measures implemented.

This item was found to be substantially achieved.

Training

Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

This item was found to be substantially achieved.

Item 33: The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

(33.1, 33.2, 33.3, 33.4, and 33.5) A goal of the Children's Division is to institute a comprehensive, competency-based training program for front line staff and supervisors that contains both pre-service and ongoing in-service training. The training is being revised to strengthen the clinical focus and create linkages with the field through clinical supervision and mentoring that will support the transfer of learning via specified On the Job Training (OJT) activities. Research indicates that classroom training alone does not fully ensure the fidelity of good field practice. Practice excellence requires a training structure that blends learning approaches, including: competency-based, skill-building classroom training; long-distance, web-based learning that supports and supplements the classroom; and, On the Job Training that is consistently provided, processed, and evaluated by clinical field mentors and supervisors during daily interactions with staff.

The Professional Development and Training Unit has carefully examined current training, as well as results from agency quality assurance measures such as peer record reviews, practice development reviews, the Survey of Organizational Excellence, the CQI process, the COA standards, and audit reports. Other information such as feedback from field staff through focus groups and regionally conducted trainings as well as information gathered from other state training programs has also been considered. As a result, the Professional Development and Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment.

The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new frontline staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and closure with the family. Family systems, values, joining and

engaging, cultural diversity and child development are also some of the topics addressed within the training.

The new advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training. This will be enhanced through specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. This will be done through the use of classroom and On the Job Training evaluation and individualized professional development plans that will be created by supervisors and their staff to mutually assess skill acquisition and demonstration.

(33.6) The creation of a Training Advisory Committee comprised of clinical mentors, trainers, field staff and possibly representatives from a school of social work will provide a network that will identify areas for practice improvement, assess training needs and assist in assessing individual staff competence as well as circuit competence.

There will be two key priorities upon which Professional Development and Staff Training will focus as the agency moves toward attaining practice excellence. One will be the creation and implementation of new supervisory training, which will have both an administrative and clinical focus. The second area will be the development and implementation of required advanced in-service training for front line staff.

(33.7) Additionally, the Child Abuse and Neglect Training Institute has been developed to increase training opportunities for staff. The institute is the result of a cooperative effort between the division and numerous community partners. In early 2004, the CA/N Training Institute Planning Partnership committee met to finalize topics and session content for three CA/N Training Institute sessions. The sessions are video conferenced to locations all over the state to allow for maximum participation. Each training has selected speakers that address a wide variety of topics relevant to Child Abuse and Neglect.

(33.8) Additional circuit specific training will be provided based on needs identified in the Circuit Self-Assessments. To access this training the circuits will notify the Professional Development and Training Unit of their targeted training need. The Professional Development and Training Unit will then design a training targeted to the specific need of that circuit.

Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

This item was found to be substantially achieved.

Service Array

Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

CF SR results indicated service array deficit in various areas of the state. Specifically noted was a lack of dental services; alcohol and drug abuse (ADA) services; foster homes for older youths, siblings groups, disabled and medically fragile children; parenting classes for teens; parent aides; interpretation services for non-English speaking consumers; and transportation services. Service array deficits were particularly noted in the rural areas of the state.

As service array varies from community to community, development of a statewide strategy to address service array deficits becomes problematic without a thorough understanding of the particular needs in each circuit. For this reason, an analysis of service array was incorporated into the circuit self-assessment.

(35.1 refer to WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

(35.2) The ADA section of the Department of Mental Health has indicated there are sufficient ADA services to meet the needs of families. However, division staff does not know how to appropriately connect families with these resources. To increase the ability of staff to access ADA services, the division has partnered with the ADA section of the Department of Mental Health to develop a joint in-service training called Family, Drugs and Safety. This training was initially field tested in the southwestern region of the state and is scheduled to be tested further in Jefferson County. Curriculum will be revised to reflect recommendations during the field test, including who the target audience is and how many staff to be trained. The Professional Development and Training Unit will provide three additional trainings across the state.

(35.3 refer to P1.6.5) In order to increase the availability of foster homes for older youth, siblings, and disabled or medically fragile children, the same strategies will be employed as found in the discussion in narrative Item 6. Strategies to be employed include implementing a recruitment and retention plan for foster home serving older

youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

(35.4) In order to increase the availability of and access to parenting classes, the division will, based on the circuit self-assessment, identify circuits most in need of parenting classes and parent aide services. Performance based contracts for family/parent aide and parenting class services will be developed to serve those circuits with an identified need.

(35.5) To increase the availability of non-English speaking services, the division will, based on circuit self-assessment, identify circuits most in need of non-English speaking services. A recruitment plan for multi/bilingual staff will also be developed. Additionally, state forms will be made available in Spanish to accommodate Missouri's increasing Hispanic population.

(35.6) In order to increase the availability of transportation services, the division will, based on circuit self-assessment, identify circuits which do not have transportation services available. Service organizations will be recruited regionally to provide transportation services. Additionally, transportation children's treatment services (CTS) contracts will be issued statewide.

Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

See narrative for Item 35.

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

CFSR findings indicated services are not available to meet the individualized needs of children and families. CTS flexible funding was not always available, service plans were found to be cookie cutter and services provided often did not correspond with the reason a child entered care.

(37.1) To provide individualized services the Children's Division will expand existing services and increase funding for concrete services. See narrative for Item 35.

(37.2 refer to S2.3.2) Individualized services are dependent upon the quality of the initial assessment and subsequent case planning. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will assure services are individualized to meet child and family needs. To accomplish this, the same action steps discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

Agency Responsiveness to the Community

Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the judicial court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP.

This item was found to be substantially achieved.

Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

This item was found to be substantially achieved.

Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

This item was found to be substantially achieved.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

This item was found to be substantially achieved.

Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

This item was found to be substantially achieved.

Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

This item was found to be substantially achieved.

Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

(44.1 refer to P1.6.5) Strategies used to ensure the diligent recruitment of foster and adoptive families are the same the action steps discussed in the narrative in Item 6 and include; implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

This item was found to be substantially achieved.