

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

States are encouraged to use this PIP standard format to submit their PIP to the Children's Bureau Regional Office. The standard format includes the following sections:

- I. PIP General Information
- II. PIP Strategy Summary and TA Plan, Matrix Instructions, and Quality Assurance Checklist
- III. PIP Agreement Form (authorizing signatures)
- IV. PIP Matrix

**I. PIP General Information**

CB Region:	I	II	III	IV	V	VI	<b>VII</b> ✓	VIII	IX	X
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\*List key individuals who are actually working on the PIP and not necessarily everyone who was consulted during the PIP development process.

## **ACRONYMS USED IN PIP**

ACF	Administration for Children and Families
CASA	Court Appointed Special Advocate
CD	Children's Division
CFSR	Child and Family Service Review
CIP	Court Improvement Plan
CWM	Child Welfare Manual
DOC	Department of Corrections
DSS	Department of Social Service
ELC	Electronic Learning Center
FCCM	Foster Care Case Management System
FCI	Fostering Court Improvement
FST	Family Support Team Meeting
GAL	Guardian Ad Litem
MJJA	Missouri Juvenile Justice Association
MOU	Memorandum of Understanding
OJT	On-the-Job Training
OSCA	Office of the State Courts Administrator
PIP	Program Improvement Plan
POC	Plan of Change
PPRT	Permanency Planning Review Team Meeting
QA	Quality Assurance
QI	Quality Improvement
ROM	Results Oriented Management
SAC	Supervision Advisory Committee
SCRT	Supervisory Case Review Tool
TDM	Team Decision Meeting

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### Part II. PIP Strategy Summary and TA Plan

#### Introduction

The Missouri Children's Division (CD) has developed this Program Improvement Plan (PIP) in response to the findings of the Child and Family Services Review (CFSR) held during the week of June 7-11, 2010.

Missouri CD is continually addressing the challenges and opportunities to protect children from abuse and neglect while helping parents strengthen their capacities to nurture and protect their children. For the PIP, Missouri identified four major strategies addressing key concerns. The four strategies are:

1. Increase safety for children
2. Increase accountability and oversight to align policy with practice
3. Support staff with enhanced training, tools, guides, data and educational materials using case consultations, coaching and mentoring
4. Collaborate with other agencies to improve practice

The following narrative expands upon Missouri's PIP matrix and provides further understanding for the strategies listed above.

#### 1. Increase Safety for Children

Safety, being CD's paramount focus, will be addressed through a two-fold approach by; 1) enhancing quality assurance and quality improvement (QA/QI) processes using the local PIP structures to increase timeliness of initial contact, and 2) revising the safety assessment tools using Framework for Safety concepts to enrich initial and ongoing risk and safety assessments.

##### *Enhanced QA/QI Processes to Increase Timeliness of Initial Contact*

From the CFSR final report results, timeliness of initial contact results varied per geographical location as two of the three sites were 100% in compliance while St. Louis County received a 69% compliance score. From internally produced data, the timeliness of initial contact measure also indicates variations from circuit to circuit. Therefore, Missouri's approach is to focus on those circuits falling below a statewide target using QA/QI processes. When circuit data fall below the statewide target, the QA unit will alert circuit managers and regional directors through email regarding circuit's status. If warranted, supervisor and worker level data will be provided to circuit managers. At any time, circuit managers and regional directors have the option to request technical assistance from QA and QI Specialists or Central Office program specialists.

Circuit Managers will activate the local PIP process when data does not reach the state target. The local PIP structure has been in place for the past two years which was mandated following completion of individual circuit assessments in the winter of 2008. The chief purpose of the local PIP structure is to provide a mechanism for circuits to become self-monitoring. Local PIP matrixes are working documents which keep staff focused on practice issues and improvement strategies. Circuit managers are responsible for scheduling local PIP meetings which are to be held quarterly. The local PIP participants are to include but are not limited to: Circuit Managers or Regional Directors, Supervisors,

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QA/QI Specialists, Children's Service Specialists, Children Service Workers, Foster Care Case Management (FCCM) staff, community stakeholders (DJO, educators, attorneys, foster parents, foster youth, etc.) and any ad hoc members as needed.

Once a local PIP matrix is developed, the document is posted on a statewide shared drive where Regional Directors, Central Office, QA/QI specialists have access for multiple purposes. One purpose is to provide a historical timeline for changes in frontline practice. Second, the local PIP documents serve as a valuable resource for circuits to share with others what practice changes made a positive impact. Lastly, the PIP documents are used for monitoring strategy quality and timely revisions.

In the local PIP process, QA Specialist(s) support managers by providing and interpreting data, while the QI Specialist(s) assist with developing and writing good manageable strategies. Both specialists work in tandem to help circuits build a strong oversight process. If needed and when performance does not improve, Plans of Change (POC) or technical assistance can be pursued. POCs are strategic performance planning tools focused on increasing outcomes for units or individual workers. POCs are helpful tools to align management and staff priorities.

Conference calls are planned for Circuit Managers, Regional Directors and Supervisors with Central office staff to support and sustain the state and local PIPs, specifically keeping focus on improving practice outcomes. These conference calls support frontline practice and provide an opportunity for coaching.

### *Revise Safety Tools Using the Framework for Safety Model*

In November of 2009, CD's director introduced a publication by the National Association of Public Child Welfare Administrators entitled, "Framework for Safety in Child Welfare" to Regional Directors, Field and Program Managers, Circuit Managers and Supervisors. This model provided a full discussion of child welfare safety issues with enhanced practical field application and was notable among other models.

After the Framework for Safety introduction, the Director presented a plan of action for incorporating the model into practice. At the current time, revised safety assessment and planning tools based on the Framework of Safety are being tested in "pilot" sites. The feedback from the sites will result in revised safety assessment and planning tools, along with policy changes, to fully embrace the framework in all program areas. Accompanying the revised safety assessment and planning tools will be written instructions, in memo form, for implementation. Those staff involved in the "pilot" sites and those staff receiving training on the safety plan assessment tool will provide guidance and coaching to the remainder of the state not familiar with the revised tools. The revised tools will guide staff in assessing safety and enhance parental capacity to improve and assure their child's safety.

## **2. Increased Accountability and Oversight to Align Policy with Practice**

CD's plan for improving practice consistency is approached from three perspectives. First, is the need to deepen the understanding of practice issues and best practice, and second, is to increase the case management oversight process, and lastly, is to enhance the accountability structure.

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### *Placement Stability Workgroup*

As mentioned, one approach to improve practice consistency is to deepen the understanding of practice issues. One such issue, placement stability, has shown a steady improvement since 2007. However, Missouri has not reached the level of improvement desired. In SFY 2007, 80.71%, of foster children experienced two or fewer moves within their first year in foster care, and in SFY 2010, data shows 82.96% children experienced two or fewer moves.

The improvement since SFY 2007 could be contributed to a plethora of activities as described in Missouri's 2<sup>nd</sup> round statewide assessment, Item 6. Among the activities, one in particular, attributed to the increased number of children experiencing fewer moves during their first 12 months in foster care. This activity was the forming of a Placement Stability Workgroup whose charge was to explore the reason why children placed in foster care were experiencing a number of placement changes. With the help of the National Resource Center for Family-centered Practice and Permanency Planning, the workgroup developed recommendations for possible consideration for CD administration. Based on resources available, these recommendations were implemented and a steady improvement in placement stability began. For this reason, CD wants to reconvene a committee to conduct an in-depth review of current placement stability data and provide further recommendations. The committee will be comprised of all levels of staff, including FCCMs, to gather research materials and analyze data to identify factors impacting the placement stability outcomes. Following the identification of contributing factors, recommendations for practice or policy changes will be presented to CD management to prioritize for targeted or staged implementation.

### *Improve and Support Case Consultation Process*

To further the accountability structure, Missouri has identified that classroom training alone is not sufficient for building worker's skill-level. Part of the skill-building process for case managers must occur during actual field work. For this reason, supervisors share responsibility for building the skill level of their staff and use the on-the-job (OJT) training manual as their guide. Research confirms supporting the initial classroom training with coaching and mentoring is crucial to continually improve staff's professional performance. To support the supervisors in this endeavor, the Supervision Advisory Committee (SAC) identified the need to re-organize the OJT manual to truly reflect the flow of work. The training unit accepted the SAC's recommendation and is in the process of re-vamping the OJT Manual.

Monitoring completion of the OJT activities can be tracked through the Electronic Learning Center (ELC). Workers enter a completion date into the ELC system once activities are concluded (after the first six months). The Training Unit has monitoring capabilities and may produce reports on an as needed basis.

However, skill building does not end when the OJT Manual activities are complete. To further advance the worker performance level, supervisors will need support for worker's coaching and mentoring. Therefore to initiate this support, supervisors will need a best practice guide with instructions incorporating outcome data into the case consultation process. The purpose of the guide is to capture practice quality and policy compliance which provides consistency in supervision guidance. In addition,

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the guide will incorporate the use of Supervisor Case Review Tool (SCRT) elements and outcome data results, which should lead to improved worker performance.

Following the development of the case consultation guide, a tracking mechanism will be developed for supervisor and worker's case consultation meetings. This mechanism will assist both upper management and supervisors in: 1) determining timeliness and frequency of worker supervisor consultations 2) ascertaining the discussion breadth and depth, and 3) evaluating whether other types of skill-building activities transpired, such as modeling and coaching. After the tracking mechanism is rolled-out, evaluation of the data lends itself to identifying further supervisory supports.

Supervisors have requested, through the CQI process and the SAC committee, the need for additional case consultation training. This original case consultation training is provided to supervisors immediately following their promotion to supervision. Supervisors requested a concentrated focus be devoted to case consultation because this is an area which is exceptionally complex and further training is necessary to advance and sharpen their skill level.

To honor the supervisor's request, the training unit will build upon the current 39 hour, two-part Clinical Supervision Training already provided in the supervisor's first year. This additional component, Part Three, will become part of the overall Clinical Supervision Training structure and provided to supervisors during their third year on the job. Part Three case consultation training will provide further in-depth skill-building for supervisors and will be developed & completed by quarter five. Then shortly after, the statewide rollout and integration into the training structure will begin. Part Three training will be provided to any supervisor who has completed the pre-requisite Parts One & Two of Clinical Supervision and / or opened to any seasoned, existing supervisory staff needing or wanting to enhance case consultation skills.

### *Supervisory Case Review Tool (SCRT) Enhanced*

While case management practice issues are influenced in various ways such as local processes, policy and service barriers, the identification of these influences are sometimes elusive. These issues can be technical in nature and once identified, fairly straightforward and not problematic to remedy. However, adaptive issues such as agency culture and systemic factors are more difficult to identify and resolve. In an effort to gain insights necessary to identify practice issues, CD is enhancing the SCRT to incorporate the CFSR on-site review tool elements.

In the event technical assistance is needed with the modified SCRT process, the QA or QI specialists provide coaching for supervisors. When the instructional memo is released describing the revised SCRT, regional meetings are planned to inform and coach supervisors on the new changes and additions.

In 2006, when the SCRT was initiated, the intent was to enhance the clinical aspect of case management supervision. Training was provided on the tool (an abbreviated version of the CFSR on-site review tool), clinical supervision and one-on-one coaching was provided by the QA Specialist to interpret and analyze the data from the results. The enhanced tool will supply a deeper understanding of case practice focusing on quality and skill-building. To impact practice skills, SCRT probes into case documentation, SACWIS input and quality of the interaction between case worker and key players.

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### *Using SCRT for PIP Measurement*

Following the enhancement of the SCRT, a protocol will be developed for the PIP item measurement. Missouri will review 1% of the total cases in foster care and intact families. QA and QI Specialists will review the cases and results will be sent to a central repository. At the end of each quarter, review results will be tabulated and provided to Region VII. The case review will look at each case in-depth and interview key players involved in the case as needed. To initiate this review process, training will be held for the QA and QI Specialists and a feedback loop developed to ensure workers and supervisors are informed of and understand review results. The feedback process provides the opportunity for the QA and QI specialists to deepen the breadth of coaching and mentoring activity to frontline supervisors.

A baseline will be established in Quarter 4.

### *Improving Timeliness of PPRTs*

In an effort to increase consistent Permanency Planning Reviews and promote timely permanency, Missouri is using a new electronic report, a results-oriented management (ROM) tool. The ROM tool was developed in partnership with the University of Kansas, with financial support from the Casey Family Programs, and among other data reporting capabilities aids in the scheduling of PPRTs. The ROM uses SACWIS data and mines this down to the worker and case level. ROM will assist workers and improve supervisory oversight of scheduling, tracking and monitoring timely PPRTs. The PPRT report in ROM is designed as a tool to capture past, present and future data, including completed and overdue PPRTs. For over a year, the QA unit has been designing and validating the ROM system. Currently, ROM field training is underway, conducted by QA and QI Specialists, for Circuit Managers, Specialists, Supervisors and Regional Directors. Front-line worker ROM training is scheduled to begin in the fall of 2011. ROM uses AFCARS data and supplemental FACES files to compute the reports and are refreshed on a monthly basis.

The ROM training primarily centers on the navigation of the system, however, ten areas of concentration are reviewed in detail. One of the ten areas is the PPRT report. At this time, Missouri is focusing on *frequency* of PPRTs which eventually should impact the quality. For this reason, PPRT questions in the SCRT are designed to ascertain PPRT quality. Increased frequency and quality PPRTs should impact timely permanency as well as family engagement outcomes.

### **3. Support Staff with enhanced training, tools, guides, data and educational materials using case consultations, coaching, mentoring and modeling**

Many disciplines find major gaps exist between what is known as effective practices (i.e., theory and science) and what is actually done (i.e., policy and practice). Implementation science research makes clear, practice is to be supported from initiation of a program introduction or change through subsequent steps of putting the tasks into operation. This is the premise for all the action steps in Strategy #3. This support will enhance the coaching and mentoring process delivered by circuit managers to supervisors, supervisors to workers and specialists (QA/QI/General) to circuit managers, supervisors and workers. The coaching and mentoring process is intended to specifically address statewide issues learned from CQI meetings, observations, case reviews and SACWIS data. These



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issues are the premise for topics addressed in the enhanced training, tools, guides and educational materials addressed in the action steps within this strategy.

### *Guide Development*

Missouri received CQI solution-focused suggestions from staff requesting enhanced training for specific issues through tools and guides on a variety of topics. In addition, they requested pertinent best practice research. Therefore, the internal PIP team (all levels of CD staff) felt it necessary to convene a workgroup to meet the staff's request. The workgroup will focus on developing a guide to enhance practice for FSTs, engaging families and those with incarcerated parents, setting permanency goals, writing good documentation and developing written service agreements. In addition, the workgroup will decide a process for guide(s) dissemination which could include supervisors sharing during their weekly consultations, coaching sessions or in monthly unit meetings.

To assist the workgroup, CD intends to request technical assistance from the National Resource Center for In-Home Services. The technical assistance will focus primarily on increasing family engagement. As already mentioned, the evidence of effectiveness should be reflected in the SCRT results.

### *Manual Enhancements*

The Program Development Specialists (PDS), in response to field concerns, acknowledged how cumbersome the Child Welfare Manual (CWM) is to maneuver. In an effort to ease maneuverability, PDS' felt it necessary to provide staff with a way to enhance usability of the manual. With this in mind, expansion of the current search engine within the CWM and a subject index was discussed.

The expanded search capabilities would consist of a multiple word search as used in professional journal sites. The advance search capabilities will include "exact phrase" searches and will sort the findings by strongest relevance to the request. These options would expedite searches and provide valuable results for staff.

In addition, the PDS discussed a subject index designed for the CWM which would further assist the staff in locating policy or searching for guidance on various case management activities. For instance, if there were questions surrounding the Family Support Team Meetings or setting permanency goals, a subject guide would assist the worker in finding the exact location of definitions, practice information, policy and other attachments to assist the case manager quickly.

Lastly, the CWM improvements will be melded into the Basic Orientation systems training and shared with FCCMs to include as part of Basic Orientation training for new workers. Current staff will be informed of new enhancements through memos or practice points.

### *Reinforcement of Worker/Child Visits*

A worker visit campaign was launched just prior to the CFSSR on-site review. This campaign was funded by the Children's Trust Fund to print a set of fifteen different posters for each circuit, created by the QA unit. The posters depict reasons why worker visits are so vitally important to case management. Actual quotes from foster children were used on the posters regarding their point of view on visitation. The posters were to be strategically placed in offices to remind staff of the importance of

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visiting children each and every month. Along side of the posters, local worker visit outcomes are to be posted to show actual performance. Due to the expense of the posters and number of buildings, a rotation plan was implemented for each circuit by office to enhance the opportunity for staff to view all fifteen posters. Continuing the rotation plan and updating actual worker visit with child outcome data is one of the action steps in the PIP. Having reminders throughout offices keeps the focus on increasing worker visits.

In addition to the poster campaign, one of the areas of concern identified in the CFSR on-site review was worker with child visits missed during case transfer between case managers and service workers. Depending on the time of month the child moves, it is often confusing as to when the case management duties are to be assumed. Through a report from Research and Evaluation using FACES data, case transfers to other workers are tracked and a missed visit report is produced. Additionally, worker visits gaps occur when cases are transferred between in-house staff to FCCM and vice-versa, despite local protocols between in-house staff and FCCM. By providing this data to managers, there is accountability and clarification for all parties.

If identified visit gaps continue to occur in a circuit, a strategy is to be included in their local PIPs. See Section 1, Increase Safety for Children, for more information on the local PIPs QA strategy process.

### *Reinforcement of Worker/Parent Visits*

Worker visits with parents report is currently under development. When the reports are solidified, the reports will be used in the same manner as the worker visit with child report. Again, if improvements are needed, the local PIPs QA strategy process will be utilized. Local PIP groups will discuss the reports and data and set local expectations.

### *Enhance Community Collaborations to Improve Family Engagement*

The Department of Social Services (DSS) is establishing a formal memorandum of understanding (MOU) process for forming partnerships between agencies and stakeholders. There is one pending Head Start MOU with the 37<sup>th</sup> Circuit; Howell, Oregon, Shannon and Carter counties and additional local MOUs are expected. The purpose of the Head Start MOUs is to establish a fluid referral process from one entity to another.

In an effort to further improve family engagement, a collaborative effort, known as Team Decision Making (TDM), began in St. Louis City in 2000 which was an Annie E. Casey, Family-to-Family initiative, to encourage communities and states to work together in a manner beneficial to families. One of the strategies was to incorporate a TDM process to ensure a network of support for children and their caregivers. The TDM process in St. Louis City is initiated before the child is initially placed into foster care, or the day following an emergency placement, or each time there is a foster care placement change and when a child returns after a runaway episode. TDMs are meetings held with the family's key players at the table with discussion of a recent move or other focused topic which promotes the child's permanency. The facilitator is skilled and non-biased. They are trained to keep focus on providing the best possible solution for the child's well-being.

For the PIP, Missouri is extending TDM practice to St. Louis County for children initially placed into foster care. The TDM is facilitated by a trained individual who works diligently to lead the entire team

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(community resource providers, service providers, DV counselors, housing specialist, substance abuse counselor, etc.) in parent engagement. Roll-out of the TDM initiative will begin through a staged implementation during quarter six to allow time for community partners to be educated on the process.

There are future plans to extend the scope of the TDM process to encompass all children who have experienced a placement change. This expansion will be incrementally planned and phased-in over a significant period of time due to dependence on available resources.

### **4. Collaborate with Other Agencies to Improve Practice, through Establishing Processes and Sharing of Service Resources**

Missouri Children's Division has a strong belief in the necessity of partnerships as demonstrated in the guiding principles. The Partnership Guiding Principal states, "Families, communities, government share the responsibility to create safe, nurturing environments for families to raise their children". The partners addressed in this section are courts, juvenile courts, Court Appointed Special Advocates (CASA), Guardians ad litem (GAL), Head Start, Department of Corrections (DOC) and community leaders.

#### *Strengthening Court through Regional Summits*

In an effort to strengthen court processes to improve permanency, CD is partnering with OSCA to address court barriers identified in the CFSR review. Together, OSCA (CIP) and CD has committed to hold regional summits during the spring of 2012 for family court judges, juvenile officers, CASA, GALs and CD staff . Planning activities will commence directly following the PIP approval. Preliminarily, the plan is to hold the summits in seven areas of the state with round table discussions using both the state CFSR data and circuit level data. Federal technical assistance will be provided to a "team of experts" to facilitate the summits. Following the summit, there will be an expectation for each local circuit to develop strategies to overcome court or practice barriers such as notice to caregivers, TPR barriers, adoption delays, relative placements, visitation with incarcerated parents, etc. There will be discussion during the regional summits regarding the tracking of notification to caregivers as state statute charges this responsibility to the court. There is a plan by OSCA to expand the court's mechanism to capture the notification to caregiver's information, however the expansion is still in the preliminary stages. This process is expected to be farther along by the time the actual regional summits are held and the regional summits can be used as an information sharing opportunity regarding the notification to caregiver's mechanism. This mechanism will provide much needed data statewide to enlighten management about notification practices.

OSCA (CIP) and CD will track, monitor and evaluate improvement strategies in all 45 circuits. In summary, the summit's purpose is to begin a dialogue with the courts in an effort to overcome local practices which may prohibit children and parents from receiving the best possible case plan and services meeting their individual needs.

#### *Strengthen Incarcerated Parents Involvement*

Each month a report is produced to cross-reference parents of children in foster care with an inmate listing from the Missouri's correction system. This report is the result of many collaborative efforts with the DOC such as "Re-entry Program" and CD's Fatherhood workgroup. In addition to these current

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collaborative efforts, CD would like to further partner in the establishment of liaisons at each of the facility or a visitation protocol to remove barriers associated with arranging visitation for children of incarcerated parents. With this strategy, the intent is to streamline contact with incarcerated parents and improve their involvement in case planning and visitation. In addition, through the liaisons, CD case managers can inquire about conditions of visitation rooms in the prison facility, as well as the visitation processes, to inform the courts.

### *Service Array Enhanced*

In an effort to increase service array outcomes, Missouri has requested assistance from the National Resource Center for Organizational Improvement and National Resource Center for Data and Technology. A work plan has been developed to target service capacity building, accessibility and service individualization on two levels, state and local. The state group will perform as the committee for service issues which cannot be resolved at the local level. The state committee will work in partnership with two targeted areas, St. Louis and Southwest. The Southwest region consists of ten circuits and St. Louis region consists of two circuits, with each circuit having their own judicial court. In order to begin the service array work, a NRC process has been developed where a community groups must be established, assessments completed, and plans made to form a “community of practice”.

### *Assess Parent Locator Services*

Partnering occurs between the Title IVD, Child Support Enforcement Division and the courts when utilizing Parent Locator Services. Caseworkers or supervisors can request, through their local juvenile office, information from the Parent Locator Service. A form, possessing qualifying criteria for performing the search, is completed by the caseworker and sent to the juvenile office. After review, the juvenile office submits the form to the Child Support Enforcement Division. When information is returned, the juvenile officer will provide to the caseworker.

In the final report, Key CFSR Finding Regarding Outcomes section, it is noted there was an inconsistent practice in engaging parents in case planning, particularly fathers and noncustodial parents. Additionally, in Item 20, Caseworker Visits with Parents, on 15 cases the caseworker only worked with one parent. While there may be legitimate reasons why the Division only worked with one parent, there was a lack of case record evidence to know if diligent searches were completed. Therefore as an agency, assessing barriers and obstacles for diligent search processes, are essential. Since the Title IVD agency has the capability of accessing the Parent Locator Services, the process for CD’s use will be assessed and perhaps expanded, if needed. Partnering with the Child Support Enforcement Division and reviewing legislation regarding access will be the initial starting point in the assessment process.

### *Increase Wellness Information for Foster Children*

The final report, Item 22, Physical Health of the Child, provides a snapshot of current practice. Applicable foster care cases were rated a strength in 72% of the cases and intact family cases were rated a strength in 67% of the cases. Actions steps included in the PIP will have an impact on this issue. For instance, in six cases physical health needs were not adequately assessed. Through the enhancement of case consultation and oversight strategies, the case

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assessment process will be scrutinized at a deeper level. By supporting supervisors with advanced case consultation training, ability to journal and track case consultation activities and the use of a review tool which has more thorough and detailed questions, supervisors will be better equipped to evaluate case managers' skill level. Through case reviews and analysis of data results, the supervisor will be able to coach workers in identified areas and increase their skill when completing assessments which will impact the physical health for children in foster care.

Additionally, in the final report, one case was described as having needs identified but services were not provided. The same strategies mentioned in the previous paragraph will have an impact on providing services when needs are identified. Also, the service array project (4.3) involves developing a process in targeted areas to build service capacity, accessibility and individualization of services. Improvements are expected in the targeted regions.

For PIP item 4.5, CD will be identifying ways to expand the accessibility of medical information for children in foster care. Currently, there is limited access to medical information from MO HealthNet and this may prevent thorough physical health assessments. The established Healthcare Coordination Committee has been discussing increased access to Cyberaccess, a comprehensive medical database, to all CD case managers. Any expansion is contingent upon available resources, however, the need to access medical information remains a priority to the Healthcare Coordination Committee.

### *Partnering with MJJA and OSCA to Address Practice Issues*

In order to address court related practice issues, the CD will provide information to key stakeholders through OSCA's educational webinars and Missouri Juvenile Justice Association (MJJA) newsletters. Currently, an educational webinar is planned for juvenile officers, parent's attorneys, CASAs and GALs regarding the CFSR Findings and specifically court issues. The webinar will be recorded and posted on the OSCA website for those unable to attend the live broadcast. OSCA has invited CD to participate in future webinars for follow-up on specific issues involving the court system. Articles for publishing in the MJJA newsletters are by invite. Prior to the on-site review an article entitled, Missouri's Child and Family Services Review: The Process and Purpose, was published. CD will participate in this type of activity with MJJA whenever possible.

OSCA will host an Alternative Care Conference through the Court Improvement Project and will invite all key stakeholders involved in the child welfare arena. CD will be invited to participate in the conference planning and many program managers and specialist have been contacted as possible presenters at various planned workshops. This partnering assists both the court and CD in focusing on topics of particular interest to key stakeholders who work with children in foster care and their families. Efforts of this nature will continue to strengthen partnerships.

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### **Setting the Stage for an Effective PIP Process**

The Administration for Children and Families (ACF), Children's Bureau (CB), held an exit conference on June 11, 2010 which provided preliminary findings and identified strengths for Missouri CD to build upon. This preliminary information was used in the improvement planning phase prior to the receipt of the final report. Recognizing the vital role all staff members play in the delivery of quality child welfare services, CD used an existing improvement structure, CQI (Continuous Quality Improvement), to capture ideas for practice improvements.

The CQI process involves **all staff** in the evaluation of the effectiveness of services. Evaluation involves the examination of the division's internal systems, procedures, and outcomes along with the examination of relationships and interactions between CD and other stakeholders. The CQI structure is creative, inclusive, held quarterly, structured, and solution-focused. In each CQI team meeting, there are three assigned roles, facilitator, leader and scribe. Team meetings are held at local, regional, and state levels. One of the leader's assignments is to relay issues to next level (regional level) where a solution could not be initiated at the lower level. If the issue cannot be resolved at the regional level, the process will repeat and the regional leader will relay issues to the state level. All issues are addressed in some manner at the state level. If issue resolution is ongoing, progress is discussed at each quarterly meeting.

While the CQI issues are self-directed, the Director petitioned staff to use a portion of their CQI meeting to discuss the preliminary CF SR findings and record ideas for solution-focused improvements. The Director's request was communicated per a memo which made available the CF SR preliminary findings. The CQI structure provided an established avenue to record all suggested solutions. The breadth and depth of the CQI solutions were extraordinary and were used as the impetus for building the PIP strategies.

Prior to CF SR on-site review, Missouri developed a plan to obtain PIP feedback from all levels. CD formed a Strategic Focus Committee which consisted of an older youth, contracted providers, central office unit managers, quality assurance/improvement units and representatives from the SAC, foster parent associations, CF SR Advisory Committee, Division of Legal Services, OSCA, state co-site leaders, juvenile officers and the judiciary system. The purpose of the Strategic Focus Committee was to develop possible PIP strategies.

The CQI solutions document was provided to the Strategic Focus Committee members. The committee met for two days, and at the end of each day, workgroups proposed strategies. At the end of the two-day event, each workgroup compiled responses for PIP consideration in writing.

Following the Strategic Focus Committee's work, a draft matrix was developed and sent to the Director and Deputy Directors for feedback. Then a meeting was held to discuss each strategy. Next changes were incorporated into the draft matrix and then shared with the Regional Directors. Following the Regional Directors discussion the matrix was updated and

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sent to the Central Office management staff. Advance notice of the Central Office management staff meeting allowed managers the opportunity to discuss strategies with PDS staff. While only one meeting was originally scheduled, the discussion evolved into three sessions to allow time to process each strategy thoroughly. All PIP meetings consisted of an in-depth discussion of each strategy, goal and action step which created an avenue for an open and rich dialogue and began a synergy eager to embrace the improvement plan.

### Using a QA Approach for PIP Success

Missouri will rely heavily upon internal QA/QI processes to complete the feedback loop and measure effectiveness of the PIP. QA/QI Specialists based in each of the seven regions, along with FCCM QA designees, will be the sustaining force in practice changes as they review cases, coach and mentor supervisors. Their expertise for identifying gaps between desired and actual performance and determining root causes of poor performance will assist Circuit, Program and Field Managers in improving front line practice.

In Section 1, Safety of Children, the description for using the local PIP process is provided. This process has proven valuable since its inception and will create a self-monitoring improvement process for circuits. The self-monitoring process cannot be completed without feedback loop mechanisms in place to address state-wide issues captured from data sources such as the outcomes measurement report, SCRT results, annual reports and newsletters. Using the *In Focus* newsletter as an example, a topic or practice issue is selected by managers and specialists supported by data and associated with a theme. For instance, a recent article was devoted to timely completion of child abuse and neglect investigations and connected to a focus on teamwork and supported by state and circuit data. There is an expectation the newsletters are to be reviewed during the CQI meetings to open discussions to identify barriers and obstacles for effective service delivery. If resolution of the barriers or obstacles cannot be achieved at the local level, the issue is moved up to the next level and the next if needed. Issues received at the state level are addressed through collaborative efforts, changes in policy, or creation of new processes, whichever best resolves the issue. All issues are addressed, no exceptions.

In addition to the feedback loop described above, through the ROM, case level data is available to staff at all levels. This expanded information will assist staff in evaluating practice. Prior to the ROM, statewide and circuit specific data was provided through various publications.

#### *What types of instruments are used in monitoring the PIP?*

The SCRT is comparable to the CFSR on-site review tool covering, at a minimum, these items:

- Evidence child safety is adequately assessed
- Evidence the family is engaged in service planning
- Evidence workers are nurturing relationships with child and parents
- Evidence quality worker visits are occurring
- Evidence quality assessments are occurring for all programs
- Evidence diligent searches for non-resident parents and maternal and paternal relatives

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- Evidence PPRTs are occurring and the outcome is documented
- Evidence permanency goals are appropriate and timely
- Evidence appropriate services are available for families
- Evidence appropriate consultations are occurring when major case decisions are being made (such as the decision or recommendation for a child to be removed from his/her home)
- Evidence diversity was addressed with each family
- Evidence medical information is in the files
- Evidence release forms were filled out completely and appropriately and evidence the client was given a copy
- Evidence staff notified clients of their potential rights under the Indian Child Welfare Act (ICWA)

*Who conducts the reviews?*

For the PIP Item measurement, the SCRT will be completed by QA and QI Specialists and the process will incorporate interviews. Additionally, QA and QI Specialists will coach and mentor supervisors and workers on case review results.

### **Measurement Plan**

#### **Data Indicators**

Missouri has passed both safety indicators for CFSR Round Two.

#### **Composites**

Missouri has an AFCARS improvement plan in place involving changes in AFCARS mapping and SACWIS data collection. Currently, there is a 6% dropped case issue to resolve. Missouri is awaiting approval of the system change request process in order to modify programming specifications which will likely resolve the dropped cases problem by end of the 3<sup>rd</sup> quarter of the PIP. In addition, Missouri has initiated discussion on technical assistance from the National Resource Center to be utilized if the upcoming programming changes do not solve the problem. Missouri is targeting a threshold of less than a 2% dropped cases for future submissions. Given this issue, Missouri has opted to use case review data for Items 5, 6, 8, and 9 to monitor Permanency 1 progress until such time the dropped case issue is resolved. However, if the resolution of the dropped cases is achieved prior to the establishment of the baseline during Q6 of the PIP, then statewide AFCARS data will be used to calculate the baseline and to measure composite progress for items 5, 6, 8 and 9. More information about the case review process is in the sections below.

When the dropped case issue is resolved, the revised AFCARS data will be used to calculate improvement goals according to guidance in CFSR Technical Bulletin #3A for the 4 permanency national standards. Once a PIP national standard baseline is identified and approved by CB, it will remain as the baseline through PIP implementation and any subsequent non-overlapping evaluative period.



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### **CFSR Review Items**

Per Missouri's P-MAG (PIP Measurement Advisory Group) discussions involving Region VII and Children's Bureau designees (Myrrl McBride, Kurt Heisler, Sylvia Kim, and Tammy White) a review process has been agreed upon using QA and QI Specialists in the seven regions as reviewers to review and evaluate 100 cases per year. This sample of cases will be divided among the seven regions according to their total population from the month preceding the sample selection. The following item scores will be reported to the Children's Bureau at conclusion of Quarter 3 of the PIP. They are:

- Item 3, Service to Prevent Removal and Re-entry into Foster Care
- Item 4, Risk of Harm and Safety Management
- Item 7, Permanency Goals for Child
- Item 10, Another Planned Living Arrangement
- Item 17, Needs of Children, Parents, and Foster Parents
- Item 18, Child and Family Involvement in Case Planning
- Item 19, Caseworker Visits with Children, and
- Item 20, Caseworker Visits with Parents

As mentioned in the Composite Section, Items 5, 6, 8 and 9 scores will be reported quarterly until the AFCARS dropped case issue is resolved. After resolution, statewide AFCARS data will be used to calculate Permanency Composite progress. These items are:

- Item 5, Foster Care Re-entry
- Item 6, Stability of Foster Care Placements
- Item 8, Reunification, guardianship, and placement with relatives
- Item 9, Adoption

The prospective baseline from the case reviews will be calculated in Quarter 6 and monitored for two quarters past the eight quarter PIP timeframe. For example, if the PIP was approved October 1<sup>st</sup>, 2011, the PIP would be completed by September 30, 2013; however, Missouri will extend the reporting period for measurement of the above items to Quarters 9 and 10 in the non-overlapping evaluative period. Continuing with the example above, the item outcomes reporting timeframes would extend the PIP measurement reporting period to March 31, 2014. Missouri does not have the resources to commit to reviewing more than 100 cases per year. To review more than 100 cases would place a significant burden on the QA and QI Specialists given their current job responsibilities, especially in those areas with high child welfare case counts. In areas where the review numbers are significant, QA and QI Specialists from other regions will assist in case reviews.

The minimum number of cases applicable to each item is set by the baseline and if the count of applicable items fall below the baseline, further case reviews may be necessary. Setting a minimum number of cases for each item, during a comparable period to the baseline, maintains the confidence level which is used in the calculation of the baseline.

### Item 1

Item 1, Initiating Timely Investigations, will use state data respectively to set a baseline. The data comes directly from the SACWIS system for the April 1, 2009 to March 31, 2010 timeframe. Progress will be monitored using a 12 month aggregation on a rolling year basis. For example, when

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measuring progress the April 1, 2009 to June 30, 2009 data will be dropped off and data from April 1, 2010 to June 30, 2010 will be added. By using this process, Missouri will have opportunity to monitor gradual progress. Progress reports will contain the count of total investigations and assessments concluded (numerator) for each Circuit, the number meeting the initial timeframe (denominator) and the percent successful.

### Case Review Tool

In the PIP matrix under Strategy #2, *Increased Accountability and Oversight to Align Policy with Practice*, action steps (2.4.a through f) were developed to enhance the existing Supervisory Case Review Tool (SCRT). The SCRT incorporates all items of the CFSR on-site review tool. The SCRT is intended for Supervisors to monitor their worker's practice and improve clinical supervision, specifically coaching and mentoring. Since the SCRT mirrors the CFSR on-site review tool, the review capabilities are expanding to monitor the PIP item progress. However, using the supervisor's data presents a concern for validity and reliability. Therefore, the QA and QI specialists will conduct SCRT case reviews simultaneously to the supervisor's review as an objective party to the case. Currently a random pool is selected for the supervisors to review 10% of their assigned cases per year. Of this random selection, 100 cases will be chosen based on the following exclusions:

#### Foster Care:

- Exclusion of cases less than 60 days
  - Exclusion of children in runaway status
  - Exclusion of adoption subsidy only cases
  - Exclusion of cases placed by another sending State under the Interstate Child Placement Compact Act
  - Exclusion of cases where children are in a detention setting
  - Exclusion of children 18 and older prior to the sample period, which is one year prior to the sample selection
  - Exclusion of children on Trial Home Visit for entire year prior to the sample selection.
  - Sample cannot have more than two cases managed by the same worker
- and after exclusions, the foster care selections will be divided into the following categories before selection is finalized:
- One fourth of the sample must select children ages 16 or 17 but can have any permanency goal
  - One fourth of the sample must select children under 16 with a current goal of adoption
  - One fourth of the sample must select children under 16 with any permanency goal *except* adoption and in care less than 12 months
  - One fourth of the sample must select children under 16 with any permanency goal *except* adoption and in care more than 12 months

#### Intact Families:

- Cases which were connected to a child in foster care or the alternative care system.
- Cases where no children were in the home, most likely a case opened on a non-custodial parent

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- Cases not opened for 60 days to allow sufficient time for case work to begin (replicating federal criteria).

The **period under review** is one year prior to the time the sample selection is made. For instance, if the case selection was made on October 31, 2011, the criteria listed above would be applicable starting October 31, 2010 to the date of the review.

Table 1 illustrates a case example of case number counts using the stratified categories for percentages of the foster care population as of June 30, 2010.

Table 1: Example of Population Counts for the Foster Care Cases Using Sampling Criteria

Data as of June 30, 2010								
Sampling Categories	Regions							Total
	Kansas City	Northeast	Northwest	Southeast	Southwest	St. Louis City	St. Louis County	
Category 1--16 or 17 year olds, any perm goal	156	180	94	142	325	96	94	1087
Category 2--under 16, with a current goal of adoption	265	218	98	179	445	102	131	1438
Category 3--under 16, any perm goal except adopt, in care <u>less</u> than 12 months	438	541	259	425	904	104	220	2891
Category 4--under 16, any perm goal except adopt, in care <u>more</u> than 12 months	286	392	168	285	638	200	162	2131
<b>Total per Region</b>	<b>1145</b>	<b>1331</b>	<b>619</b>	<b>1031</b>	<b>2312</b>	<b>502</b>	<b>607</b>	<b>7547</b>
<b>Percent per Region</b>	<b>15%</b>	<b>18%</b>	<b>8%</b>	<b>14%</b>	<b>31%</b>	<b>7%</b>	<b>8%</b>	<b>100%</b>

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Table 2 below provides an example of the percentages total intact family and foster care case counts by region using data as of June 30, 2011.

Table 2: Example of Intact Family and Foster Care Case Count

Data as of June 30, 2010						
Regions	Intact Family Cases	% of FCS Total	Total Yearly FCS to Review	FC Cases	% of FC Total	Total Yearly Foster Care Cases to Review
Kansas City	279	12%	5	1145	15%	9
Northeast	406	18%	7	1331	18%	11
Northwest	190	8%	3	619	8%	5
Southeast	512	22%	8	1031	14%	9
Southwest	543	23%	9	2312	30%	18
St. Louis City	87	4%	2	502	7%	4
St. Louis County	308	13%	5	607	8%	5
<b>Totals</b>	<b>2325</b>	<b>100%</b>	<b>39</b>	<b>7547</b>	<b>100%</b>	<b>61</b>

Reviewing 100 cases per year would result in a 61/39 split for foster care and intact families. The percentages in Chart 2 demonstrate how the state would divide the 39 intact cases and 61 foster care cases by region.

Table 3: Further breakdown of Foster Care Cases by Category

Regions	Foster Care Cases to Review	Category 1 Cases to Review	Category 2 Cases to Review	Category 3 Cases to Review	Category 4 Cases to Review
Kansas City	9	2	2	3	2
Northeast	11	2	2	4	3
Northwest	5	1	1	2	1
Southeast	9	1	1	4	3
Southwest	18	3	3	6	6
St. Louis City	4	1	1	1	1
St. Louis County	5	1	1	2	1
<b>Totals</b>	<b>61</b>	<b>11</b>	<b>11</b>	<b>22</b>	<b>17</b>

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Table 4: Cases by Region for First Year of PIP

Regions	Intact Cases	Foster Care Cases	Q3	Q4	Q5	Q6	PIP First Year
Kansas City	5	9	3	4	3	4	14
Northeast	7	11	4	4	5	5	18
Northwest	3	5	2	2	2	2	8
Southeast	8	9	4	4	5	4	17
Southwest	9	18	7	7	7	6	27
St. Louis City	2	4	2	1	1	2	6
St. Louis County	5	5	3	3	2	2	10
	39	61	25	25	25	25	100

The total of cases remains constant at 100; however, the number per region may fluctuate according to their population totals during the month the sample is pulled.

Using the modified SCRT process will serve a three-fold purpose: 1) fulfills PIP measurement requirement; 2) meets COA standard PA-PQI 4.02 and 4.03 for quarterly reviews and eliminates conflict of interest; 3) provides an inter-rater reliability comparison for current SCRT process.

In addition to the completion of the review tool, Missouri will enhance the review process by incorporating interviews as part of the QA and QI case review process. This enhancement should better prepare Missouri for CFSR Round Three. The interviews will be completed based on a case specific need. An action step for the development of interview questions are included in PIP action step, 2.4(b), and will be completed by the end of Quarter 1. The interview questions are intended to further explore issues with key players involved in the selected case, such as a non-resident father, parents, and/or foster parents to gain further insight into case activities such as quality of worker visits, concerted efforts to engage parents and foster parents in case planning process, etc.

By enhancing the existing SCR process through the involvement of QA and QI Specialists, and including the addition of interviews, Missouri believes the reviewing 100 cases will be sufficient monitoring for progress of the PIP per P-MAG guidance.

### Conclusion

Missouri CD believes the strategies in this PIP will result in improved practice which benefits the children and families served. As with most improvement plans, the possibility of one strategy influencing other elements in the plan will most likely occur. For instance in Missouri's plan, the aligning of oversight and accountability with policy and practice has the potential of impacting every aspect of case management. While the matrix creates a condensed visual picture of the PIP, this accompanying narrative is meant to relay the "whole story" as it relates to practice improvements.

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Missouri's intent is to complement the PIP narrative and matrix with monitoring reports illustrating success in meeting the set targets over the next two years.

## II. PIP Agreement Form

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

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

### Agreements

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

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Name of State Executive Officer for Child Welfare Services

Date

---

Children's Bureau

Date

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### PIP Goal Summary and TA Plan

**State:** Missouri

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Primary Strategies	Key Concerns	TA Resources Needed
1. Increase Safety for Children	<ul style="list-style-type: none"><li>• The State did not initiate a response to a maltreatment report within the timeframes established by State policy.</li><li>• There was a lack of initial and ongoing safety and risk assessments.</li><li>• There were safety concerns in the child's home that were not addressed by the agency.</li></ul>	
2. Increase Accountability and Oversight to Align Policy with Practice	<ul style="list-style-type: none"><li>• The State was not consistent with regard to ensuring placement stability for children in foster care.</li><li>• The child's permanency goal was either not appropriate or not established in a timely manner.</li><li>• The State had not sought TPR in accordance with the requirements of ASFA.</li><li>• There was a lack of concerted effort to achieve reunification or guardianship in a timely manner.</li><li>• There were delays in achieving adoptions in a timely manner.</li><li>• The State was not consistent with regard to ensuring that children with a goal of OPPLA had a permanent placement and/or were receiving</li></ul>	

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Primary Strategies	Key Concerns	TA Resources Needed
	<p>services to ensure a successful transition from foster care to independent living.</p> <ul style="list-style-type: none"><li>• The educational needs of children in foster care were being appropriately assessed and addressed (91% Strength). However, in several of the applicable <u>in-home services cases</u>, educational needs were not assessed or addressed, although education-related concerns were apparent and a reason for agency contact (80% Strength).</li></ul>	
<p>3. Support Staff with enhanced training, tools, guides and educational materials to build case management skills.</p>	<ul style="list-style-type: none"><li>• The frequency and quality of visitation between children in foster care and their parents were insufficient to meet the needs of the children and families.</li><li>• The State was not consistent with regard to concerted efforts to preserve connections of children in foster care to extended families, school, and community.</li><li>• The State had not consistently made concerted efforts to search for either maternal or paternal relatives as potential placement resources.</li><li>• The State had not consistently made concerted efforts to support the child's relationship with the mother or father while the child was in foster care.</li><li>• The State was not consistent in assessing and meeting the needs of</li></ul>	<p>National Resource Center for In-Home Services</p>



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Primary Strategies	Key Concerns	TA Resources Needed
	<p>children receiving <u>in-home services</u>, foster parents, mothers, and fathers, or in addressing the needs of children receiving foster care services.</p> <ul style="list-style-type: none"><li>• The State did not make concerted efforts to involve children receiving <u>in-home services</u> or mothers and fathers in both the foster care and in-home services cases in case planning.</li><li>• The frequency and quality of caseworker visits with children in the <u>in-home services</u> cases were not sufficient to ensure the child's safety and well-being.</li><li>• The frequency and quality of caseworker visits with <u>parents</u> were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.</li></ul>	
4. Collaborate with other agencies to improve practice, through establishing processes and sharing of service resources.	<ul style="list-style-type: none"><li>• The physical and dental needs of children in foster care and in the <u>in-home</u> cases were not consistently assessed or addressed.</li><li>• Mental health needs of children in foster care and in the <u>in-home</u> services cases, educational needs were not assessed or addressed, although education-related concerns were apparent and a reason for agency contact</li><li>• Parents are not consistently involved in the development of the case plan.</li></ul>	National Resource Center for Organizational Improvements National Resource Center for Data and Technology

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Primary Strategies	Key Concerns	TA Resources Needed
	<ul style="list-style-type: none"><li>• Although the State has a process in place to conduct 6-month periodic reviews of the status of each child, the 6-month reviews do not occur consistently.</li><li>• State statute provides a process for TPR in accordance with ASFA; however, this process is not consistently implemented as intended across the State.</li><li>• Findings of the onsite CFSR case review indicate that ASFA requirements for filing TPR were met in 61 percent of the 18 applicable cases.</li><li>• Although there is a process in place for notification of hearings and the opportunity for caregivers to be heard, the process is not being implemented consistently, particularly with regard to the opportunity for caregivers to be heard.</li><li>• Many of the services in the State's service array are not accessible to families and children in all jurisdictions.</li><li>• There are waiting lists for such key services as affordable housing, dental services, substance abuse treatment, psychiatric services, and other behavioral and mental health services.</li><li>• A lack of transportation in some areas is a barrier to accessing services.</li><li>• Although Missouri has the assessment</li></ul>	

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<b>Primary Strategies</b>	<b>Key Concerns</b>	<b>TA Resources Needed</b>
	and planning tools to identify individualized service needs to meet the unique needs of children and families, the State does not have the capacity to provide these services consistently to families statewide due to the lack of accessibility and availability of many of the key services in some parts of the State.	

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

<b>Primary Strategy:</b>				<b>Applicable CFSR Outcomes or Systemic Factors:</b>	
1. Increase Safety for Children				Safety 1 and 2	
<b>Goal:</b>				<b>Applicable CFSR Items:</b>	
Enhance QA and QI processes for timeliness of initial contact during a child abuse and neglect reports and provide revised safety instructions and tools to compliment Framework of Safety intended to increase safety for child abuse and neglect reports, in-home intact families and foster care cases.				Items 1, 3 and 4	
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
<b>1.1. Develop a QA process to assist circuits performing below a 90% timeliness rate</b>	Meliny Staysa Linda Miller				
1.1.(A). QA Unit will monitor circuit performance and alert circuit managers and regional directors of non-compliance	Meliny Staysa Becky Porter	Summary of alerts	Q1 through Q4		
1.1.(B). Circuits not reaching state target will obtain performance information at the unit and worker level	Meliny Staysa QA Unit	Summary of worker/unit level reports	Q1 through Q4		
1.1.(C). Local PIP teams will amend local PIPs with strategies for improving timely contact for circuits performing below state target for one full quarter.	Circuit Managers Linda Miller QI Unit	Summary of Local PIP Strategies	Q2, Q4, Q6, Q8		

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1.1.(D). QI Unit will assist Circuit Managers/Program Managers to prepare POC (Plans of Change) as warranted, including TA (such as Coaching) when necessary.	Linda Miller QI Unit	Summaries of unit level POCs and TA activities	Q4, Q8		
<b>1.2. Conclude Framework for Safety Project and use information gained to enhance safety tools and rollout statewide</b>	Amy Martin				
1.2.(A). Revised safety tools per feedback from the initial implementation sites	Amy Martin	Revised Safety Tools	Q2		
1.2.(B). Develop memo to introduce revised safety tools and institute policy revisions.	Amy Martin	Completed Memo	Q2		
1.2.(C). Staff from initial implementation sites or those staff trained on revised safety tools, will assist with transfer of learning including guidance and coaching to staff and remainder of state	Regional Directors Amy Martin Dena Driver	Description of roll-out with examples of guidance & coaching activities	Q3		
1.2.(D). Incorporate revisions into pre-service training and share with FCCM providers to revise contractor's pre-service, in-service modules and Clinical Supervisor training and reinforced through OJT	Jeff Adams	Revised curriculum	Q3		

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<i>Renegotiated Action Steps and Benchmarks</i>					
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<b>Primary Strategy:</b>				<b>Applicable CFSR Outcomes or Systemic Factors:</b>	
2. Increased Accountability and Oversight to Align Policy with Practice				Permanency 1 Well-Being 2	
<b>Goal:</b>				<b>Applicable CFSR Items:</b>	
Improve the practice consistency of in-home (intact) and foster care cases (both CD and FCCM) by supporting management with a deeper understanding of issues (using data or case review evidence), with an oversight process and increased accountability.				Items 6, 7, 8, 9, 10, 21	
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
2.1. Identify and implement strategies which will decrease the number of placements for children in foster care	Melody Yancey Dena Driver				
2.1.(A). Gather and analyze data and other information to identify factors impacting placement stability	Meliny Staysa	Summary of factors identified	Q1		

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2.1.(B). Convene stability workgroup, including CD and FCCM staff, to review policy, data and research materials to develop strategies to increase placement stability	Melody Yancey Dena Driver	Summary of Reviews	Q2		
2.1.(C). Workgroup will prepare recommendations to impact placement stability for CD Administration	Melody Yancey Dena Driver	Workgroup Recommendations	Q3		
2.1.(D). Recommendations will be reviewed and prioritized for targeted or staged implementation	Candy Shively Susan Savage Melody Yancey Regional Directors	Plan for implementation for adopted strategies	Q4		
<b>2.2. Improve and support case consultation process and develop an oversight guide for case consultation for front line supervisors</b>	Susan Savage Melody Yancey				
2.2.(A). To improve case consultation process, revise the OJT manual with feedback from the Supervision Advisory Committee to support skill building activities	Supervision Advisory Committee	Summary of revisions of OJT Manual  Monitor completion of OJT activities for new workers	Q2		
2.2.(B). Develop an oversight guide that incorporates the elements of best practice and outcome results in case consultations	Susan Savage Melody Yancey	Oversight guide	Q3		

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2.2.(C). Develop a statewide tracking system for supervisors to record case consultation meetings	Susan Savage Melody Yancey	Copy of tracking tool template	Q4		
2.2.(D). Provide advanced training on case consultation for experienced supervisors (both CD and FCCM) including a concentrated focus on coaching, mentoring and modeling	Melody Yancey Jeff Adams	Copy of revised case consultation curriculum outline Summary of enhancements  Summary of training attendance (Number requiring training, number trained)	Q5, ongoing		
<b>2.3. Revise Case Review Tool to expand scope of reviews and incorporate CFSR items</b>	Meliny Staysa				
2.3. (A). Use information gathered from SCRT workgroups and program specialists to expand in-home (intact) and foster care case review tools	Meliny Staysa	Copy of SCRT and FCCM case review tools	Q1		
2.3.(B). ITSD modify SCRT for automation	ITSD	Summary of Automation Changes	Q3		
2.3.(C). Roll out CD revised tool with coaching support from QA/QI Specialist, written instructions and memo	Meliny Staysa	Copy of Memo Summary of coaching activities	Q3		



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<b>2.4. Develop a case review process to measure PIP progress using the SCRT</b>	Meliny Staysa				
2.4.(A). Develop a written protocol and include methodology, sampling criteria and a description of the review process	Meliny Staysa Linda Miller	Copy of written protocol	Q1		
2.4.(B). Prepare optional interview questions to use as needed in conjunction with the SCRT	Meliny Staysa	Copy of interview questions	Q1		
2.4.(C). Modify tool to electronically identify cases reviewed for the PIP	Becky Porter	Summary of Modifications	Q2		
2.4.(D). Develop a feedback loop protocol for QAs and QIs to coach and mentor staff on case results	Meliny Staysa	Summary of protocol	Q2		
2.4.(E). Hold a QA/QI training on PIP case review process	Meliny Staysa Linda Miller	Copy of Agenda List of attendees	Q3		
2.4.(F). Establish baseline to measure PIP process	Becky Porter	Summary of process to establish baseline	Q4		
<b>2.5. Increase the use of data by field staff to improve practice related to permanency planning review team meetings</b>	Meliny Staysa				
2.5.(A). Develop, test and train on ROM for staged implementation	Meliny Staysa	Roll-out schedule, description of activities	Q2		

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2.5.(B). Coach staff to use and interpret ROM data resulting in consistent practice	Meliny Staysa Linda Miller	Summary of activities related to coaching	Q2, Q4		
2.5.(C). Prioritize the use of the PPRT module during the implementation to assist in convening timely PPRT meetings	Meliny Staysa	Provide summary of user activity and outcomes for identified circuits	Q2, Q4		
<b><i>Renegotiated Action Steps and Benchmarks</i></b>					

<b>Primary Strategy:</b>				<b>Applicable CFSR Outcomes or Systemic Factors:</b>	
3. Support staff with enhanced training, tools, guides and educational materials using case consultations, coaching and mentoring as described in Strategy 2.2(D).				Permanency 2, Well Being 1	
<b>Goal:</b>				<b>Applicable CFSR Items:</b>	
Increase family engagement and quality of case practice				Items 13, 14, 15, 16, 17, 18, 19, 20	
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>

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<p><b>3.1. Enhance case management practice and family engagement in areas including: FSTs, working with incarcerated parents, setting permanency goals, quality documentation and developing written service agreements</b></p>	<p>Melody Yancey Dena Driver</p>				
<p>3.1.(A). Convene a workgroup (to include CD and FCCM staff) to develop guides or training materials for staff</p>	<p>Melody Yancey Dena Driver</p>	<p>Work plan</p>	<p>Q1</p>		
<p>3.1.(B). Disseminate guides or training materials for review through monthly meetings and supervisory consultation</p>	<p>Melody Yancey Dena Driver</p>	<p>Copy of guides or training materials  Summary of dissemination</p>	<p>Q4, ongoing</p>		
<p>3.1.(C) Monitor SCRT outcomes for effectiveness of each training guide disseminated</p>	<p>Meliny Staysa</p>	<p>Summary of SCRT questions and outcomes relating to the respective subject of the training guide or material</p>	<p>Q5</p>		
<p><b>3.2.Improve Child Welfare Manual (CWM) for quicker accessibility to enhance consistency in practice and adherence to policy and efficiency</b></p>	<p>Susan Savage Melody Yancey</p>				

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3.2.(A). Expand search capabilities within the CWM	Susan Savage Melody Yancey	Copy of Practice Point	Q1		
3.2.(B). Develop a "subject index" to enhance CWM usability	Susan Savage Melody Yancey	Subject Index	Q4		
3.2.(C). Enhance CWM training into Basic Training regarding expanded searching for new staff and share with FCCM to incorporate into contractor's basic training	Susan Savage Melody Yancey	Summary of enhancements to Basic Systems Training	Q4		
<b>3.3. Reinforce importance of worker/child visits</b>	Meliny Staysa				
3.3. (A). Continue the worker visit with child poster campaign through quarterly rotation of varying posters (including FCCMs)	Meliny Staysa	Copy of rotation schedule	Q1, ongoing		
3.3.(B). Post local results of worker/child visits	Meliny Staysa	Sample of 20 units' progress	Q1 through Q4		
3.3.(C). Provide reports to determine missed worker with child visits during transfer of cases	Meliny Staysa	Copy of report	Q1, ongoing		
3.3.(D). Provide reports to determine missed worker with child visits by service worker	Meliny Staysa	Copy of report	Q1, ongoing		
3.3.(E). QAs will notify circuit managers and QIs of worker with child visit "gaps" to use in circuit's improvement planning	Meliny Staysa Linda Miller	Summary of QI strategies used to identify worker visit gaps	Q1, ongoing		

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<b>3.4. Reinforce importance of worker/parent visits</b>	Meliny Staysa				
3.4.(A). Provide reports to determine missed worker with parent visits	Meliny Staysa	Copy of report	Q3, ongoing		
3.4.(B). QAs will notify circuit managers, QIs and FCCM providers of worker with parent visit "gaps" to use in circuits' improvement planning	Meliny Staysa Linda Miller	Summary of QI strategies used to identify worker visit gaps	Q4, ongoing		
<b>3.5. Enhance community collaboration to improve family engagement</b>	Susan Savage				
3.5.(A). Cultivate partnerships with community stakeholders to host FST meetings	Becky Porter Kim Abbott	Summary of partnership development activities	Q2, Q6		
3.5.(B). MOUs with Head Start to engage families in targeted areas	Cindy Reese	Summary of MOUs	Q2, Q6		
3.5.(C). Develop the use of Team Decision Making (TDM) meetings to safely prevent out-of-home placement, discuss initial placement and address changes of placement for children and families in St. Louis County	Candy Shively Susan Shelton	Summary of implementation plan	Q3		
3.5.(D). Educate staff (including FCCM), court and community partners about TDM process	Susan Shelton	Summary of activities	Q3, Q5, Q7		
3.5.(E). Begin staged implementation in St. Louis County	Susan Shelton	Summary of the roll-out	Q6		

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3.5.(F). Evaluate and analyze TDM impact	QA Unit Susan Shelton	Analysis Report	Q8		
<i>Renegotiated Action Steps and Benchmarks</i>					

<b>Primary Strategy:</b>			<b>Applicable CFSR Outcomes or Systemic Factors:</b>		
4. Collaborate with other agencies to improve practice			Well-Being 3 Case Review System Service Array Systemic Factor		
<b>Goal:</b>			<b>Applicable CFSR Items:</b>		
Increase collaborative efforts with the circuit courts and OSCA, Department of Corrections and external service partners to share resources and develop processes which will impact court issues and service provision in case management activities.			Item 22, 23, 25, 26, 28, 29, 36, 37		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
4.1. Strengthen court processes through collaborative efforts to improve permanency outcomes	Susan Savage Kim Abbott				

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<p>4.1.(A). Partner with OSCA (CIP) to convene regional summits, which include representation from CD, juvenile officers, judges, attorneys, CASA and GALs to identify and discuss court barriers and notification process for caregivers.</p>	<p>Susan Savage Kim Abbott</p>	<p>Regional Summit Syllabus  Regional Summit Sign in Sheets</p>	<p>Q3</p>		
<p>4.1.(B). Following summits, circuits will develop improvement plans to impact local court barriers and notification process for caregivers.</p>	<p>Susan Savage Kim Abbott</p>	<p>Sample of circuit's local plans</p>	<p>Q4</p>		
<p>4.1.(C). OSCA (CIP) and CD will track, monitor and evaluate improvement plans</p>	<p>Susan Savage Kim Abbott</p>	<p>Summary of monitoring activities</p>	<p>Q6</p>		
<p><b>4.2. Strengthen involvement of incarcerated parents with children in foster care</b></p>	<p>Melody Yancey Amy Martin Dena Driver</p>				
<p>4.2.(A). Partner with DOC to establish a visitation protocol (possible liaisons) for children in foster care to visit their incarcerated parent.</p>	<p>Amy Martin Dena Driver</p>	<p>Summary of visitation protocols</p>	<p>Q3</p>		
<p>4.2.(B). Establish a liaison or some other mechanism at each prison to address questions regarding visitation and inmates participating in planning meetings for incarcerated parents of children in foster care.</p>	<p>Amy Martin Dena Driver</p>	<p>Description of processes for connecting to parents in prison</p>	<p>Q3</p>		

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<p><b>4.3. Develop a process with TA from the NRCs to increase service array capacity, accessibility and individualization of services.</b></p>	<p>CFSR Committee Becky Porter</p>				
<p>4.3.(A). Develop a work plan for TA from NRC for Organizational Improvement and NRC for Data and Technology to address a service array processes.</p>	<p>Becky Porter</p>	<p>NRC work plan</p>	<p>Q1</p>		
<p>4.3.(B). Introduce process, including a meeting schedule and process to assess and expand service array under the scope of the CFSR Advisory Committee for state level service array issues.</p>	<p>Becky Porter</p>	<p>Minutes of meeting</p>	<p>Q1</p>		
<p>4.3.(C). Introduce a process for two targeted areas, St. Louis and Southwest regions, which assesses and develops a service array workplan and forms a "community of practice"</p>	<p>Becky Porter</p>		<p>Q1</p>		
<p>4.3.(D). Nominate lead from targeted areas to participate in CFSR Advisory Committee</p>	<p>Becky Porter</p>	<p>List of nominees</p>	<p>Q1</p>		
<p>4.3.(E). Complete assessments and implement improvement plans from service array process in targeted areas</p>	<p>Becky Porter</p>	<p>Summary of implementation plan</p>	<p>Q4</p>		



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<b>4.4.Assess staff's capacity to obtain information from the Parent Locator Services</b>	Candy Shively				
4.4.(A). Director or Director's designee will meet with the Title IV-D Child Support Agency to assess and evaluate current Parent Locator process	Candy Shively Susan Savage Melody Yancey	Summary of discussion with Child Support	Q2		
4.4.(B). Following the assessment and evaluation, information will be released to staff describing any new or revised processes resulting	Candy Shively Susan Savage Melody Yancey	Copy of newly released information or, if revised, the Parent Locator Agreement.	Q3		
<b>4.5.Increase accessibility to wellness information for children in foster care</b>	Melody Yancey				
4.5.(A) Partner with the Healthcare Coordination Committee to expand accessibility or create new avenues to access health information for children in foster care.	Melody Yancey	Summary of expansion or enhancement discussions	Q2		
<b>4.6.Partner with MJJA and OSCA to address practice issues</b>	Candy Shively Susan Savage Melody Yancey				
4.6.(A). Present CF SR Findings and PIP progress to OSCA through an education webinars and MJJA newsletters for parent's attorneys, juvenile officers, CASA, GALs, etc.	Susan Savage Melody Yancey	Copy of presentation materials regarding CF SR and PIP progress	Q1 and ongoing		

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4.6.(B). Participate in the Foster Care Planning committee for OSCA for the Foster Care Conference.	Susan Savage Becky Porter	Summary or agenda of meetings.	Q1		
<i>Renegotiated Action Steps and Benchmarks</i>					

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

<b>Safety Outcome 1: Absence of Recurrence of Maltreatment</b>												
National Standard	94.6%											
Performance as Measured in Final Report/Source Data Period	97.1% FY 2008ab CFSR Data Profile (January 29, 2010)											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal	Not applicable. Missouri met the National Standard at the time of the CFSR.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Safety Outcome 2: Absence of Maltreatment of Children in Foster Care</b>												
National Standard	99.68%											
Performance as Measured in Final Report/Source Data Period	99.71% FY 2008ab CFSR Data Profile (January 29, 2010)											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal	Not applicable. Missouri met the National Standard prior to implementation of the PIP.											
Renegotiated Improvement Goal												

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Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Permanency Outcome 1: Timeliness and Permanency of Reunification</b>												
National Standard	122.6											
Performance as Measured in Final Report/Source Data Period	115.5, 2008ab CFSR Data Profile (January 29, 2010)											
Performance as Measured at Baseline/Source Data Period	Met National Standard prior to CFSR Final Report. Pending resolution of data quality issues.											
Negotiated Improvement Goal	To be determined.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Permanency Outcome 2: Timeliness of Adoptions</b>												
National Standard	106.4											
Performance as Measured in Final Report/Source Data Period	110.7, 2008ab CFSR Data Profile (January 29, 2010)											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal	Not applicable. Missouri met the National Standard at the time of the CFSR.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

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<b>Permanency Outcome 3: Achieving Permanency for Children in Foster Care for Long Periods of Time</b>												
National Standard	121.7											
Performance as Measured in Final Report/Source Data Period	109.2, 2008ab CFSR Data Profile (January 29, 2010)											
Performance as Measured at Baseline/Source Data Period	To be determined pending resolution of data quality issues.											
Negotiated Improvement Goal	To be determined pending resolution of data quality issues. Goal could potentially be met between 2008ab and 2010ab.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Permanency Outcome 4: Placement Stability</b>												
National Standard	101.5											
Performance as Measured in Final Report/Source Data Period	136.8 FY 2008ab CFSR Data Profile (January 29, 2010)											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal	Not applicable, Missouri met the National Standard at the time of the CFSR.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

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

<b>Outcome/Systemic Factor: Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.</b>												
<b>Item 1: Timeliness of Initial Contact</b>												
Performance as Measured in Final Report	86%											
Performance as Measured at Baseline/Source Data Period	A retrospective data baseline will be developed using data from April 1, 2009 to March 31, 2010. Progress will be monitored using a 12 month aggregation on a rolling year basis. The data can be reported on a quarterly basis with a yearly outcome. During the CFSR, 28 cases were applicable for this item with an outcome of 86%.											
Negotiated Improvement Goal	To Be Determined											
Method of Measuring Improvement	Missouri will be using data from the SACWIS system from every child and abuse report concluded during the time period from April 1, 2009 to March 31, 2010. The minimal applicable case number in the final report is 28.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Outcome/Systemic Factor: Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate.</b>												
<b>Item 3: Service to Protect Children in Home</b>												
Performance as Measured in Final Report	86%											
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 42 cases were applicable to this item.											
Negotiated Improvement Goal	To be determined											
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)											
Renegotiated Improvement Goal												

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**Outcome/Systemic Factor: Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate.**  
**Item 4: Risk of Harm**

Performance as Measured in Final Report	69%											
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 64 cases were applicable to this item.											
Negotiated Improvement Goal	To be determined											
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

**Outcome/Systemic Factor: Permanency Outcome 1: Children have permanency and stability in their living situations.**  
**Item 7: Permanency Goal for Child**

Performance as Measured in Final Report	72.5%											
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 40 cases were applicable to this item.											
Negotiated Improvement Goal	To be determined											
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)											
Renegotiated Improvement Goal												

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Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Outcome/Systemic Factor: Permanency Outcome 1: Children have permanency and stability in their living situations.</b>												
<b>Item 10: Other Planned Living Arrangement</b>												
Performance as Measured in Final Report	75%											
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 8 cases were applicable to this item.											
Negotiated Improvement Goal	To be determined.											
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Outcome/Systemic Factor: Well Being 1: Families have enhanced capacity to provide for children's needs.</b>												
<b>Item 17: Needs/Services of Child, Parents, and Foster Parents</b>												
Performance as Measured in Final Report	53%											
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 64 cases were applicable to this item.											
Negotiated Improvement Goal	To be determined.											
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12



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measurement for the reported quarter.)													
<b>Outcome/Systemic Factor: Well Being 1: Families have enhanced capacity to provide for children's needs.</b>													
<b>Item 18: Child/Family Involvement in Case Planning</b>													
Performance as Measured in Final Report	52%												
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 63 cases were applicable to this item.												
Negotiated Improvement Goal	To be determined												
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
<b>Outcome/Systemic Factor: Well Being 1: Families have enhanced capacity to provide for children's needs.</b>													
<b>Item 19: Caseworker Visits with Child</b>													
Performance as Measured in Final Report	83%												
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 64 cases were applicable to this item.												
Negotiated Improvement Goal	To be determined.												
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

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quarter.)												
<b>Outcome/Systemic Factor: Well Being 1: Families have enhanced capacity to provide for children's needs.</b>												
<b>Item 20: Caseworker Visits with Parents</b>												
Performance as Measured in Final Report	41%											
Performance as Measured at Baseline/Source Data Period	To be determined during Quarter 3 of PIP when Missouri will set a prospective baseline for this item through the case review process. 56 cases were applicable to this item.											
Negotiated Improvement Goal	To be determined.											
Method of Measuring Improvement	QA/QI case review using Supervisory Case Review Tool (SCRT)											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12