

Missouri Children's Division

*Continuous Quality Improvement
Annual Report*

Fiscal Year 2007



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Introduction

On February 6, 2003, Governor Bob Holden issued an Executive Order 03-03 which created the Children's Division by combining the Children's Services Section of the former Division of Family Services with the Office of Early Childhood. The order became effective on August 28, 2003. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect.

After an extensive review of the organizational needs of the division and with a focus on family-centered practice excellence, a clear vision and mission for the Children's Division emerged. This mission is supported by six guiding principles key to the division's work with children and families.

Mission Statement

The mission of the Children's Division is to partner with families, communities and government to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.

Guiding Principles

Partnership: Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

Practice: The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

Prevention: Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

Protection: Children have a right to be safe and live free from abuse and neglect.

Permanency: Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

Professionalism: Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

All division activities are conducted with regard to and in accordance with the mission and guiding principles of the organization. This framework encompasses all of the division's short term and long term planning.

Long Term Strategic Planning

In December 2003, Missouri participated in the Child and Family Services Review (CFSR). While the CFSR was a substantial undertaking, it was a valuable process highlighting areas needing improvement. This federal review assessed state achievement in core outcomes for children and families who come into the child welfare system. As a result of the CFSR, the Children's Division developed and implemented the state's Program Improvement Plan (PIP) to address areas needing improvement. Approved February 1, 2005, this two year plan for practice improvement had an emphasis on child safety, permanency, well-being, engaging and

supporting families, data-driven decision making and a consistency of practice across the state to improve outcomes for children and families.

The primary goals of the Children's Division focused on the themes of child safety, permanency, and child and family well-being for the children and families we serve. A fourth goal focuses on the systemic factors necessary in a high-performing organization with the capacity to support excellent outcomes for children and families. During the past two years the division has and will continue to focus on:

- Finding safe and permanent homes for children as soon as possible to prevent multiple placements.
- Keeping children safe in their own communities.
- Preserving family connections for children removed from their homes.
- Engaging and involving children and families in case planning.
- Enhancing relative and kinship care and support for caregivers.
- Recruiting and retaining resource families.
- Improving children's mental and physical health and enhancing educational opportunities.
- Providing strengthened services for older youth.
- Building and refining an array of services and accessibility to best meet the needs of children and families.
- Using consultation and partnerships to provide resources for better meeting children and family needs.
- Ensuring the division is working efficiently and effectively by using quality assurance methods and best practice standards.

Short Term Strategic Planning Activities

Numerous activities have been accomplished in the PIP two year timeframe which ended in February 2007. Within the PIP are six federal national standard measures (and a variety of other measures) used to determine if practice improvement has indeed occurred. Although the PIP process steps have been completed and the Administration for Children and Families has verified and made a final determination that division has attained agreed-upon amount of improvement on the national standards, there were still six remaining PIP measures in which the agreed upon goal had not been achieved:

- Timeliness of Initial Child Contact
- Family Participation in the development of and signing of the service plan
- Services being provided to the family are adequate to meet their needs as identified in the assessment
- Worker visits with the family and caretakers according to policy
- Child placed in close proximity to family
- Visitation plan in place to facilitate

The division must pass the agreed upon goals for these measures during the non-overlapping year. The non-overlapping year is a 12 month evaluative period which does not overlap with the recent two year PIP implementation period and the beginning of the second round of the CFSR. The overlap year began on April 1, 2007 and will end on March 31, 2008. Data outcomes achieved during this period will form the baseline for the next CFSR.

In order to meet the goals for these six remaining measures, the division employed a number of strategies including: statewide memo regarding performance on these measures and

expectation for improvement in circuits performing under the goal; statewide email to all QA Specialists about appropriate completion of Peer Record Reviews; a workshop attended by all circuit managers on these measures during a statewide Leadership Conference; CA/N system changes to rectify timely initial contact data entry errors; and distribution of statewide memo clarifying policy on timely initial contact.

As a result of these activities, the division met the goal on all but one of the remaining measures, timeliness of initial child contact, by the end of FY 2007.

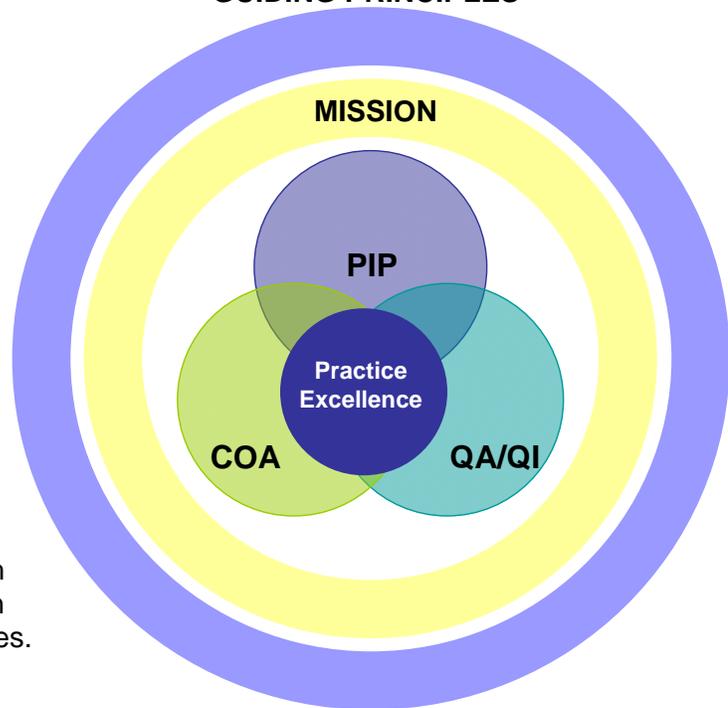
The division's yearly budget is key to short term planning. The department submits the division's budget proposal to house and senate committees. Once modified in these committees the budget is then sent to the governor for final approval. Once appropriations are determined for specific items in the budget, the division implements those programs.

Short term planning also occurs at the circuit level through Practice Enhancement Teams and work done by the Quality Assurance Unit. The work performed by these entities is driven by the PIP according to Council of Accreditation standards of best practice and integrated into the Continuous Quality Improvement process.

Planning and Performance Measurement Section

The division believes the PIP, the Continuous Quality Improvement (CQI) process, quality assurance, quality improvement and efforts made toward achieving state accreditation through the Council on Accreditation are intricately tied to one another. Therefore, these activities are housed within the Planning and Performance Management Section. During the past year, the division continued to utilize the PIP as a roadmap for practice improvement with the CQI process functioning as a vehicle for change. The division is cognizant of developing solutions which meet best practice standards and are in alignment with our mission and principles.

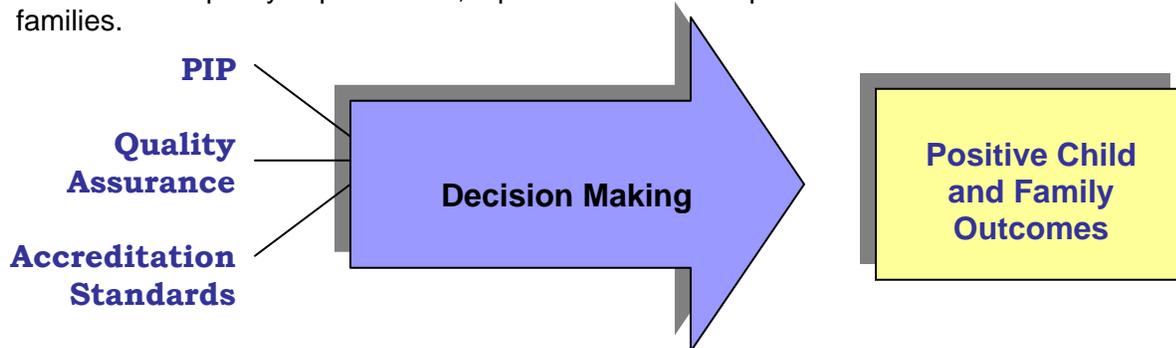
GUIDING PRINCIPLES



The Quality Assurance Unit

As testament of commitment to continuous quality improvement, the Quality Assurance (QA) Unit was formed in December of 2004. The QA unit consists of a QA Unit Manager, seven regional QA Specialists and a central office Program Development Specialist. Using the PIP as a guide, the QA Unit assists in analyzing the information produced by the data system, targets specific areas needing improvement and works with regional and frontline staff through Practice

Enhancement Teams (PETs) and other workgroups to develop local action plans. The QA Unit also partners closely with Regional Field Administrators to meet both regional and statewide quality assurance needs. All of the quality assurance activities in which the division engages feed into a continuous quality improvement process. The quality assurance data, the PIP, and accreditation best practice standards are used to inform and drive decision making in Central Office and in the field as illustrated below. Decision making based on these components results in continuous quality improvement, a process to achieve positive outcomes for children and families.



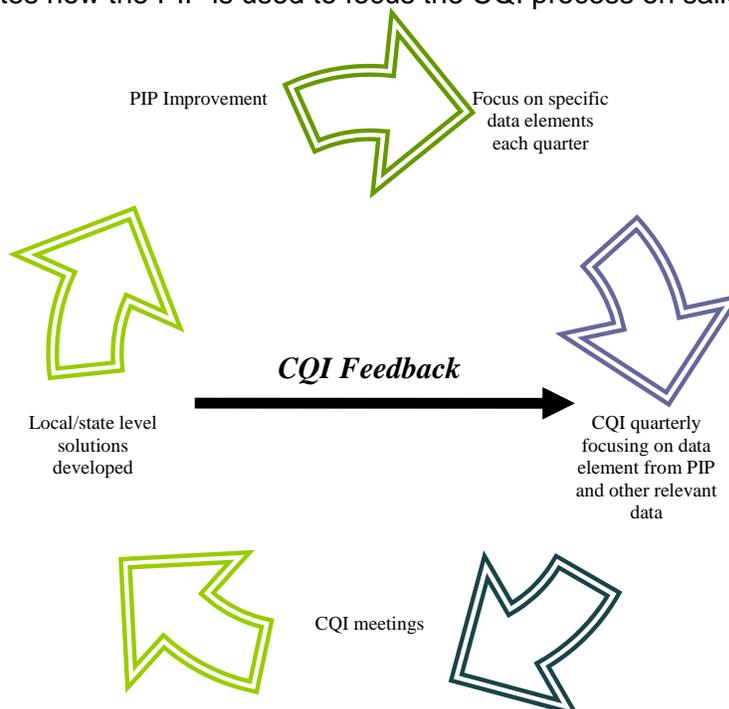
With the assistance of the Quality Assurance Unit, each circuit assesses PIP identified data measures, monitors them on an ongoing basis, and develops strategies to address areas needing improvement. The QA Specialists are responsible for reporting back to the central office PIP/CFSR coordinator all PIP action step completed by the circuits.

In 2007, the QA Unit continued the “*In Focus Newsletter*”, an initiative designed to integrate outcome measurement and PIP monitoring into the CQI process.

In Focus Newsletter

In Focus is the quarterly CQI newsletter issued by the Quality Assurance Unit during the first two weeks of each quarter. The newsletter focuses on one to two pertinent data elements as determined by the Division’s PIP and the members of the strategic planning unit. The *In Focus* quarterly newsletter is meant to provide guidance for the CQI Teams during each quarter. While teams are encouraged to use the *In Focus* Newsletter in their meetings, teams are not limited to discussing newsletter items only. Any service delivery issue is appropriate for discussion during CQI meetings.

This chart illustrates how the PIP is used to focus the CQI process on salient PIP items and outcomes:



Ongoing elements of the newsletter include:

- Message from the director
- Statewide trend chart on data element with discussion of COA best practice associated with this element and how it affects consumers
- Links to trend charts for data element for each circuit
- CQI calendar for the quarter
- CQI success section
- Statewide CQI meeting minutes link and summary of decisions made at state level from last quarter
- Accreditation update
- PDR calendar
- Mission statement
- PIP update for the next quarter

In 2007, the QA Unit continued to produce this quarterly newsletter and covered major topic areas including: placement stability and foster care drift; permanency planning reviews and family support team meetings; making connections for older youth; reunification and re-entry support issues and a variety of other PIP measure related topics.

The Quality Improvement Unit

Quality Improvement (QI) is a team process for achieving desired organizational results. By employing a QI process which is founded on a good solid QA framework for data collection and monitoring, the Children's Division continues its efforts to provide high quality and sustainable child welfare services.

As further evidence of the total quality management (TQM) philosophy, the division is directing and focusing its energies towards a strong partnering of QA and QI. Late in calendar year 2006, seven regionally based QI specialists were hired to assist circuit managers, supervisors and workers in planning and implementing change through various methods including: specialized training, case reading, situational modeling and employee shadowing.

These QI specialists are supervised regionally but also have direct supervision by the Quality Improvement Unit Manager in Central Office. QA and QI staff will meet together quarterly to identify gaps between desired and actual performance, identify root causes for poor performance and strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice for children and families in Missouri.

A top priority for the QI unit is COA accreditation preparedness and sustainability.

Accreditation

It is the division's intent and goal to meet standards of best practice established by the Council on Accreditation (COA), as specified in Section 210.113 RSMo (House Bill 1453, 2004). The division is demonstrating to COA that its programs, policies, procedures, and practices are in compliance with COA standards and therefore worthy of receiving accreditation notoriety. As funding permits, the division will continue to seek accreditation on a judicial circuit by circuit basis.

Four circuits, along with Central Office and the Child Abuse and Neglect Hotline, were selected to receive COA site visits in the first wave (FY06) based on their overall readiness to meet

accreditation standards as determined by the circuit self assessments. Central Office and the Child Abuse/Neglect Hotline, as well as Circuits 11 (St. Charles County), 32 (Cape Girardeau, Bollinger, Perry Counties), 33 (Scott and Mississippi Counties) and 34 (New Madrid and Pemiscot Counties) were deemed in compliance with COA standards of accreditation.

In FY07, ten circuits, the 4th, 6th, 8th, 18th, 19th, 21st, 23rd, 29th, 35th and 44th, received COA site visits and all were found to be in compliance with accreditation standards. In FY08, 16 sites were scheduled for site visits. For FY09, the 15 remaining circuits will have a COA site visits.

In pursuit of best practice standards, staff members have worked to improve casework practice and documentation. Additionally, the division has enhanced many of its policies, provided additional training to its employees and foster parents and increased its private contract to reduce caseload sizes and supervisor to staff rations. Such accomplishments have included, but are not limited to the following:

- CPR/ and Basic First Aid Training is now a requirement for all foster and kinship care providers in the circuits which have undergone and are undergoing accreditation to ensure they are equipped to handle medical emergencies which arise with children in their care. This requirement will be extended to other caregivers in each circuit which is put forth for accreditation
- Cultural Competency Training is being offered and interview questions were developed to ensure that staff members are sensitive to diverse cultural traditions within the service population
- Policies addressing clients' rights, communication with special needs clients, and safety of personnel have been developed or strengthened statewide to meet accreditation standards
- Additional staff have been contracted to reduce caseload sizes and supervisor to staff ratios
- Job specifications were revised to increase educational requirements to ensure front line workers and supervisors are adequately qualified to perform their jobs

Undergoing the accreditation process speaks to the commitment of the CD in advocating for and fulfilling its mission to ensure safety, permanency, and well-being for Missouri's children and families.

Supervisor Workgroup

The field of public child welfare is increasingly focused on supervision as a strategy for improving practice and outcomes. Across the United States, it is clear supervisors are the most stable element of the child welfare system, that they are the keepers of the agency's culture, and in order to introduce and achieve systemic change, their involvement and support is crucial. These conclusions are reinforced by the fact that over 20 states built improving child welfare supervision as a key strategy in their Program Improvement Plans.

With technical assistance from the National Resource Centers a Child Welfare Supervision Work Group was convened in 2005 to determine how to better support supervisors, improve supervision and prepare and implement a Child Welfare Supervision Strategic Plan. The supervision workgroup was composed of 15 supervisors from across the state. This Work Group was supported through technical assistance provided by staff and consultants of the National Resource Center for Organizational Improvement (NRCOI). In January 2006 the workgroup produced a Strategic Plan for Child Welfare Supervision which was presented to Children's Division Administration. The Plan addresses strategies in four different areas:

1. Supervisor Training.
2. Supervisor Support.

3. Casework Practice.
4. Management/Administrative Supervision/Communication/Community.

For each of these four areas, the Plan contains five elements of a strategic plan; action steps, tasks/time frames, benchmarks, completion date, persons/groups responsible.

In 2006 the supervision work group continued to meet quarterly to monitor and ensure progress was made in the Strategic Plan for supervision. In 2007, new members were added to the group and it continues to meet quarterly to monitor progress in the strategic plan.

Key Progress Related to Outcomes

The CD's vision for child welfare is for children to grow up in safe, nurturing and stable environments. To help achieve this vision, the division strives to ensure a practice, systems and management approach which child and family needs are assessed quickly, individualized services are available and delivered promptly, the impact of the services is monitored and, if need be, services are modified. In the past year, implementation of the following action steps from the PIP is responsible for improvement in outcomes related to safety, permanency and well being for children.

Safety

- Consulted with the National Resource Center on Child Protective Services regarding safety issues and non-CA/N referrals
- Revised and provided training to community partners to educate on difference between CA/N reports and non-CA/N referrals
- Developed and implemented safety policy regarding assessment of safety at and throughout placement for children in care
- Revised and strengthened visitation policy to ensure safety of children during visitation
- Developed training curriculum and implemented the Chronic Neglect pilot
- Completed training of staff on improving family assessment and case planning tools
- Development of local plans to respond more timely to reports of maltreatment
- Created and implemented the Supervisory Case Review process to improve supervisory capacity to monitor enhanced case practice and planning
- Continued to analyze and monitor preponderance of evidence reports received by residential treatment facilities.

Permanency

- Increased system capacity by converting data to accurately track placements with relatives and kinship providers
- Monitored the quarterly progress performance of Performance Based Contractors on child safety, permanency and stability outcomes
- Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families and critical factors in placement stability
- Continued collaboration with the Office of State Courts Administrator to provide cross training to judiciary, court and CD staff on a bi-annual basis
- Developed policy to address permanency service needs to children in legal status 2, 3 and 4
- Reorganized the Older Youth Program to increase program accessibility to youth and service awareness to the community
- Developed policy and design protocol to improvement youth involvement in case and service planning and delivery

- Enhanced policies to preserve community connections for children and the continual need to maintain sibling relationships
- Developed a universal handbook for parents addressing rights, responsibilities, court procedures, and etc.

Well Being

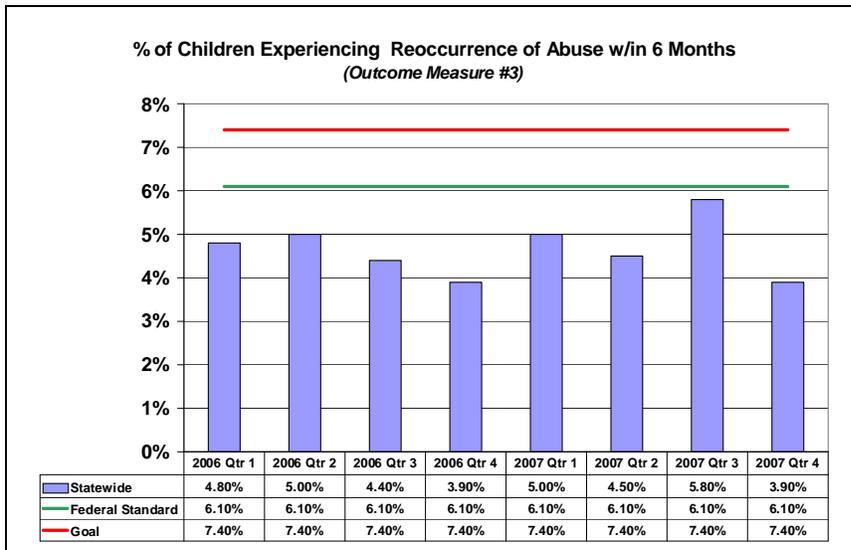
- Improved the flow of educational records and reports when children transfer schools
- Protocol to access early interventions for students at risk for educational neglect, truancy and suspension distributed to staff and shared with local school districts
- Increased the awareness of and number of staff and foster parents trained on mental health issues
- Developed policy addressing quality of worker visits with children, foster and birth families
- Increased policy compliance for frequency of worker visits for intact and out-of-home care families
- Developed practice improvement strategies to ensure families have enhanced capacities to provide for children's needs
- Developed practice improvement strategies to ensure children receive adequate services to meet their educational, physical and mental health needs

Systemic Factors

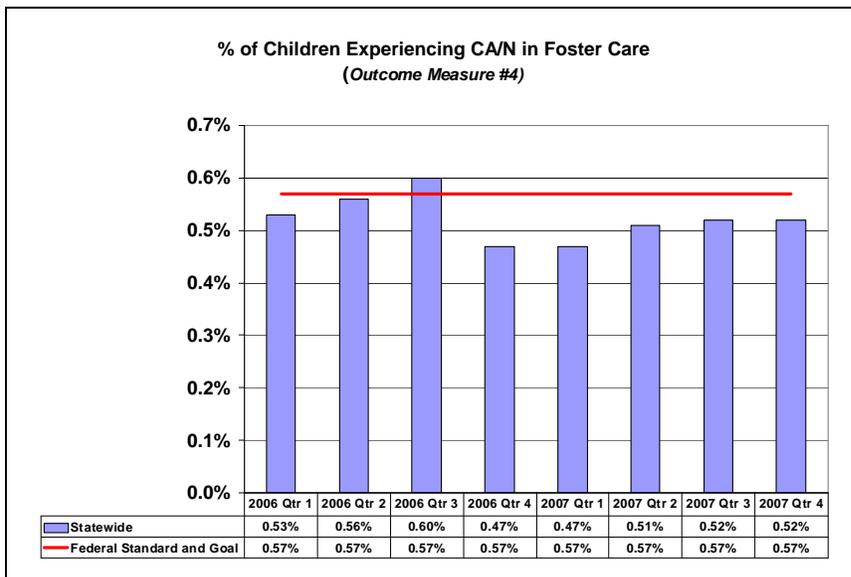
- Maximized parental/family involvement in Family Support Team Meetings (FSTM)
- Enhanced staff facilitation skills for FSTM
- Increased ability to track six months administrative reviews separately from FSTM
- Provided cross training to judiciary, court staff, GALs and CD staff on ASFA and permanency hearings
- Recruited and trained qualified volunteers to participate in the six month administrative reviews
- Implemented training to develop testifying skills for staff
- Revised policy to assure 12 month permanency hearings are timelier through a facilitated discussion during the FSTM
- Advocated for legislation to amend Missouri Statues to ensure consistency with ASFA requirements
- Consulted with the National Resource Center for Organizational Improvement to develop strategic plan to improve training and support for front line supervisors
- Developed and implemented clinical supervision curriculum for front line supervisors
- Enhanced On-The-Job training for supervisors by Identifying core skills/competencies that is expected with staff
- Created a State Training Advisory Committee to assess and evaluate training needs
- Continued to provide staff and families with access to alcohol and drug abuse services
- Increased the availability of transportation services through the issuance of a state-wide transportation contract

Safety and Permanency Outcomes - The Six Federal Measures

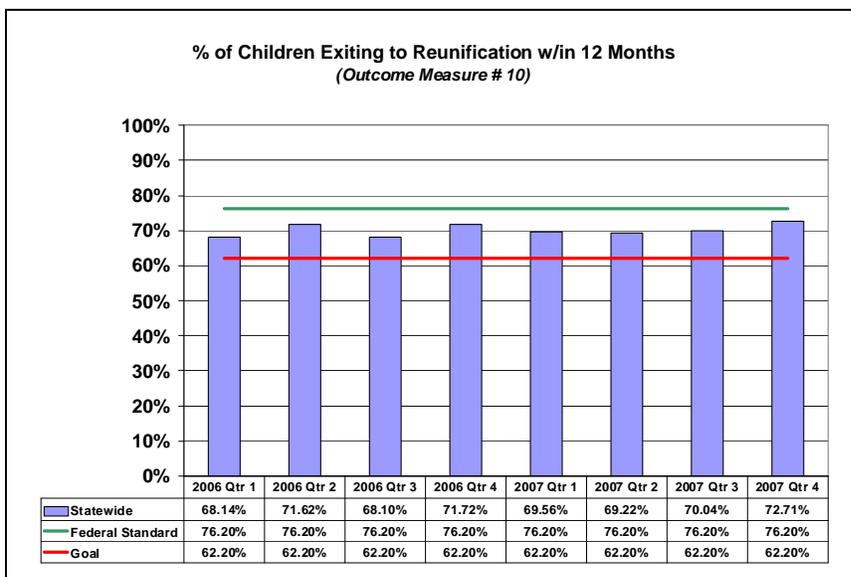
The following charts indicate how the division performed in 2006/2007 on the six federal measures. Data for these charts was extracted from the [Quarterly Outcomes Report](#) and indicates the actual percentages for each quarter.



Over the last 2 years, the division has **continued to perform well** on this measure remaining below the federal standard for the percentage of children who experience recurrence of child abuse and neglect (lower performance is better).

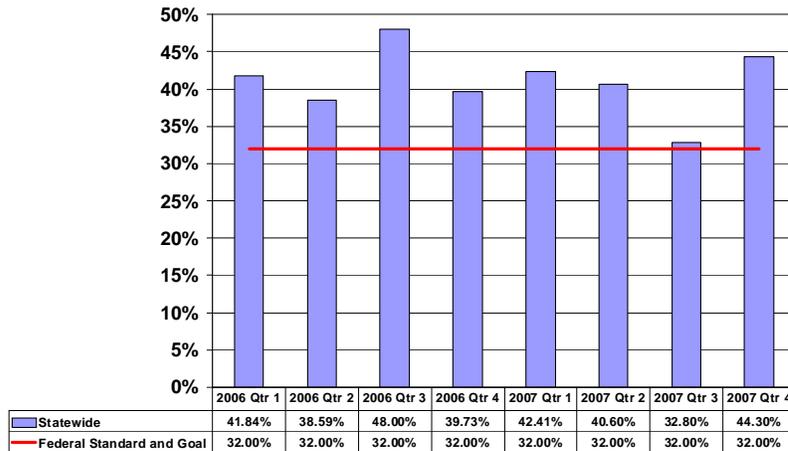


Over the last year and a half, the division has **remained below** the federal standard for the percentage of children who experience an incident of child abuse and neglect while in foster care (lower performance is better).



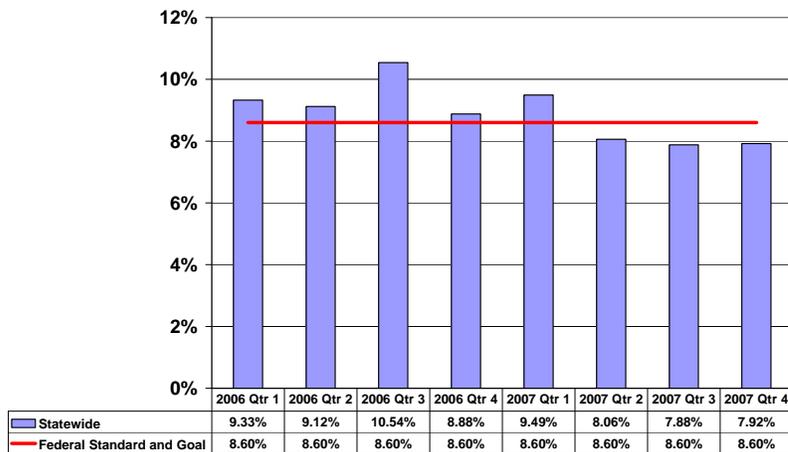
Over the last year, the division has **made progress** on this measure going from 68.14% of children exiting to reunification within twelve months in FY2006 Qtr 1 to 72.71% in FY2007 Qtr 4.

**% of Children Exiting to Adoption w/in 24 Months
(Outcome Measure #11)**



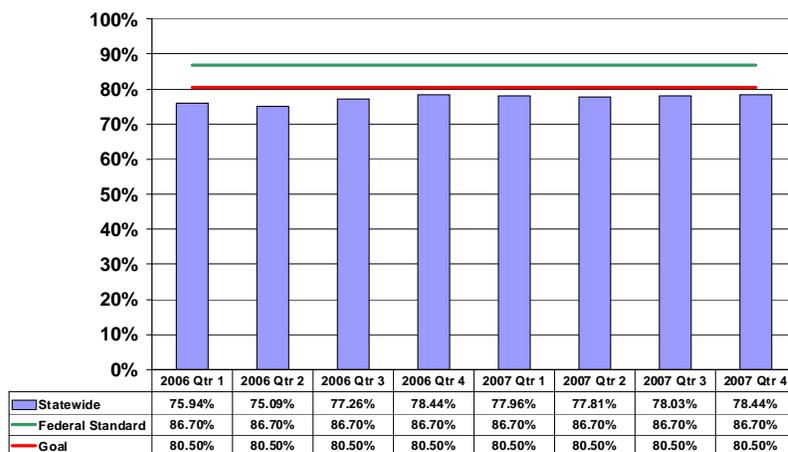
Over the last 2 years, the division **continued to exceed** the federal standard for the percentage of children who exit to adoption within 24 months.

**% of Children Re-entering Foster Care w/in 12 Months of Exit
(Outcome Measure #14)**



Over the last year, the division has **reduced** the percent of children re-entering foster care (lower performance is better).

**% of Children Experiencing 2 or Fewer Placements
(Outcome Measure #13a)**



Over the last year, the percentage of children who experience two or fewer placement moves has **increased**.

Peer Record Reviews

The Peer Record Review (PRR) is a strategy designed to ensure that documentation of essential service components exist in the case record, provide objective input regarding quality service provision, and to identify systemic barriers to quality services. Intended to be supportive in nature, peer reviewers are asked to identify strengths as well as the areas of needed improvement and are expected to share their findings with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division worker gaining a new perspective, the review's knowledge and skill is enhanced. The Children's Division has been conducting PRRs since 2002. Quarterly PRR data can be viewed at <http://dssweb/cs/peerrecordreview/index.htm>

Completed on a quarterly basis, 10% of in-home and foster care cases statewide were randomly selected for review in the last year. The review included a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that were open or had been closed within three months immediately preceding the quarter in which the review was being conducted. In January 2006, the division began doing adoption PRRs on a quarterly basis in conjunction with the meeting of the Second Level Matching Team (SLM). Each SLM team member brings the adoption cases and two adoption specialists to Jefferson City for the review. This allows more frontline staff to participate in the PRR process.

Enhancing the PRR Process

All frontline staff should have the opportunity to participate in the PRR process. To prevent a conflict of interest and increase objectivity, reviewers were instructed not to review any case in which they are or have ever been involved and even not to review a case from their own county if possible. These enhancement activities have caused a deflation in the PRR data in many areas making the information more reflective of actual practice in the field. The QA Unit is working with the FACES unit to automate the PRR process. This will allow all staff to participate in the process. PRR automation is due to be implemented in 2008.

Child Abuse and Neglect Hotline Unit (CANHU) PRRs

The Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the Quality Assurance Unit developed a peer review system at the hotline unit. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review. In the future, if a case does not pass peer review it will automatically be forwarded to a CANHU supervisor for review.

Supervisor Case Review Process

The Supervisory Case Review Tool and process are intended to support the front-line supervisor in providing staff with enhanced clinical supervision. The tool is structured in such a way that the supervisor can determine if policy was followed as well as examine the quality of the work being completed with children and families. In turn, the supervisor will be able to utilize this information during supervisory conferences with their workers. The process encourages and supports supervisors in teaching staff to recognize how current policy requirements and day-to-day decisions impact the safety, permanence, and well-being of Missouri's children.

Initially, Children's Services Specialists from each region received training on the SCR process and tool. These Children's Services Specialists provided training and support to front-line supervisors during the months of May and June, 2006.

The Supervisory Case Review Tool addresses child safety and well-being, as outlined in the Child and Family Services Review. Supervisors who oversee investigators and assessors are expected to review two completed hotlines from each worker each month. Supervisors who oversee FCS and out-of-home care cases are expected to review one child/case for each worker each month.

As the case reviews are completed, the results are collected in two ways. First, the data from all case reviews across the state are sent to a database located in Central Office. The information from the statewide reviews is compiled and posted in the intranet quarterly. Second, the information is sent to a local spreadsheet housed on each supervisor's computer allowing the supervisor continual access to the case reviews which they have completed. Supervisors are able to ascertain strengths and areas of need for the workers in their units. Supervisors are encouraged to use this information during case consultations to help workers improve child welfare practice with the children and families served.

Successful implementation of the SCR requires staff to acquire new skills and approaches however, at SCR implementation, an expert group was not established to take these new skills to a level of fidelity nor was the process in place long enough to make discovery of the nuances that the review would hold. Therefore, after time passed, it was evident further training was needed to build expertise which could sustain the process, and in turn, provide consistency in the results. Once this is achieved, the supervisors will possess real time evidence in which to make intervention decisions and in turn, change practice.

For FY 2008, the QA Unit will develop a curriculum and training which will accomplish the following goals:

- Increased response and completion rates
- Increased consistency of responses
- Educate supervisors on SCR tool so they feel less overwhelmed
- Clearly tie the SCR process to clinical supervision
- Educate supervisors on how to Identify trends at the local level to change practice
- Improve case documentation

Training will be directed at all levels of management in addition to frontline staff and supervisors. Curriculum writing will begin in January 2008 and training should be complete by FY 2008.

Practice Development Reviews (PDRs)

The Practice Development Review (PDR) is modeled after the Quality Service Review model developed by Dr. Ivor Groves and Dr. Ray Foster and based on Service Testing™ methods. The PDR uses a performance appraisal process to conclude how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the service system on their status.

In FY 2007, ten PDRs occurred across the state in circuits 6, 8, 16, 19, 22, 24, 38, 39 and 42. A total of 117 cases were reviewed; 73 alternative care and 53 intact. During a PDR, each case is rated on the child status and as well as how the child welfare system performed for the targeted child.

	+ Child Status	- Child Status
+ System Performance	55	18
- System Performance	19	26

This table indicates the child status and system performance for all the cases reviewed during the PDR. 74 cases had a positive child status and 73 had a positive system performance.

Information gained through the PDRs is used to enhance the quality of services provided to families and children through providing direct feedback to front-line staff, supervisors, and administration. The QA Specialist in each region also provides presentation of the PDR results for the community.

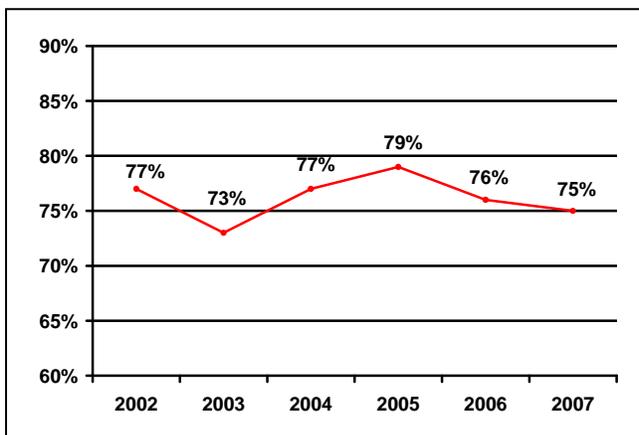
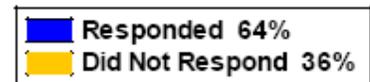
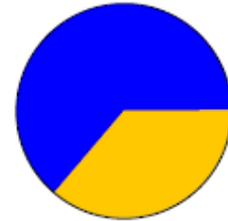
There will be fewer PDRs scheduled for FY 2008 as target case reviews for accreditation and mock CSFRs will be occurring. PDRs are tentatively scheduled for circuits 2, 9, and 36.

Survey of Organizational Excellence

In May 2007, all Children's Division staff were invited to participate in the annual online employee survey, the Survey of Organizational Excellence (SOE). Staff input is an important piece of our success as an organization. The SOE assessment is designed to link scores on the survey to issues affecting our organization. It examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features, Information, and Personal Demands) which capture various aspects of the total work environment.

Response Rate

High response rates mean that employees have an investment in the organization, want to see the organization improve and generally have a sense of responsibility to the organization. Out of the 2,307 employees who were invited to take the survey, 1,474 responded. As a general rule, rates higher than 50 percent suggest soundness. At 64%, our response rate is considered high and comparable to other organizations of similar size which have also participated in the survey. The response rate last year was 69%.



Employee Retention: Of those who responded, 75% indicated they would be working for the agency in two years. Compared to other organizations, we have a higher than average employee retention score. Statewide retention score last year was 76%.

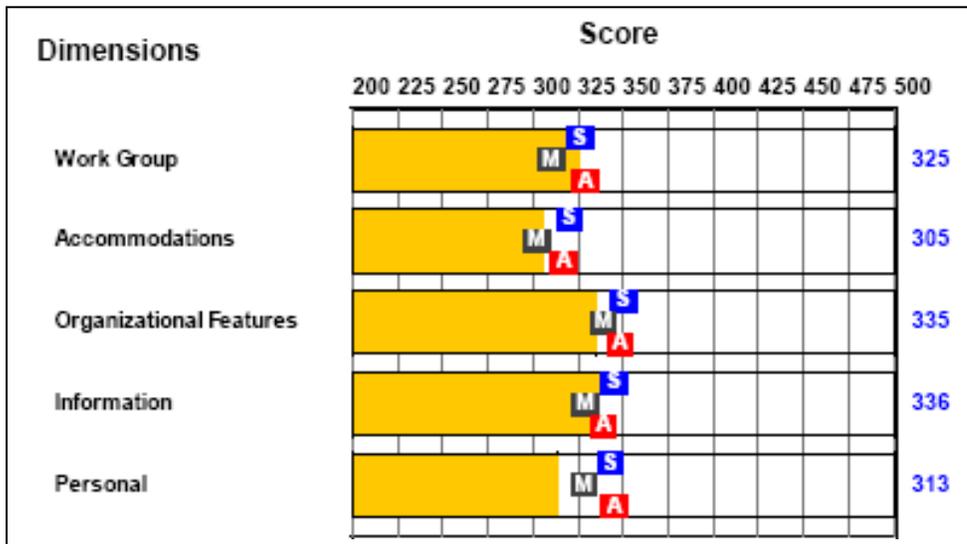
Length of Service	2006	2007
Less than 1 year	5%	12%
1 – 2 years	20%	17%
3 – 5 years	19%	18%
6 – 10 years	22%	22%
11 – 15 years	14%	12%
Over 15 years	20%	19%

Length of Service: The chart on the right shows the statewide distribution for length of service of survey respondents. Of all respondents, 53% reported being employed with the agency six years or more.

Data from the SOE allows us to compare survey responses in three ways: against other organizations who have participated in the SOE, against ourselves over time, and internally between categories of staff.

Comparison to Other Organizations

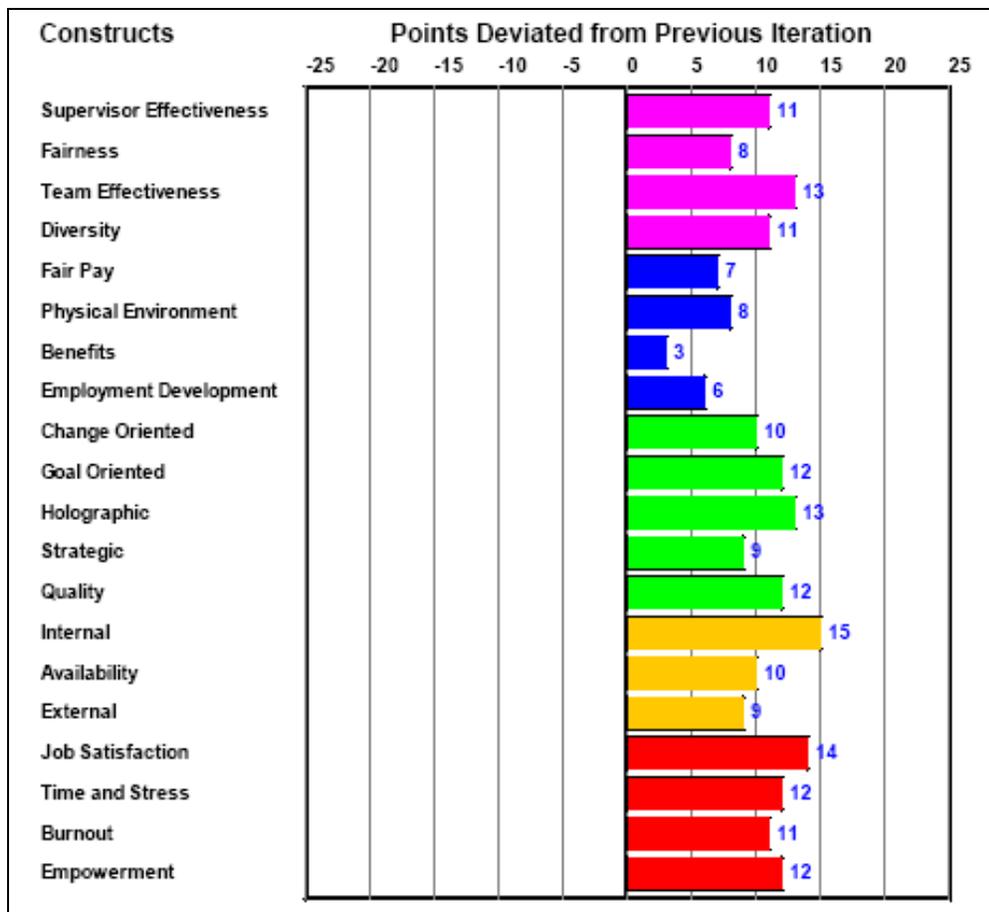
The graph below shows the benchmark data for each of the broader Workplace Dimensions. It illustrates how we performed relative to other organizations of similar size (S), similar mission (M) and all (A) organizations that participated in the survey. Our score appears to the right of the chart in blue.



NOTE: Scores less than 200 indicate a significant source of concern. Scores below 300 suggest employees perceive issues more negatively than positively. Scores above 300 suggest employees perceive issues more positively than negatively. Scores of 400 or higher indicate a substantial strength.

Comparison to Last Year's Survey Responses

Each Workplace Dimension is composed of several Survey Constructs which are designed to broadly profile organizational strengths and weaknesses so interventions may be targeted appropriately. One of the benefits of continuing to participate in the survey is that over time data shows how employees' views have changed. Positive changes indicate employees perceive the issue as improved since the previous survey. Negative changes indicate that the employees perceive that the issue has worsened since the previous survey. The next chart illustrates positive changes from last year's iteration of the survey in 20 out of 20 construct areas.



Assessment of employee satisfaction is connected to a larger purpose, the development of strategies to improve on identified areas of need. Statewide, staff at all levels reviewed the extensive SOE data available at <http://dssweb/cs/soe/index.shtml> and discussed the results during their CQI meetings. Local analysis of the data was used to identify strengths as well as to develop strategies for improvement.

Consumer Surveys

In order to improve the quality of services, it is important to receive feedback from the children and families served by the division. Input from consumers is obtained through surveys which are generated from our information system and mailed from the division's central office. A self-addressed stamped envelope accompanies the survey to facilitate a higher response rate and assure confidentiality. Information from returned surveys is entered into a database, aggregated, and sent in report form to the county and regional offices for review through the Continuous Quality Improvement (CQI) process.

This year there were six surveys distributed targeting different types of consumers including: youth in out-of-home care, adults being served through the Family-Centered Services or Family-Centered Out-of-Home Care, adults served through Intensive In-Home Services, adults who have recently been involved in an investigation or assessment, foster/relative care providers and families recently involved in a finalized adoption. Each survey addresses broad issues such as participation in the service delivery process, how they were treated, if their needs were met, and the availability of staff. In addition, each survey contains a few items that address the specific needs of each targeted respondent.

Each month the following surveys are sent to:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases

- A random sample of 100 active youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families
- A random sample of 50 families with finalized adoptions

Measures are taken to survey youth in agency custody and Foster/Relative families no more than one time per year. Data from the surveys is compiled and posted annually on the agency intranet for use by all staff during their CQI meetings.

This year, the process by which the surveys were processed in Central Office was reconfigured so the information in the surveys was entered into database and returned immediately to regional administrators for examination. This enabled regional administrators to respond more quickly to areas or trends which may need attention or acknowledge good work done by staff while still protecting the confidentiality of the respondent.

Enhancements in the consumer survey process are planned for FY 2008. Improvements include increasing the sample size of youth to include all youth in care and increasing the sample size of Foster/Relative providers to include all Foster/Relative providers. This increase in sample size is scheduled to begin in January 2008.

Community Partnerships

Office of State Courts Administrator

The Children's Division (CD) continues to maintain a strong working relationship with the Office of State Courts Administrator (OSCA), the administrative support arm of Missouri's state court system. Through the **Juvenile Court Improvement Project (JCIP)**, the Juvenile and Adult Courts Division works closely with CD staff to achieve timely and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of children in permanent homes. JCIP staff work with CD staff to address deficiencies identified in the State's CFSR. CD funds and also assists with the development and presentation of multi-disciplinary training programs, which brings together key stakeholders in the child welfare system, including juvenile and family court judges, juvenile court staff, guardians ad litem, CASA volunteers, and foster parents.

In July of 2006 the division partnered with OSCA on the **Fostering Court Improvement (FCI) project**. Missouri joined *Fostering Results* in the launching of a new collaborative initiative, FCI is Missouri's collaborative effort to use exiting data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in four pilot judicial circuits and to promote a general awareness and dissemination of data sets to all family/juvenile courts and Children's Division offices. A national curriculum, tailored to Missouri's needs, was developed to train court and division personnel in four initial pilot sites, circuits 13, 22, 31, and 35. Local team and court participants were selected and the national training curriculum delivered to about 50 participants from the pilot circuits in November 2006. Using data to drive their decision making, the initial FCI teams continued to meet monthly addressing relevant practice issues.

In September 2007, an additional three sites, circuits 23, 25 and 26, joined FCI. As with the previous sites, local team and court participants from these circuits were trained on the national curriculum and continue to meet monthly.

Department of Mental Health (DMH) Initiatives

With the passage of Senate Bill 1003, in 2004 (the Children's Mental Health Reform Act) the Department of Mental Health (DMH) was directed to partner with other child serving agencies in developing a plan for a "Comprehensive Children's Mental Health Services System". The CD and the DMH collaborate through the implementation of joint projects in an effort to accomplish a number of goals including the following:

Custody Diversion Protocol

- Originally piloted during late 2003 in the 12th and 21st Circuits, the Custody Diversion Protocol has been implemented statewide since January 2005. Its goal is to divert youth from entering CD custody solely for the purpose of accessing needed mental health services.
- Through June 30, 2007, a total of 422 youth were referred via the protocol. Of those referred, 91% were diverted from entering CD custody. Of this 91%, 50% were maintained in the community and 50% were placed in an out-of-home placement.

Voluntary Placement Agreement (VPA)

- During late 2004, the CD obtained permission from the Department of Health and Human Services' Administration for Children and Families with the approval of an amendment to the state's Title IV-E Plan to offer a Voluntary Placement Agreement to families *referred through the Custody Diversion Protocol* and for whom the Department of Mental Health was recommending that their child required temporary placement out of the home. A VPA allows for such a clinically indicated out of home placement while a parent *retains legal custody* of their child.
- The VPA became available for implementation in February 2005. As of November 31, 2007, 331 youth statewide have been served through a VPA.

Performance Based Contracting (PBC)

The division believes child welfare services can best be provided through a well-planned public/private partnership. While the roles have changed over time, public and private sectors have always been involved with child welfare. House Bill 1453 signed into law in August 2004 requires the division to enter into contracts with qualified providers for the provision of comprehensive services for the child welfare population and requires contractors to be evaluated on objective, consistent, and performance-based criteria.

Division staff first met with the private sector to discuss a performance based contracting in February, 2003. Regional meetings were held with stakeholders in January, 2004. Stakeholders included current contracted providers in case management, Intensive-In- Home Services, Family Reunion and Family Focused residential; the courts; advocacy groups and Division staff. Sub-committee meetings held in February, March, April, and June 2004 focused on provider/personnel qualifications, outcomes, and enrollment.

A Request for Proposal for Performance Based Case Management Services was released in March 2005. This contract is being implemented in the St. Louis, Kansas City, and Springfield regions. Cases were initially referred in September, 2005 and 1,950 cases were assigned. 1260 cases were transferred to private contractors in St. Louis region (St. Louis City, St. Louis County, Jefferson, and St. Charles), 480 cases in KC region (Jackson, Andrew/Buchanan, Clay) and 210 cases in Greene County. The Springfield region received 105 cases in September of 2006. With accreditation funding, an additional 127 cases were referred with 61 in the St. Louis Region, 21 in the Kansas City Region and 45 in the Springfield region in September 2006,

CD contracted with the University of Missouri-Columbia (UMC) to assist in caseload assignment. Caseloads were equalized with regards to average age, race, sex, and length of time in care. UMC will complete the independent evaluation after one year of data has been gathered to include outcomes, barriers, successes, and provide recommendations for improvement. Outcomes related to permanency, safety and stability are monitored on a quarterly basis.

In December 2006, the National Quality Improvement Center on the Privatization of Child Welfare Services awarded three grants nationwide to further research in public and private partnerships, more specifically PBC. The Children's Division, along with Florida and Illinois, will participate in a cross site PBC evaluation for the next three years. This project will examine the long-term maintenance supports and quality assurances processes needed to successfully implement a performance based contracting system for case management services for out-of-home care. External evaluators for this project will be the University of Missouri-Columbia School of Social work.

Also in 2006, a process, similar to divisional CQI meetings, was instituted to provide opportunity to create solutions for PBC implementation issues. This new process is helping to improve the public/private partnership.

Office of Child Advocate

The division has ongoing communication with the Office of child Advocate for Children's Protection and Services. Established in 2002 as the Office of Child Welfare Ombudsman, it was renamed in 2004 with the passage of House Bill 1453. Since its inception, the Office of child Advocate has responded to contacts involving more than 1,600 children. The Child Advocate and his staff meet quarterly with the division executive staff to further communication and partnership.

CQI Successes

The CQI Process has realized successes at all levels. These successes are reported out to all staff in the In Focus quarterly newsletter. Some of the successes in FY 2007 include:

- Clarified that service dates on CS-65's can be backdated to a previous year.
- Clarified procedures for regular employees who have completed probation and are seeking supervision to become a Licensed Clinical Social Worker.
- Jackson County training on Caregiver Who Knows the Child in May.
- New car seats were obtained and training on their use was arranged in St. Louis County.
- Calendars that identify on-call supervisors are being distributed to all offices on a monthly basis.
- Ripley County created a new visiting room and the local Women's Civic Club volunteered to decorate and furnish the room.
- Butler County created a room which ensures confidentiality was designated for workers to meet with families, law enforcement and/or the Juvenile Office.
- A field for SSN was added to OTI and ICPC forms allowing staff to open a SS-60 and track them in the system.
- A SACWIS Advisory Committee was created to field all of the SACWIS issues that come to state level CQI

Conclusion

As the CD completes the second year of the PIP, we continue monitor performance and address practice issues in order to sustain the progress which has been made in the last year. We remain committed to being the best that we can be in serving the children and families in Missouri.