



# **PROGRAM IMPROVEMENT PLAN**

**QUARTER 4 PROGRESS REPORT**

**NOVEMBER 2005 – JANUARY 2006**

**SUBMISSION DATE:**

**FEBRUARY 28, 2006**

## Quarter 4 Accomplishments

The following is summary of activities completed during Quarter 4 (November 2005 to January 2006) of the Program Improvement Plan.

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

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

(S1.1.1) – **Clarify policy regarding timeliness of initiating reports of child maltreatment.** All benchmarks in this action step were met during Quarter 1.

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

b. As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data. *Initial contact policy information was provided in memo CD05-35, previously submitted. Additional fields have been provided in SACWIS. No further action needed regarding this benchmark.*

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. *Regional work plans indicate circuits are reviewing and monitoring PRR results quarterly. Circuits performing above the goal will continue with current practices. Those performing below the goal offered strategies for improvement:*

- *Requiring staff to submit a “rough draft” of their documentation of initial contacts to ensure safety.*
- *Circuit Manager reviews PRR results and discusses with supervisors in weekly conference. Recommendations are discussed and shared with front line staff.*
- *Workers must consult with their supervisors prior to the expiration of the initial contact time frames.*
- *Workers must make the required number of attempted contacts and consult with their supervisor if they do not make contact within the initial contact time frame.*
- *Individual and group meetings held with staff to reinforce the importance of initial contact to ensure safety and to identify obstacles.*
- *Scheduling PET meetings and regional staff meeting with the juvenile office to address strategies.*
- *Utilizing the multi-disciplinary team approach.*
- *A Self-Circuit Assessment workgroup was develop to address 24 hour CA/N contact and 30 day completion.*
- *Screen for incorrect data entries prior to end of month.*
- *Charts made on all PIP measures disseminated to CD staff for review on progress.*

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

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

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

g. Collected and analyzed PRR tool results for practice enhancements. Analysis  
*The CANHU Peer Record Review tool was automated in Lotus Notes and piloted in October 2005. Six CANHU workers participated in the pilot. Each worker reviewed six peers' child abuse/neglect reports. Six supervisors also participated in the pilot. Each supervisor also reviewed six reports after workers completed their peer reviews. The supervisor review was done on a one-time basis to check the reliability of the workers' peer review. Supervisors were assigned reviews of calls taken by their own supervisees.*

*This pilot was completed to test the peer review tool, to identify training needs for using the tool, and to obtain timings. The analysis recommended that further training needs to occur before the process is implemented with all staff at the hotline. Based on the results, reviewers disagreed on scoring in 39 percent of the cases. The inconsistency was to the extent that one reviewer rated as item as passing while the other scored the same item as failing. A dual review (each case being reviewed by two staff) was recommended to continue until there is more conformity in the review results. Reviewer agreement needs to be increased from 71 to 90 percent before the review data can be used to accurately reflect the practices at the CA/N HU. The tool achieved the goal of being an instrument that can be completed quickly for reviewing hotline calls.*

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

a. Defined what statutory core functions are.

b. Developed proposed plan for information dissemination on practice changes regarding non CA/N call. See attached draft white paper on M&P report and P & M Referral Change Proposal.

c. Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals. A referral was made to made to NRC-CPS in November 2005 when Emily Hutchinson provided on site technical assistance to help the division address "safety across the board" issues.

## **Item 2: Repeat maltreatment**

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

d. Evaluated SDM Peer Record Review Outcomes. *Each region continues to evaluate and ensure consistent and accurate completion of SDM safety and risk assessment on a regular basis. Below are some of their strategies.*

- *Training identified to address obtaining the chief investigators signature, providing more descriptive information in the narrative and timely completion of CA/N reports.*
- *Local PET meeting to review PRR results and cases to address needs for improvement.*
- *Each CA/N investigative staff will receive another copy of the SDM policy to review. Any CPS-1a and Risk Assessment that is not consistent with the narrative will be returned to worker for corrective action.*
- *Review PRR results during CQI meeting.*
- *Teaching staff to get familiar and use managed reporting more proficiently.*
- *QA Specialist will provide statistical data to regional director on a quarterly basis to show progress or lack of progress.*
- *Monthly staff meetings to address concerns/issues related to PRR.*

h. As needed, provided training to circuits identified with imminent need. *Local supervisors have provided training as needed. Central office staff is currently in the process of developing a PowerPoint training highlighting Structured Decision Making procedures, along with best practice issues that have been found to be concerns following the several reviews. This training is currently being scheduled to begin March 17, 2006. The training will be provided to the counties/circuits who have requested it, as well as those who have exhibited a need for such training. This training will be provided to investigators/assessors, supervisors, managers and administrators, along with Children's Services Specialists and Family-Centered Services Consultants. The PowerPoint will be made available on the division Intranet and will be updated on an on-going basis.*

### **(S1.2.2) – Implementation of Confirming Safe Environments (CSE) process**

f. strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training. *This benchmark has been subsumed into the work of the Visitation Workgroup who has been charged with addressing all safety issues through the division's continuum of services. The workgroup has met several times to review current policies and practices. The workgroup has provided recommendations. Several policy memorandums will be developed based on many of the recommendations. It is anticipated that all memos addressing visitation and safety throughout will be disseminated to staff by July 2006. Attached is a copy of the workgroup's report. We are requesting renegotiation of this benchmark.*

**(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.**

a. Developed policy regarding assessment of safety at and throughout placement.

b. Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight. *The Visitation Workgroup is also addressing these benchmarks. Please refer to S1.2.2.f. We are also requesting renegotiation of these benchmarks to be completed by July 2006.*

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

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

f. Used IAR's screening tool to determine if families meet the CN criteria. *A Chronic Neglect checklist was developed based on IAR'S statistical findings. See attached. Casper county staff utilized the checklist to determine the number of families who scored 18 Alternative Care and 39 Family-Centered Services cases. Currently an evaluation grant is being pursued through Behavioral Concepts (subcontractor of University of Missouri-Columbia) in conjunction with Children's Trust Fund.*

*Additional trainings will be provided to staff in McDonald, Newton and Jasper counties. Concepts/Concrete skills we would like staff to learn and walk away from the training are: engaging and diffusion skills; techniques to be used when progress is not occurring; instructing parents on behavioral interventions and charting; model and teach problem solving skills and emphasis on practical and useful tools that will work for families.*

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

c. Informed foster parents of PFDP criteria at assessment and reassessment. *The performance based criteria continues to be used as a guide for staff to address with foster parents at licensure and re-licensure.*

d. Identify plan to inform CD staff of new requirements for foster parents. *A memo has been drafted to inform staff of the PFDP. It instructs staff to complete a plan with each provider within 30 days of initial licensure and at the time of license renewal. It outlines the training goals of each family to be reviewed annually. It establishes criteria based on STARS competencies.*

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

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

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

e. Recommendations regarding changes made. Additional training sessions added in 2006 for the CD-14 will be concluding at the end of February. We will continue to solicit feedback from staff but will only make revisions to the CD-14 due to future policy changes.

f. Policy issued with new documents and instructions. The below link provides the policy memorandum disseminated to staff during December 2005.  
<http://www.dss.mo.gov/cd/info/memos/2005/72/cd0572.pdf>

g. Training of existing staff completed. Requests were made from the St. Louis Region for additional trainings on the CD-14. The last training session was completed in February 2006.

h. Incorporated changes into BASIC training. The new CD-14, FCS Family Assessment Packet is covered during BASIC orientation of new staff. It is also included in the FCS in-service as part of the skills application and practice.

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

f. PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve. Consumer surveys are sent monthly and responses are recorded when received. However, survey results are posted on the CD's Intranet annually. The data for the 2005 surveys are scheduled to be posted by the end of the month.

*PDR results are provided to the circuits at the end of their review. The preliminary data which are tied to Outcome measures are provided to all participants at the meeting. Those measures that fall below the PDR expectation of acceptable are required to develop an improvement plan.*

**(S2.3.3) – Improve supervisory capacity to monitor enhanced practice relating to case planning.**

d. Feedback from field testing reviewed by review team. The most recent draft of the supervisory case review tool was field tested by the members of the Supervision Workgroup in December 2005.

e. Supervisory case review tool revised as needed. Feedback was reviewed and appropriate revisions made to the tool in January 2006.

f. Protocol for supervisory case review established and manual revisions made. *Sampling methodology discussed is to review two hotlines from each worker per month. The tool will be applied to one FCS and one out-of-home care case per worker, per month, without reviewing the same case twice in a six month period.*

*At the time the tool is distributed for statewide use, a memorandum will be issued explaining the process. A training plan is also being developed to instruct supervisors in effectively using this tool. At this time we are not making any revisions to the child welfare manual.*

**(S2.3.4) – Establish procedures to access various service funding streams.**

b. Distributed service access funding grid and guidelines to all staff. *The attached document will be sent to all Regional Staff in March and placed in the new administrative section of the Child Welfare Manual at a later date. However, this information has already been provided to staff in sections. The information on use of Children’s Treatment Services was sent out 1/13/06 to Regional Directors. The use of crisis funds was sent out on 2/18/06. The Making Mental Health Referrals was sent out approximately 2 years ago. Having this information in one document and placed in the manual will be more beneficial to staff.*

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

#### **Item 4: Risk of harm to child**

**(S2.4.1) – Ensure consistent and accurate completion of SDM safety and assessment.** *Refer to S1.2.1.*

**(S2.4.2) – Implementation of CSE process.** *Refer to S1.2.2.*

**(S2.4.3) – Implement enhance background screening for foster/adopt and court ordered providers.**

b. Policy updates and supervisory consultations with existing staff. *In December a policy memorandum CD05-76 provided information on the use of electronic scan fingerprint services. <http://www.dss.mo.gov/cd/info/memos/2005/76/cd0576.pdf>.*

**(S2.4.4) – Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.** *First Quarter (1-1-05 to 3-31-05) there were four (4) POE reports; three in second quarter; 3 in the third quarter; and, 2 in the last quarter of 2005.*

**(S2.4.5) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing**

**assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to S2.3.1.**

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

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

**Item 6: Stability of foster care placement**

**(P1.6.1) – Increase system capacity to accurately track placement kinship vendor types.**

*d. staff will convert existing data to reflect accurate placement types. Training was provided to QA and assigned staff from all the regions to begin converting court ordered placements to either relative or kinship placements in December. Conversion of these placement types will be concluded at the end of February 2006.*

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

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

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

*c. Extended current Foster Care/Adoption Resource Services contract. The current contract has been extended through April 2006. The Contract Management Unit (CMU) is in the process of re-bidding services under the new contract. CMU anticipates awarding the new contract in April 2006. The new contract will allow the division to pay for training and assessment. CD staff will be expected to address local recruitment issues.*

*e. Consulted with the National Resource center for Family Centered Practice and Permanency Planning regarding recruitment of resource families. On site technical assistance was received from Lorrie Lutz at NRC-FCP&PP on January 27, 2006 to address recruitment and retention concerns.*

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

*f. Extended current Foster Care/Adoption Resources Services contract. The current contract has been extended through April 2006. The Contract Management Unit (CMU) is in the process of re-bidding services under the new contract. CMU anticipates awarding the new contract in April 2006. The new contract will allow the division to pay for training and assessment. CD staff will be expected to address local recruitment issues.*

(P1.6.6) – **Increase placement stability by improving matching capabilities for children in out-of-home setting.** *There are no benchmarks due during Quarter 4 for this action step.*

a. Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding “critical factors in placement stability. *On site technical assistance was received from Lorrie Lutz at NRC-FCP&PP on January 27, 2006 to address recruitment and retention concerns, including placement stability.*

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

a. Surveyed current relative caregivers on the adequacy of the Caregiver Who Knows the Child training curriculum. *At the end of the Caregiver Who Knows the Child Training, each participant is asked to complete the evaluation for the training. Initially it was decided that we would use the evaluation as the survey. After reviewing the evaluation, it was decided the evaluation did not meet our need. In February 2006 a survey was developed and distributed to 200 caregivers. The data will be collected and analyzed in March 2006. A copy of the survey is attached.*

#### **Item 7: Permanency goal for child**

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

c. Circuit Managers assisted by PET monitored frequency data.

*Regional action plans received from all regions outlining improvement plans or providing data on their performance.*

- *FST/PPRT workgroup has been meeting monthly during the past quarter and working on recruitment and training of community stakeholders to serve as third party reviewers.*
- *The Team decision meeting facilitator uses a tracking form to track attendees of meetings.*
- *Specific days each month scheduled with GALs for PPRTs.*
- *Supervisors developing monthly reminders of needed FST/PPRTs.*
- *Staff required to take the SS-61 to the PPRT and complete it there to ensure more timely reporting.*
- *PET team to monitor timeliness and uyytyr;[develop a rotating schedule for community partners.*
- *Implementing new ways of assuring data accuracy and timely entry of information.*
- *Training of staff to understand the meaning of meeting timeframes and timely data entry.*
- *Regional QA Specialist working with supervisory staff in understanding how to input data timely, developing a better system of tracking when FST/PPRTs are due.*

**(P1.7.2) – Improve quality of FSTs to ensure permanency goal is reviewed and established.**

g. Trained expert facilitators. St. Louis County provided training to supervisors and Children's Services Specialists during Jan. 2006 on the 18<sup>th</sup>, 19<sup>th</sup> and 25<sup>th</sup>.

h. Memo describing expert facilitators access protocol and expert facilitators duties distributed to all staff. After the training sessions were completed in January 2006, a memo was disseminated to St. Louis County staff in February 2006.

**(P1.7.3) – Strengthen policy and practice relating to concurrent planning.** Benchmarks in this action step are not due this quarter or were previously met.

**(P1.7.4) – Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.** All benchmarks in this action step have been completed.

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

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

**(P1.8.2) – Establish procedures to access various funding streams.** Refer to S2.3.4.

**(P1.8.3) – Ensure frequency and timeliness of FST Meetings occurs per policy.** Refer to P1.7.1.

**(P1.8.4) – Improve quality of FST to assure the review of permanency goal.** Refer to P1.7.2.

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

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

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

**(P1.8.8) – Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** Refer to P1.6.1.

## **Item 9: Adoption**

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

d. Policy disseminated to staff and supervisory oversight. *This memo was sent to the Division of Legal Services for review and input. Once the feedback is incorporated into the memo, it will then be ready to be disseminated to staff.*

(P1.9.2) – **Increase number of resource families.** *Refer to P1.6.5.*

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

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

## **Item 10: Other planned living arrangement**

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

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

c. LP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies. *Independent living program staff continuously provides information to staff informally and by attending FSTs to discuss Chafee services and ETV for youth. Some community involvement includes speaking at STARS foster parent training and meeting with public and private youth serving agencies. In addition, there is regular contact with the juvenile court, CASA and other FST members. Additionally ILP staff and youth attended the annual Child Advocacy Day held in January 2006.*

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

c. Consulted with SYAB members on needs of older youths. *Quarterly meetings continue with the State Youth Advisory Board to address older youth needs.*

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

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

**Item 12: Placement of Siblings.**

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

c. Circuit Managers monitored quarterly PRR results and improvement plans developed. When possible and in the children's best interest sibling placement is a priority. Emphasis is placed on keeping sibling together. Other efforts made to improve results include:

- *Increasing the number of children for which foster parents can be licensed.*
- *Stressing the importance of sibling placement during foster parent training.*
- *Provide joint trainings with juvenile office on the importance of sibling placement.*
- *Use of relative/kinship home to keep siblings together.*
- *Holding a FST prior to separating siblings.*
- *Accessing training from Early Head Start regarding the impact of separation on attachment.*

d. Developed administrative process to review cases after siblings are separated after 30 days. The draft policy memo previously developed will provide the process to review cases. Due to other memos deemed as more urgent, this particular memo was assigned a lower priority. Changes in policies related to the 2005 legislation session and revisions to the Child Welfare Manual policies related to Investigation/Family Assessment; Family-Centered Services, and Family-Centered Out-of Home Care assigned were given a higher priority. The anticipated date this memo will be disseminated to staff is April 2006.

**(P2.12.2) – Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.**

a. Emphasis on the importance of sibling bonds, long term effects of separation , and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training. CD uses the CWLA Pre-service PRIDE curriculum (know as STARS) to train prospective foster/adopt parents. This curriculum addresses the issue of sibling bonds and long term effects of separation in several areas. This is accomplished by stressing the importance of permanence for a child which includes maintaining connections and continuity with their parents and siblings. The role of the birth family and foster family is explored along with the impact of the child's personal and cultural identity on his self esteem. Emphasis is placed on the importance of supporting parental and sibling bonds, understanding family relationships, maintaining the child's connections, the importance of visitation which includes sibling visits. It is critical for siblings to maintain their relationship particularly when separated from their parents. Separation and loss issues are covered as the impact of placement on the child from their family is explored. The need for the child's sense of belonging and security is emphasized as a part of how foster/adopt parents can assist children in maintaining lifelong relationships.

*Child Welfare Practice Basic Orientation Training addresses the need to appropriately 'match' a child and foster home which includes taking into consideration the situation and relationship with siblings. Further sibling issues are explored around separation and loss issues as children are placed, concerns around visitation of the child with parents/siblings and agency visitation policies are discussed which include sibling placement and visitation.*

**(P2.12.3) – Increase capacity for resource families that accept sibling groups.**  
*Refer to P1.6.5.*

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

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

a. revised policy to improve qualitative and quantitative visitation plan requirements.  
*The Visitation Workgroup has been charged with all visitation issues. The workgroup has met several times to review current policies and practices. The workgroup has provided recommendations. Several policy memorandums will be developed based on many of the recommendations. It is anticipated that all memos addressing visitation will be disseminated to staff by July 2006. We are requesting renegotiation of this benchmark to July 2006.*

b. Incorporated policy revision into Basic training and supervisory oversight provided to existing staff. *As a general rule, new policies are incorporated into BASIC approximately 30 days after the memo has been disseminated. Anticipated completed date is August 06.*

c. Incorporated revisions into PRR tool. *Once the policy has been disseminated to staff, the Quality Assurance Manager will incorporate revisions into the PRR tool. Anticipated date is August 06.*

e. Circuit Managers monitor date regarding frequency of parent/child sibling visits.  
*Three months after revisions have been made to the PRR tool, data will be available for review by Circuit Managers. New anticipated date is November 2006.*

f. Circuit Manager assisted by the PET teams developed practice improvement plans using all available data for guidance. *Once PRR data is available regarding improving qualitative and quantitative visitation plan, after reviewing the date, Circuit Manager can begin to develop improvement plans, if necessary. New anticipated date is November 2006.*

**Item 14: Preserving connections.**

**(P2.14.1) – Increase emphasis on preserving familial and community connections for children in out of home care.**

- a. Evaluated Family to Family program regarding applicability for statewide implementation.
- b. Submitted evaluation recommendations to administration.
- c. Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability. *An Administrative Data Report of the St. Louis City Family to Family Program is provided by George Warren Brown School of Social Work at Washington University. The report provides data by target zip codes. The zip codes profile data on nine outcomes. See attached Administrative Data report. St. Louis City Regional Director submitted recommendation to the division's Interim director. See attached Family to Family Recommendations.*
- d. Develop state plan to address preserving connections. *CD Interim Director, Deputy Director and, St. Louis City Region Director met with staff from Casey Family Program on January 31, 2006 to look at replicating the positive outcomes of the Family to Family program in other parts of the state. As a result, the division is planning to expand certain practice components of the Family-to-Family model, specifically team decision making, targeted resource development, and the use of data in making key decisions. St. Louis County has expressed interests in this, and our regional managers are now evaluating where else parts of this model can be implemented.*

(P2.14.2) – **Improve diligent search for relatives/missing parents.** Refer to P1.6.2.

(P2.14.3) – **Revise ICWA policy.**

c. Newly revised intake & assessment disseminated to all CD staff. *The FCS Family Assessment Packet (CD-14) was disseminated to staff in December 2005.*  
<http://dssweb/cs/memos/2005/72/cd0572.pdf>

#### **Item 15: Relative Placement.**

(P2.15.1) – **Increase system capacity to accurately track placement kinship venter type.** Refer to P1.6.1.

(P2.15.2) – **Improve diligent search for relatives/kinship resource families.** Refer to P1.6.2.

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

#### **Item 16: Relationship of child in care with parents.**

(P2.16.1) – **Improve diligent search for non-custodial parent.** Refer to P1.6.2.

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

*(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.*

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

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

**(WB1.17.1) – Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1.**

**(WB1.17.2) – Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.**

**(WB1.17.3) – Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2.**

**Item 18: Child and family involvement in care planning**

**(WB1.18.1) – Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2.**

**(WB1.18.2) – Improve the quality of Family Support Team Meeting. Refer to P1.7.2.**

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

c. Developed an universal parent handbook. A handbook has been developed. See bio parent handbook attachment.

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

**(WB1.19.1) – Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.**

c. Team developed policy on visitation and draft protocol regarding quality of visits. The Visitation Workgroup developed a draft protocol regarding quality of visits. This tool will be disseminated to staff with the memo with a July 06 distribution date. The protocols are included in the Visitation Workgroups report recommendations.

d. Recommendation reviewed by policy review team and executive staff. *Prior to the memo and protocol being distributed in July 2006, the policy review team and executive staff will have provided input.*

e. Policy disseminated to staff. *Policy will be distributed to staff by July 2006.*

f. Utilize Practice Enhancement Teams (PET) to support protocols. *Once policy has been distributed PET teams can be using the protocols.*

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

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. *The following are the primary steps taken by circuit staff to address this benchmark.*

- *Caseloads are figured monthly on each worker for supervisors to verify case loads are relatively even.*
- *Supervisors and Circuit Manager review worker reports to address not only the number of cases workers have but also work load.*
- *Caseloads and workloads are reviewed weekly at supervisory case conferences.*
- *Tracking caseloads on a monthly basis through use of staffing analysis and assigning cases on a rotation basis.*

(WB1.19.3) – **Tracking system to track worker visits (date/site)** - *No benchmarks were due for this action step in Quarter 3.*

**Item 20: Worker visit with parent(s)**

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.**

a. Protocols established in WB1.19.1 c included in adoptive parent training. *The Visitation Workgroup developed a draft protocol regarding quality of visits. This tool will be disseminated to staff with the memo with a July 06 distribution date.*

(WB1.20.2) – **Refer to WB1.19.1, WB1.19.2 and WB1.19.3**

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

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

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

(WB2.21.2) – **Improve the flow of educational records and reports when children transfer schools.**

b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts. *Contract amendments went sent to residential treatment providers in January 2006. Due to several providers having concerns with the amended language, another amendment, attached, was sent out at the end of February.*

(WB2.21.3) – **Decrease the incidence of educational neglect, truancy and suspension of children in care.**

f. Protocols distributed to staff and shared with local school districts. A policy memorandum was distributed to staff in February, addressing educational support and intervention for students at risk of academic failure. A letter will be sent in March from the division's Interim Director to all the school district informing them of the policy changes. <http://www.dss.mo.gov/cd/info/memos/2006/16/cd0616.pdf>

g. Protocols incorporated into BASIC and foster parent training. Staff Development and Training is in the process of incorporating this information into BASIC. This information will be shared with foster parents in upcoming trainings.

(WB2.21.4) – **Decrease the incidence of educational neglect, truancy and suspension of children for intact families.**

f. Protocols distributed. A policy memorandum was distributed to staff in February, addressing educational support and intervention for students at risk of academic failure. A letter will be sent in March from the division's Interim Director to all the school district informing them of the policy changes. <http://www.dss.mo.gov/cd/info/memos/2006/16/cd0616.pdf>

g. Protocols incorporated into BASIC training. Staff Development and Training is in the process of incorporating this information into BASIC.

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

#### **Item 22: *Physical health of the child***

(WB3.22.1) – **Increase ability of Children's Division staff and families to access available dental resources.**

(WB3.22.2) – **Increase capacity of staff to assess medical needs of children in intact families.**

b. Issued revised form and policy. *The FCS Family Assessment Packet (CD-14) was disseminated to staff in December 2005.* <http://dssweb/cs/memos/2005/72/cd0572.pdf>

c. Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide. Additional training sessions added for 2006 for the CD-14 will be concluding at the end of February.

d. Integrated CD-14 into Advanced Family-Centered In –service training module. It is included in the FCS in-service as part of the skills application and practice piece. The CD-14 is mainly covered in Basic Orientation, but it is also utilized in the FCS in-service around application of skills.

**Item 23: *Mental health need of the child***

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

(WB3.23.2) – **Increase awareness of staff and foster parents regarding attachment and mental health issues.** *There are no benchmarks due for 4<sup>th</sup> quarter.*

(WB3.23.3) – **Increase capacity of staff to assess mental health needs of children in intact families.** *There are no benchmarks due for 4<sup>th</sup> quarter.*

**Systemic Factors**

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

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

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

(25.2) – **Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment , plan development and reassessment.** *Refer to S2.3.2.*

(25.3) – **Improve supervisory capacity to monitor practice linking the assessment with the overall plan.** *Refer to S2.3.3.*

(25.4) – **Maximize parental/family involvement in Family Support Team Meetings.** *Refer to P1.6.2.*

(25.5) – **Improve staff facilitation skills for Family Support Team Meetings.** *There are no benchmarks due for this action step in Quarter 4.*

**Item 26: Process for 6-month case reviews**

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

(26.2) – **Recruit 3<sup>rd</sup> party participants for Administrative Reviews.**

b. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews. *St. Louis County is in the process of training third party reviewers. They had an overwhelming response from the community and have trainings scheduled through April 2006. Once the trainings are completed, third party reviewers will be assigned to cases.*

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

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

(27.1) – **Improve access to legal representation for CD.** *Refer to Pl.9.4.*

(27.2) – **Implement training to develop testifying skills for CD staff.**

d. Modified curriculum approved. *Division of Legal Services reviewed and approved the current content around testifying skills.*

(27.3) – **Increase the timeliness of 12 month Permanency Hearings.**

j. Incorporated new FST policy into BASIC and OJT training. *The Administrative review and FST memo is currently still in draft. Once the memo is disseminated to staff it will be incorporated into BASIC and OJT training for staff.*

(27.4) – **Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations.** *Refer to P1.7.4.*

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

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

**(28.2) - Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.**

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

**(28.4) – Improve diligent search for relatives/ parents. Refer to P1.6.2.**

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

c. Meetings held between OSCA and the Department of Social Services to finalize proposal. *Copies of the proposal were provided to OSCA and the Department in August for review. OSCA identified this as an area needing improvement in the JCIP reassessment. Since the proposal was sent to the capitol on September 9<sup>th</sup>, there was no need for further meetings to finalize the proposal.*

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

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

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

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

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

**Item 33: Ongoing training for staff**

**(33.1) – Develop supervisory training for front line supervisors.**

k. Professional Development and Training, revised curriculum based on evaluation. *In November 2005, CD Professional Development and Training staff met to review the feedback information and tools from the field test and to organize the revisions. Several small revisions were made such as re-arranging information from the reference section to the workbook. Revisions were also made which involved moving content so it would*

be easier to understand. In addition, there were identified pieces of content that needed to be added for clarification. Some examples included:

- Information regarding the parallel process, which the group found to be a difficult topic to grasp. They felt the section needed more explanation.
- Information on time management needed to be rearranged so that it flowed better.

In December 2005, CD Professional Development and Training staff met again to review the latest revisions made to accommodate the needs of the field test group. It was determined that additional content was needed on Solution Focused techniques.

In January 2006, CD Professional Development and Training staff met with Dr. Anderson, from the University of Mo- Columbia. Discussion involved the revised curriculum and the need to incorporate Solution Focused Techniques, as well as having one complete section devoted to the topic. Dr. Anderson agreed to work closely with the CD Training Unit to further enhance the curriculum. The major revisions to the curriculum have been completed as of January '06. However, additional content is being developed Dr. Anderson.

I. Professional Development and Training implemented curriculum statewide. A field test comprised of both rural and metro staff was conducted in September 2005. It provided a great opportunity for feedback regarding the curriculum, format, and content. Feedback obtained was very positive. The participants expressed how much they liked the focus on the clinical aspects of supervision. Participants also liked the format and the highly interactive nature of the material. They believed this would aid in retention of the material. Staff provided suggestions on ways to enhance the curriculum.

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

**(33.3) – Develop advanced in-service training module for Family-Centered Services.** There are no benchmarks due for 4<sup>th</sup> quarter.

**(33.4) – Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.**

e. CD Administration approved advanced Family-Centered Out-of-Home Care Services in-service training module. CD Administration and staff at OSCA have reviewed and approved the draft of the FCOOHC In-Service curriculum. The curriculum will be finalized after the field test group participates in the curriculum walk-through. Both metro and rural staff will attend the field test which is scheduled for February 28, 2006.

f. Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site. The field test

*training of the FCOOHC in-service is scheduled for Feb 28th, 2006. The field test will be comprised of both metro and rural staff at various levels. Feedback and recommendations from the field test training will be used to modify the draft curriculum which may include changes to the existing in-service draft and /or may result in additional content being added to the in-service training.*

**(33.5) – Enhanced On-The-Job (OJT) Training.** *All benchmarks in this action step have been completed.*

**(33.6) – Create training advisory committee to annually assess needs and evaluate training.** *Due to requirements of the PIP and COA, CD has offered approximately 70 additional trainings in addition to what the Staff Development and Training Unit and contractors are currently doing in addressing basics. We are requesting to renegotiate all the benchmarks in this action step. They are as follow:*

- a. Create a core team consisting of Social Work Specialists, Supervisors, workers and a trainer to enhance the provisions of On-the-Job Training (OJT). Projected: Jan 06*
- b. Identify core skills/competencies that CD will expect new staff will have after completing BASIC training. Projected: April 06*
- c. Supervisors used beginning skills/guide list with workers. Projected: April 06*
- d. Provided activities for staff to practice during OJT, after BASIC. Projected: April 06.*
- e. Supervisors comment on the skills/guide list. Projected: June 06*
- f. Skills guide/list available for use by supervisors statewide. Projected: Aug 06*
- g. Expanded core team to include external partners to develop a review process for the enhanced: Sep 06*
- h. Began review process to assess effectiveness: Oct 06*

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

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

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

**Item 35: Services array**

**(35.1) – Increase access and availability to dental services.** *Refer to WB3.22.1.*

**(35.2) – Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).** *There are no benchmarks due for this action step in Quarter 3.*

**(35.3) – Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.** *Refer to P1.6.5.*

**(35.4) – Increase availability of and access to parenting classes and family/parent aide services.** *There are no benchmarks due for this action step in Quarter 4.*

**(35.5) – Increase services to meet the needs of non-English speaking consumers.**

c. Made CD forms available in other languages (Spanish to Accommodate growing Hispanic population). *The division currently has four forms available in Spanish.*

- *CS-21 Investigation Disposition Letter*
- *CS-21A Family Assessment Status Letter*
- *CS-24 Description of the Investigation Process*
- *CS-24A Description of the Family Assessment Process*

*The Know Your Rights Brochure and poster (posted in reception area of each CD county office) is also in Spanish.*

The CS-21 and CS-21A are also available in Bosnian. An updated Service Delivery Grievance Form is currently pending. Language contracts for interpretive services are available in each county office.

**(35.6) – Increase availability of transportation services.**

c. Issued state-wide transportation contracts. *Transportation contract awards were made in February 2006. Attached is a copy of all awards.*

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.** *See Item 35 1-6.*

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

**(37.1) – Increase access to existing services.** *See item 35 1-6.*

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

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

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

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

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

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

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

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

**(44.1) – Increase the number of resource families.** *Refer to P1.6.5.*

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