



PROGRAM IMPROVEMENT PLAN

QUARTER 8 PROGRESS REPORT

November 2006 – January 2007

SUBMISSION DATE:

March 1, 2007

Quarter 8 Accomplishments

The following is summary of activities completed during Quarter 8 (November 2006 to January 2007) 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.***

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

- Using the SCRT to enhance clinical supervision has improved the consistency with practice among supervisors and workers.
- The PET Team met in January to discuss this issue: The Team felt there is no credit for attempts or there is a variety of other issues that might affect timeliness of initial contact. They plan to address these issues through the CQI Process.
- The Circuit manager reviewed results and distribute the forms to each worker's supervisor. The Supervisor documents any trend, concerns and strengths and addresses with workers.
- Continued to educate staff on the importance of timely initial contacts, re-evaluation of unit performance and speedy identification and resolution of problems impacting this area.
- Make sure worker makes multiple attempts with the 24 hour timeframe and pass on to night worker if not able to contact the family. Increase use of multidisciplinary team members. .
- Supervisors are meeting with their workers to sign the CPS-1 and any safety plans that may be made during an intervention in addition to meeting and staffing with their workers on a weekly basis.
- The CQI teams discuss the outcomes at quarterly meeting and seek ways to improve this outcome. The Circuit Manager reviews this data on the PRR and meets with the investigative supervisor bi-weekly to monitor progress on outcome measures and brainstorm for solutions where outcomes are not met.
- The investigative supervisor and QA Specialist look at the CA/N worker analysis that is sent out and the managed reporting information then compare that to the informational log that is kept by the supervisor to ensure accuracy of data.
- Placing worker on informal improvement plan where supervisor is contacted once initial child contact is made on each case assigned.
- Training the entire investigative unit in the area of time management and SDM tools to assist staff in better understanding the importance of timely contact aspect of their job.

- The process of reviewing records during the Peer Record Review Process has improved the collection of accurate data because we are now exchanging records with an objective, detached circuit. Co-workers within a circuit do not review each others' files but the peer component is still intact.

(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. Ongoing
There were 1448 peer record reviews completed at the Child Abuse and Neglect Hotline Unit for the 4th quarter of 2006, which is approximately 10% of the total CA/N reports taken at the hotline during the 4th quarter. The reviews were completed by approximately 45 Children's Service Workers at the hotline. The PRR results indicate an accuracy level of 99%, 98%, 99%, 98%, 96%, and 100% respectively on the six items measured on the PRR tool (see attachment), with an average accuracy level of 98.3 %. The 4th quarter outcomes confirm that hotline workers are consistently making call decisions/classifications at a very high accuracy level. The 4th quarter results showed improvement over the 3rd quarter on four of the six items that were measured (with the other two items remaining the same).

(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.***

k. Continued to provide mandated reported training to MO Hospital and School Counselors Association. *Two Mandated Reporters training was provided in November. Approximately 250 people from the Missouri School Counselors Associations attended the training on November 6th. Twenty-one hospital administrators attended the training on the 9th. See attached PowerPoint.*

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.

- This is checked by the supervisor when they sign at the 72 hour point and at closing. CA/N Supervisor reviews all assessment/investigations for accuracy and consistency of safety and risk on all cases prior to them being entered into the system.

- Outcomes are reviewed at staff meetings. Supervisors print out statistical logs and reviews/compare stats. Results are shared with workers. When Training needs are identified, the specific training is requested.
- Supervisors are meeting with workers on a weekly basis in order to staff their cases and plan for completion.
- Scanning and e-mailing the completed CPS-1As to roving supervisors who cannot make it to the county for several days.
- Investigator consults with the supervisor and circuit manager in any case the child is considered unsafe.
- Training on critical thinking was provided to supervisors and the circuit manager. The circuit manager met with staff to provide direction on how to complete behaviorally specific safety plans and continually stresses the importance of being specific on safety plans during monthly meetings.
- Continued compliance achieved through formal and informal training, on-going evaluation of performance and the timely resolution of problems as they arise.
- Staff attended additional training on the SDM tool to help them better understand the form and its usefulness.
- This item has been addressed repeatedly at unit meetings, circuit meetings, supervisory meetings and individual conferences. Circuit supervisors are developing a local protocol list for CA/N reports.
- The investigative supervisor has recently repeated instructions for completing assessments to make sure investigators are clear on the expectations of completing these assessments.
- Data Accuracy training continues to be given to new and existing staff to show importance of accurate information being input reflects outcomes and the importance of how outcomes reflects practice.

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

Process. All benchmarks in this action step have been completed.

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

(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.

k. CD staff evaluated short term output of pilot effectiveness. See attached output information on the **Building Healthy Families** pilot.

(S1.2.6) – Develop performance-based contract for foster parents. All benchmarks in this action step have been completed.

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. All benchmarks in this action step have been completed.

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

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

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

(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. All benchmarks in this action step have been met.

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

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

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

f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. Ongoing - From October 1, 2006 through December 31, 2006 there were 4 Preponderance of Evidence reports on licensed residential treatment facilities.

(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.** *All benchmarks in this action step have been completed.*

(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.**

d. Circuits reported quarterly progress on recruitment activities. Quarterly

- *A monthly newsletter is sent to resource families which addresses the need for respite providers and asked for referrals from their friends;*
- *Flyers sent to all homes in area;*
- *Manned a display booth and answered questions about foster parenting at a fair church and other community events;*
- *Designed a float and entered into a Holiday parade;*
- *Holding informational meetings at the local library;*
- *Purchased bookmarks and pens to be handed out at local events;*
- *Provided information to and had an article published in a local paper about foster parenting during Christmas,*
- *Developing a power point presentation that could be taken to Civic groups or churches.*
- *Missouri foster parent, Amy Thompson, will be appearing on the Rachael Ray show in the near future (she was in New York taping the show Jan. 31st.) The Rachael Ray show was interested in Thompson's commitment to fostering/adopting. This popular show may provide encouragement to families to become foster parents.*

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

g. Quarterly report on PBC contractors' performance. Pending. We anticipate data from Research and Evaluation by March 5th.

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

e. Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children. Central Office Planning and Performance Management staff analyzed stability data using the Child Welfare Outcomes report and identified three circuits for case review. Determining factors for

targeting circuits for review include current performance, performance during the past eight quarters and the number of children in custody in the circuit.

f. Consulted with Regional Directors and QA Staff to finalize targeted circuits and conference calls scheduled with circuits identified as needing additional supports. *Regional Directors were notified of the renegotiated PIP requirement to conduct stability reviews during their monthly teleconference. Teleconferences were also held with the Regional Director and QA staff in the targeted circuits. A face to face meeting was scheduled for the QA staff to begin collaborating with the Quality Improvement (QI) staff. Central Office staff met with the QA and QI staff from the Southern Region on December 19th to discuss which circuits to target for review, the survey tool and how to sample cases.*

g. Scheduled targeted case reviews with circuits needing additional supports for purpose of developing circuit specific action plan. *A Case review was scheduled and conducted in the 30th circuit (Butler and Ripley Counties) on January 29th and 30th. A review was scheduled and conducted in the 36th circuit (Benton, Dallas, Hickory, Polk and Webster Counties) on January 31st and February 1st. The review for the 21st circuit (St. Louis County) was scheduled and conducted on February 15-16th.*

Eighty-one cases, approximately 62 percent were reviewed in the 30th circuit. Eighty-three or approximately 76 percent of the cases were reviewed in the 36th circuit. A random sample of 100 cases was reviewed in the 21st circuit.

h. Circuits provided monthly report to Central Office on strategies to improve placement instability, including convening a FST prior to move and support services to resource families. *See attached placement stability reports from the 21st, 30th and 36th circuits.*

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

c. Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers. *Memorandum CD07-02 <http://www.dss.mo.gov/cd/info/memos/2007/cd0702.pdf> was disseminated on January 8, 2007 introducing the revised STARS "Learning Guide For The Caregiver Who Knows The Child" training manual and assessment tool. Electronic copies of the training manual was available to staff and contractors to begin using immediately. Hard copies of the bound manual were mailed to each circuit on January 27th.*

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.

- PET Team met in January to discuss timeliness of the FST Meetings. Circuit Manager addressed the use of the tool provided by the Regional office to assure timely FST meetings with the Supervisors.

- A spreadsheet was developed for all supervisors to track all meetings to prevent overdues.
- Workers were asked to review their cases and calculate due dates for PPRs and schedule meetings to prevent overdues.
- Supervisors review monthly management reports and report any overdues to the Circuit Manger with reasons for the delays and a plan to resolve within the next 30 days.
- Supervisors are checking SS-61s (Alternative Care Tracking form) prior to supervisory conferences with staff to make sure the 61s have been updated.
- FSTs or PPRs are held every Wednesday and a rotation has been established with four community agencies to ensure a community representative attend every week.
- Workers are required to bring the SS-61 forms to each PPRT and the supervisor will approve or enter FST/PPR information into system the same day following the FST/PPR.
- Workers are encourages to schedule the PPRTs at least one month ahead of when they are due.
- Added the last PRR date to each worker's case listing to assist them track next review date.

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

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

(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. All benchmarks in this action step have been completed.

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

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

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

consistent with state and federal regulations. Refer to P1.7.4. All benchmarks in this action step have been completed.

(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. All benchmarks in this action step have been completed.

Item 9: Adoption

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

f. Quarterly monitoring by PRR.

- Continue to use Family Support Teams to develop plan for TPR as appropriate. DLS is being used when needed.
- Adoption specialist hired in the circuit has improved this outcome by assisting case managers to work through TPR and adoption issues.
- DLS meets with each unit during their unit meetings to remind staff of the process to refer a case for TPR, additional follow-up will continue during Supervisor meetings.
- Subsidies and guardianships will continue being completed timely so that adoption and guardianship hearings do not have to be delayed.
- The Division will monitor this through FST's and follow-up with the DJO to ensure this is being completed timely.
- Improvements made due to new staff hired and an addition of new DJO liaison who attends PPRs on a consistent basis.
- Protocol established by circuit to require a staff between the JO and CD at the 11 ½ month mark to discuss primary and concurrent goals of the case.
- Continue to meet with juvenile office staff bi-monthly to assure that TPR is filed in a timely manner and cases are appropriately identified.
- Monthly with JO to review permanency plans for each child who is at or nearing the 12 month mark.
- QA specialist provide statistical data to Regional Director on a quarterly basis to show progress or lack of progress and the data is shared with CD staff and community partner to solicit input on improvement.

(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.**

e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. DLS representation at court hearings is an ongoing discussion between DLS and CD. The joint committee did meet to discuss how to better provide DLS representation in more rural areas. DLS was able to hire another full time attorney and a half time contracted attorney. Interviews have taken place and the full time attorney will be based in Rolla and the half time position being based in West Plains.

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. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies. Presentations of changes to the Older Youth Program were made this quarter to community members in the 15th circuit; MO coalition of Children's Agencies; Council on Adolescent School Health; Homeless Adolescent Taskforce; SYAB and CD staff developed a flyer (see attached) to provide information about the Older Youth Program when youth met with State Legislators for Child Advocacy Day on January 30, 2007.

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

c. Consulted with SYAB members on needs of older youth. Youth continue to be informed and involved throughout the transition process to the enhanced Older Youth Program. The attached agenda from the SYAB meeting held in November provides information on youth's involvement in the community. SYAB member representation was requested for the TLP RFP evaluation held on January 3-4th and 29th, but no members attended. SYAB member representation was also requested for Chafee RFP evaluations to be held on March 15-16th.

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

e. Began training of policy and Adolescent FST Guide and Individualized Action Plan protocol in selected sites in the 15th, 22nd and 25th circuits.

f. Began conducting field tests of policy and protocol. Training began for the FST Guide in November for the pilot sites. The field tests for this new protocol began in December and will continue through the middle of March. After the completion of the field tests, a meeting will be held with the Older Youth Program Implementation Team to discuss issue with the protocol and ease of use. Necessary changes will be made based on the

feedback. See attached Test Project Proposal for the Adolescent FST Guide & Individualized Action Plan.

g. Conducted mid-point evaluation of test project through staff surveys. See attached survey results.

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.

- Workers and the Juvenile Office staff attended a training which promoted the retention of siblings in the same placement.
- The resource unit is making an effort to education people who inquire about becoming a foster parent on the subject of keeping siblings together.
- The resource worker discusses with case managers on a monthly basis how to get siblings into the same home based on information that may have come up at the FSTM.
- The importance of sibling placement is emphasized to staff and staff has attended Sibling Placement Training to continue to have this awareness in the forefront of their minds.
- A visits tracking spreadsheet was developed and implemented in august 2006 and results are discussed at eh monthly managers meetings
- Siblings are placed together unless there is a compelling reason for the separation and the Circuit and Field Support Managers are contacted for approval.
- A plan for ongoing visitation must be documented in the child record if siblings cannot be placed together.
- CA/N investigators actively pursue appropriate kinship placements for siblings groups and adoption unit focuses recruitment families for sibling groups.
- All children currently separated in the circuit have been brought to the attention of the supervisors and circuit manager and the case reviewed for sibling placement if not contrary to case plan.

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

(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.** All benchmarks in this action step have been completed.

Item 14: Preserving connections.

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

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

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

Item 15: Relative Placement.

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

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

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

Item 16: Relationship of child in care with parents.

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

(P2.16.2) – **Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks in this action step have been completed.

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

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

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

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

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

Item 18: Child and family involvement in care planning

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

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

(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.** All benchmarks in this action step have been completed.

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

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

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.

- All supervisors met and discussed case loads in January and the Circuit Manager developed a spreadsheet to be updated quarterly of all worker caseload numbers
- All Supervisors continue to address case loads at monthly unit meetings. All visitation forms are being turned into supervisors for review and monthly log is now being turned in to their supervisor with dates of the HV contact.
- The Investigative Supervisor assigns all cases. She requests a case load listing from all staff on a monthly basis.
- The Circuit Manager and the supervisors met with Field Support Staff and reviewed all caseloads and where workers were based. Adjustments made to caseloads must because of length of drive time to visit the child.
- Use the Caseload activity report to monitor caseload size and worker visits.
- Supervisors monitor the size and makeup of workloads through the use of a case reporting document.

- Improvements are credited to implementation of a worker activity log and outlook calendars for each worker as well as Time Management and Organization training provided in the past two months.
- Monthly caseload analysis is done to ensure caseload size equalization.
- Supervisor monitors the number of visits to consumer homes during weekly staff meetings with workers. Supervisor monitor that the correct forms are completed at the home visits.

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

Item 20: Worker visit with parent(s)

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

(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.** All benchmarks in this action step have been completed.

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

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

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

Item 22: Physical health of the child

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

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

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. All benchmarks in this action step have been completed.

(WB3.23.3) – Increase capacity of staff to assess mental health needs of children in intact families.

b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed. (See S2.3.3 a-f).

- Circuit Manager reviews SCRT results monthly and the supervisors utilize the local results during case consultations. Areas needing improvement are identified. Staff are provided additional training on areas needing improvement. Supervisory oversight continues to be a means for improvement.
- Review of the spreadsheets indicated areas needing improvements. Strategies such as providing feedback to the workers regarding specific case reviews and suggestions for improvement during worker/supervisor conferences, addressing the items needing improvement with all staff in Circuit meetings, so they can apply this to their own casework and working with staff in worker/supervisor conferences on how they can better plan for and complete visits with children and visits with parents – including the use of the Outlook calendar to make sure visits are scheduled on their calendars a month in advance were developed as a practice improvement.
- FCOOH Unit Supervisor conducts weekly training sessions at which attendance of all new workers is required. She accompanies new workers to court, reviews all written documents, case record narrative, forms, etc on a regular basis. The investigative supervisor has her new staff shadowing herself or experienced staff as they learn to conduct investigations or assessments. Requirements for data entry on FACES are followed and a rotation coverage plan has been implemented to allow staff desk time to complete data entry on a frequent and regular basis.
- Review completion rate is lower than desired and this has been the focus. Supervisors who have completed the required reviews have been recognized during monthly Supervisors' meetings.
- Circuit Managers have requested and are using assistance from the QA and QI Specialists in the on-going assessment of measures needing improvement.
- Circuit Manager and supervisors working with staff to get up to date on their case narrative recordings. Many of the activities are taking place but not recorded in the record.

- Circuit Manager reviews SCRT results monthly with supervisor who uses them in individual case consultations.
- Unit supervisors conduct weekly training for staff on areas needing improvement. These sessions are mandatory. Supervisor also accompanies new workers to court and have experience worker shadow the new workers.

Systemic Factors

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

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

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

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

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

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

(25.5) – Improve staff facilitation skills for Family Support Team Meetings. *All benchmarks in this action step have been completed.*

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 3rd party participants for Administrative Reviews. *All benchmarks in this action step have been completed.*

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

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

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

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

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

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

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

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

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

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

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

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

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.** All benchmarks in this action step have been completed.

(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.** All benchmarks in this action step have been completed.

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

(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.**

c. Advisory Committee developed a written plan for assessing training needs.

d. Advisory Committee developed a written plan for evaluating training needs.

e. Plan submitted to CD administrators for approval. The training advisory committee met in October 06. At that time, the committee developed a mission statement, reviewed and discussed the current ways in which training needs are assessed and how training is evaluated. The advisory committee felt that technical assistance from NRC would be very beneficial and would have a positive impact to the training and evaluation process. The committee was confident NRC could provide the needed structure and framework with appropriate measures and parameters.

While the group agreed that the current way of **assessing training needs** through review of patterns and trends in practice through sources (noted below), the committee agreed that more help was needed to enhance and formalize the process.

- **The Survey of Organizational Excellence**
- **Peer record reviews**

- **PDR results**
- **COA Circuit self-assessment of training needs**
- **CQI process**
- **Ongoing internal review of training curriculum to reflect current policy and**

The advisory committee also discussed the current ways in which training was evaluated such as:

- **Classroom evaluation of the training content and of the trainers by participants**
- **Evaluation of the participants by the trainers through skill practice observation and written feedback that is shared with supervisors for ongoing follow up through OJT activities**
- **Individual self- assessment and evaluation prior to, during and following Basic Orientation**

The advisory committee agreed that while the current ways of assessing and evaluating training have merit, a more structured, comprehensive process was needed and NRC could better provide this type of assistance and framework than the committee.

The minutes of this meeting and a discussion to enhance this process was held between the Training Coordinator and Deputy Director. The Deputy Director was in agreement with this plan and request for technical assistance through NRC was made to the Region VII ACF office. A preliminary conference call with Susan Kanack from NRC was held during January 2007 and the subsequent has been scheduled for March 2007 to address how NRC will be provide the needed TA to the CD.

(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: Service array

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

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

(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. All benchmarks in this action step have been completed.

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

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

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. All benchmarks in this action step have been completed.

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.