

## Post PIP QTR – 2 – Remaining six data measures

### Family participated in the development and signed the service plan (PRR)

Current Performance *per PRR Results* = **81.4%** Goal = 75.3%

### Services being provided to the family are adequate to meet their needs as identified in the assessment (PRR)

Current Performance *per PRR Results* = **91.9%** Goal = 89.9%

### Worker visits with the family and caretakers at least one time per month (PRR)

Current Performance *per PRR Results* = **86.2%** Goal = 85.4%

### Child placed in close proximity to family (PRR)

Current Performance *per PRR Results* = **94.4%** Goal = 90.9%

### Visitation plan in place to facilitate reunification (PRR)

Current Performance *per PRR Results* = **89.9%** Goal = 86.8%

Missouri has met and exceeded the goals for the above PIP data indicators measured using the Peer Record Review (PRR) results. We have been able to meet all five as a result of the following:

- Providing and improving the overall developmental knowledge of the PRR process to staff through:
  - QA Specialists or other trained staff provide a PRR training before every review so reviewers understand what they are doing and why. This was particularly important for newer staff and staff from contracted agencies, so they fully understood the process and the need for thorough and accurate documentation.
  - Arranging for someone who is familiar with the PRR tool to be in the room to monitor the review so reviewers who may have questions can get the right information, making sure reviewers look everywhere in the record for the information instead of only where it is supposed to be kept and the reviewers are utilizing the directions for the tool as they review cases.
  - Any item marked out of compliance must have an explanation as to why.
- Additional emphasis and focus through an all staff memorandum from the Director on March 2, 2007, which provided a PIP status update. It included required information and activities for the data indicators that have not been met, and called for a concerted effort to focus on the six remaining PIP measures.
- The April CQI *In-Focus* newsletter followed the above-referenced memorandum and was disseminated electronically to staff on April 9, 2007; this highlighted four of the six areas still needing improvement to meet PIP goals including:

- ✓ Timely initiation of child contact;
  - ✓ The worker visits with the family at least one time per month;
  - ✓ The family participated in the development and signed the service plan; and,
  - ✓ There is a current visitation plan in place to facilitate reunification.
- A Leadership Conference was held in May, which required the attendance of all Regional Directors and Circuit Managers. One workshop attended by all specifically presented the data for the remaining six measures for each circuit. The interactive workshop required the attendees to look at their circuit specific data, evaluate their performance (whether they are doing well or need improvements) and strategize to develop specific action steps that they will employ with their staff when they return. Plans were submitted and implemented locally with the assistance and monitoring of our Quality Assurance and Quality Improvement Specialists.
  - Other activities which have led to our success in these five measures include:
    - QA Specialists continue to provide data accuracy training and refreshers to why data matters. This has reinforced the culture change within the agency which requires the use of local data in mapping strategies for performance improvement.
    - QI Manager working with circuits to prepare for the Council of Accreditation (COA) on-site reviews. Records are in much better order as the result of the work towards meeting COA standards.
    - A maturing CQI process is now in place throughout the state in which local CQI teams address the performance measures highlighted in the *In-Focus* and work together to implement plans for improvement.
    - Implementation of Supervisory Case Reviews (SCR), one of the action steps in the Child Welfare Supervision Strategic Plan. This case review process for improving the culture of supervision is designed to:
      - Address child safety and well-being.
      - Allow supervisors to examine if policies are followed and the quality of work performed by their workers and services provided to children and families. The supervisors, in turn, utilize this information during supervisory conferences in providing staff with enhanced clinical supervision.
      - Assist supervisors in identifying strengths and challenges of individual workers, which improves child welfare practice and outcomes.

We recognized that in pursuing culture change we must address the changing of day to day practice of front line supervisors and workers in the field. The changes that have been implemented will not affect change, if front-line practice does not change. That is our focus and the goal. We are also focusing attention on building a stronger infrastructure that supports changed practice through the availability and flexibility of

services, engagement and collaboration with stakeholders, and ongoing quality assurance and improvement processes. This continued commitment to practice change will assist us in meeting the data goal for the remaining PIP measure.

Timeliness of initial contact – (Outcomes)

Current Performance per the *Outcomes Report* = **76.4%** Goal = 80.4%

In addition to the activities indicated above, a review of concluded CA/Ns was conducted in early April 2007. The results indicated performance may be improved by additional policy clarification and FACES enhancements. These reviews determined staff may not have a clear understanding on how to document when the initial contact is made with the victim. A policy memorandum [CD07-41](#) disseminated to staff on July 27, 2007, clarified policy terminology and informed staff of the FACES enhancements. To view information regarding this memo, please click on the above link. As these changes are implemented, the division anticipates continued improvement in the timeliness of initial contact and assuring child safety.