

**Missouri Department of Social Services  
Children's Division  
Child and Family Services Program Improvement Plan**

This Program Improvement Plan (PIP) is the response of the Missouri Children's Division (CD) to the federal Child and Family Services Review (CFSR) conducted December 2003. The final report issued in March 2004 provided information on strengths and areas needing improvement for services provided by the Children's Division. The recommendations contained in the CFSR final report, coupled with over 100 recommendations from additional reviews by the Governor, legislators, judiciary and state auditor, provide the Children's Division with rich data to develop strategies for enhancing practice. The PIP was developed in partnership with numerous stakeholders including the Division of Youth Services, Office of State Courts Administrator, universities, service providers, child welfare colleagues, Department of Public Safety, Department of Elementary and Secondary Education and Department of Mental Health. The PIP will provide a framework for achieving systemic improvement in practice and ultimately improved outcomes for Missouri's children and families.

The March 2004 CFSR report provided information on both strengths and areas needing improvement as identified through case review, state self-assessment, and stakeholder interviews. The following is a brief summary of the strengths and areas for improvement as reported for each of the three outcome areas contained the review.

**SAFETY**

Strengths:

- Missouri's dual track system; and,
- Structured Decision Making and Confirming Safe Environments as positive improvements for assessing the risk of harm to the child.

Areas for Improvement:

- Consistency in the timely initiation of investigations;
- Reduction in the recurrence of maltreatment within a 6-month period;
- Improving access and delivery of services; and,
- Consistently addressing risk of harm.

**PERMANENCY**

Strengths:

- Preventing re-entry into foster care;
- Missouri's Resource Guide for Best Practice in Child Abuse and Neglect Cases;
- Stakeholder reports of worker commitment to ensuring children have sufficient visitation with parents and siblings; and,
- Stakeholder reports of concerted efforts to preserve family connections;

- Criminal background and child abuse and neglect checks prior to placement with relatives, as well as completion of competency-based training and home studies; and,
- Innovative initiatives designed to promote the relationship between parents and children.

Areas for Improvement:

- Consistency in assuring children's placement stability in foster care;
- Consistency and timeliness in establishing appropriate permanency goals;
- Adequacy of resources to meet child placement needs;
- Consistent, diligent search efforts for relatives as potential placement resources;
- Documentation of valid reasons for separating siblings;
- Increasing efforts to assure children's connection with extended family;
- Improving efforts to maintain relationships with non-custodial parents; and,
- Achieving children's permanency goals in a timely manner.

**WELL-BEING**

Strengths:

- A wide array of services throughout the state that include mental health, parent aide services (homemaker, supervising visits and transportation services), mentors, independent living services, parent education classes, transportation services, intensive in-home services and drug and alcohol services;
- Parent involvement in case planning for foster care cases;
- Concerted efforts to meet children's educational needs;
- 100 school-based social worker positions partially funded by the Children's Division in schools throughout Missouri;
- Meeting the physical health needs of children in foster care; and,
- The Systems of Care initiative focused on providing mental health services to children with serious mental health concerns without bringing them into residential care.

Areas for Improvement:

- Consistency in addressing families needs for services and/or provision of services;
- Availability and accessibility of needed services, especially in some areas of the state;
- Fully engaging parents and children in case planning;
- Frequency of worker visits to assure needs are met;
- Focusing worker visits on issues pertinent to case planning, service delivery, and goal attainment;
- Diligent efforts to meet children's educational needs – especially in in-home cases dealing with issues of truancy or educational neglect;
- Dental services for children; and,

- Assessment of mental health needs and provision of mental health services.

## **KEY INFRASTRUCTURE IMPROVEMENT COMPONENTS**

In addition to the federal Child and Family Services Review (CFSR), the Children's Division has undergone numerous audits and reviews in recent years, including a Council on Accreditation for Children and Families (COA) Self Study and preliminary COA site visit. These studies and reviews have produced consistent themes underscoring what is done well and where improvement is needed. In developing a plan of action to achieve the excellence we envision, the emergence of these consistent themes provided a foundation upon which to build. Key components were identified, which include: 1) an effective organizational structure; 2) circuit self assessment and strategic improvement; 3) professional development and practice enhancement; 4) improving service access and intentionality and 5) accountability, including data driven management.

### **ORGANIZATIONAL STRUCTURE**

Governor Bob Holden issued an executive order reorganizing the Department of Social Services effective August 28, 2003. The reorganization created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect. The new organizational structure emphasizes supporting the work of front line staff. Leadership is committed to continuous quality improvement that builds on existing strengths to address areas of concern. The Division has undergone an extensive review of its organizational needs and is reorganizing with a focus on practice excellence that includes: 1) a clearly articulated vision and mission for the Division; 2) a new organizational structure that is aligned with judicial circuits and supports circuits through cross-functional teams at the state, regional, and local levels 3) strong partnerships with communities, courts, law enforcement and treatment providers; 4) high quality training for all staff; 5) a mentoring program for new staff; and 6) flexible funding to meet the unique needs of children and families.

The mission of the Children's Division has been affirmed as follows:

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

The recently drafted guiding principles for the Division are:

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

- **PRACTICE** – The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.
- **PREVENTION** – Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.
- **PROTECTION** – Children have a right to be safe and live free from abuse and neglect.
- **PERMANENCY** – Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.
- **PROFESSIONALISM** – Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Clearly articulating the Division’s mission, guiding principles and practice model is foundational to building an infrastructure that supports practice excellence and results in improved outcomes for children and families.

### **CIRCUIT SELF-ASSESSMENT**

The new Children’s Division is dedicated to practice excellence through continuous quality improvement. The CFSSR final report underscored the fact that Missouri has sound child welfare policy. However, the report further revealed that a key issue for Missouri’s system is achieving consistency in practice and application of policy. Variance was noted across circuits throughout the report.

From the beginning, Division leadership set a course for systemic improvement through self assessment and strategic planning. Leadership immediately began developing a process and protocols for individualized, circuit-based self assessment. The purpose of the self assessment is to provide a baseline for circuits with regard to their capacity, strengths, areas of need and performance. The assessment will serve as a basis for strategic planning to effect positive improvements toward measurable outcomes. The assessments will also identify needs for technical assistance, resources and support. Case reviews and outcomes monitoring will be continuous and will be conducted in conjunction with local community partners. Ongoing local committees may be established to provide independent community advice, advocacy, and accountability. These partners will help guide the Division toward its goal of imbedding best practice into the fabric of the organization to achieve safety, stability, permanency, and well-being for children and their families.

Potentially, local committee responsibilities would include:

- Support and monitor implementation and utilization of the case review process;
- Assist in the recruitment of case review participants;
- Receive, process, understand and analyze information, including,
  - Children’s Division QA reports
  - Children’s Division Peer Review Reports
  - Children’s Division System Reports

- Other pertinent information;
- Solicit community input regarding quality/satisfaction of the service delivery (possible focus groups, surveys, etc. with providers, consumers, foster parents, and workers);
- Make recommendations to the Children's Division;
- Review response to recommendations;
- Monitor progress in implementation; and,
- Maintain confidentiality

The Circuit Self-Assessment, completed in August 2004 involved each circuit identifying their strengths and challenges in providing high quality, family-focused, child protection services. The self-assessment areas for evaluation include: 1) demographics; 2) circuit structure; 3) circuit staffing; 4) management; 5)CQI process; 6) personnel practices; 7) facilities; 8) juvenile court structure and relationships; 8) community partnering; 9) service array; 10) case work practice; 11) case work and documentation; 12) outcomes; 13) training needs; 14) circuit strengths and challenges.

As previously indicated, circuit self assessment will be followed by circuit strategic improvement planning. Each circuit will assess PIP identified data measures, monitor them on an ongoing basis, develop strategies to address areas needing improvement and access technical assistance as needed through Practice Enhancement Teams. Practice Enhancement Teams will include a quality improvement leader, quality assurance specialist, program specialist, trainer and other ad hoc members based on the issue of concern. The plan is to establish Practice Enhancement Teams geographically, however, teams may be deployed across regions based on expertise and identified needs. Staff will be supported in completing the circuit self-assessment and resulting strategic improvement plans through the cross-functional Practice Enhancement Teams.

#### Tracking Progress

Missouri is currently in the process of developing a web-enabled SACWIS (Statewide Automated Child Welfare Information System). The intent is to design, develop and implement a SACWIS system that truly supports and streamlines the work of Children's Division staff and contracted staff. The system will provide for increased efficiency, monitoring and accountability. SACWIS will be a critical tool to support the progress made through the PIP and the circuit self-assessment and improvement process.

Based on current plans and subject to ACF approval, the first phase of the integrated SACWIS, automating Title IV-E eligibility, should be fully operational statewide by fall 2004, with Hotline Protocols implemented in early 2005. The current plan is to work simultaneously on the next phases, adding Investigation and Assessment, and Case Management I and II as funding and staffing allow based on the ACF approved plan and state resources.

Due to limited resources and the need to meet SACWIS timelines, it will be necessary to weigh the level of effort and cost involved in making changes to a Legacy System in

connection with PIP action steps versus deferring the change to SACWIS development. The Children's Division SACWIS Project Director will be an integral part of the PIP team in order to assure ongoing coordination and integration.

## **PROFESSIONAL DEVELOPMENT AND PRACTICE ENHANCEMENT**

A goal of the Children's Division is to attain practice excellence. Practice excellence is not the end, however, but a means to improving outcomes for children and families in partnership with them. Professional development and continuous improvement are critical factors in achieving this vision. Building on the work of the Staff Development and Training Unit, the vision is to create a Professional Development and Training System that results in practice excellence through professional development planning, training, supervisory support and practice enhancement team support.

### Supervisory Training and Support

The Staff Training and Development Unit has carefully examined current training, results from agency quality assurance measures such as peer record reviews and practice development reviews, the Survey of Organizational Excellence, the CQI process, COA standards and site visits, and audit reports. Feedback from regional training sessions and other state training programs was also considered.

Research shows effective supervision is critical in supporting workers in their professional development and particularly in mastery of the complex skill of assessment. Two regions of the state are currently involved in Clinical Supervision Training for front line supervisors using a role demonstration (teaching) model for clinical supervision. The training is funded through a grant with the University of Missouri-Columbia from the Quality Improvement Center at the University of Kentucky. The Clinical Supervision Training goals are: to increase child safety and protection, increase child well-being, increase positive permanency outcomes for children and increase worker stability.

It is anticipated that statewide training based on the positive principles of the clinical supervision pilot project will be implemented following the evaluation of the training. The following outlines the two key areas for improvement as well as supporting areas for improvement with core strategies for each.

- Develop a new supervisory training structure that that will build upon current administrative content and introduce a clinical focus for frontline Social Service Supervisors.
  - Supervisor training will include:
    - Leadership
    - Decision-Making
    - Case Consultation
    - Worker Professional Development
    - Accountability
- Enhance training evaluation using evaluative instruments for classroom training as well as On the Job Training. Following each classroom training

event, participants will provide a written training evaluation. Trainers will also evaluate participants during and after the sessions. On the Job Training evaluation will include feedback between staff and supervisors. This will be used to facilitate discussion between staff, clinical mentors and supervisors to identify areas of skill mastery and areas for skill improvement.

- Develop/utilize an Individualized Professional Development Plan tool for supervisors to be used by the supervisor and manager to identify skill areas acquired and demonstrated as well as skill areas needing improvement.

### Worker Training and Support

The Staff Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment. The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new front line staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and case closure. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed in the training.

The new, advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training with more concentrated time devoted to specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. Based on what is identified as a skills gap by the supervisor or between the supervisor and experienced staff, elective training sessions are available and enable staff to enhance their knowledge, skills, and abilities. Elective training sessions will be determined through the use of classroom and On-the-Job Training evaluations, individualized development plans and skill gaps analysis. The creation of a Training Advisory Committee comprised of clinical mentors, trainers and field staff will provide a venue for identifying areas for improved practice and assessing training needs. Although Missouri has not defined a set number of hours of required training for seasoned staff, Missouri Statutes mandates assessment and treatment staff to receive a minimum of twenty (20) hours of related training per year.

COA requires the Children's Division to promote competence in personnel by providing regular supervision and training on topics relevant to service delivery. Requirements include the opportunity to attend one or more job-related training events per year. The training session will be a mixture of knowledge-based and skill-based instruction and skill building exercises. The Children's Division partners with the department's Human Resource Center to coordinate elective training sessions for staff with less than one year's experience to meet the sixteen (16) hour training requirement post pre-service training. These training sessions are also available to seasoned staff. In addition, the Staff Training and Development Unit is scheduled to develop and implement required, advanced in-service training for frontline staff to move the agency toward practice

excellence. The strategies include staff acquiring and demonstrating skills in the following core areas:

- 1) Investigation and Family Assessment
  - Specific types of CA/N
  - Interviewing
  - Decision Making
  - Risk/Safety Assessment
  - Case Documentation
  
- 2) Family Centered Services
  - Case Planning
  - Family Support Team meetings
  - Family Specific Treatment Planning
  - Safety planning
  - Risk assessment/re-assessment
  - Underlying issues/family functioning
  - Case Documentation
  
- 3) Family Centered Out of Home Care
  - Concurrent Planning/Case Planning
  - Case Documentation
  - Family Support Team Meetings
  - Cultural Diversity
  - Safety assessment in Biological home and Foster Home
  - Risk assessment/re-assessment
  - Planning for closure with family and planning for re-occurrence

#### Family Assessment, Case Planning and Intentional Intervention

##### Family Assessment

A key finding of the CFSR was that the Children's Division was inconsistent in assessing and addressing the needs and services of the child, parents and/or foster parents. Of concern were incomplete assessments for parents and children. Specifically, assessment improvement is needed for non-custodial parents. Many stakeholders reported the Children's Division was effective in assessing needs and identifying services, but that services were difficult to access.

There are many initiatives in place and pilot projects to address this issue in Missouri. However, caseload sizes, supervisory to staff ratios and funding for services impact this assessment and service delivery. A key emphasis of Missouri's PIP is improving assessment tools, skills and practice. This includes greater attention to assuring complete assessments are performed, services are well matched to families' needs and innovative strategies are employed to increase access to services.

## Case Planning

Family Centered Service Out-of-Home Care policy and practice utilizes a multi-disciplinary team approach to incorporate input and support from a variety of community members: guardian ad litem, juvenile officers, CASA, teachers, counselors, extended family members and other individuals that are identified by the family. Current participation by family members and community participants is less than optimal. Meetings may be scheduled based on professionals' availability rather than family participation. Communication gaps have been noted among service providers, the family and community participants involved in service planning. Individuals serving families may have different ideas about their role and different philosophies about a family's needs. As a result, the quality of the assessment and case plan is jeopardized as crucial pieces of information may be missed or unavailable. Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring all those at the table truly have a voice in the planning. Educating families about their roles and responsibilities will serve to empower families and encourage their participation in the case assessment and planning process.

Additional underlying issues regarding case planning:

- A philosophical permeation that engenders strengths-based, family-centered, family-empowering behavior;
- Improved involvement of the child;
- Greater involvement of informal supporters;
- Adequate Supervisory Supports - this includes coaching and nurturing best practice.

## **SERVICE ACCESS AND INTENTIONALITY**

In exploring underlying factors that have a substantial impact on permanency for children, the ability of frontline workers and supervisors to efficiently and effectively move clients through the change process is an important issue. When working with natural parents, frontline workers and supervisors are confronted daily by a wide range of challenges including, but not limited to, drug abuse, mental illness, homelessness, poverty and domestic violence. Each of these issues becomes an even greater challenge when commingled with the complexities of personality types, family histories, cultural variations, abuse dynamics, grief, denial and resistance to change. Maneuvering through these barriers, accurately assessing needs and matching those needs with effective services becomes imperative to the reunification of children with their natural families.

The unfortunate reality in current practice is that many of the interventions used with clients are reactive, usually following a crisis or severe regression of case progress. Often, workers are not adequately supported to acquire the skills and information, or they do not have the time to proactively help clients through the change needed for children to return home. Current supports and tools for workers and supervisors may not provide effective ways for workers to intentionally avoid potential setbacks. The

effectiveness of efforts to engage clients in change varies significantly and can result in families lingering in the child welfare system too long, and workers being drained of energy needed to continue work in the child welfare field. Developing a system that enables workers and supervisors to access proven interventions specifically related to the uniqueness of each family will result in improved outcomes for children and families.

Equipping workers with adequate knowledge to be intentional with interventions requires two components. Firstly, workers need training that facilitates their ability to expertly assess need and to identify and seek intentional interventions. Secondly, workers need access to information regarding the best, available services. The implications found in intentionality extend into many aspects of frontline work and can have substantial influence on the timeliness of reunification and the stability of children in their foster and natural families.

## **ACCOUNTABILITY**

A strength of the Missouri Children's Division is its strong value for partnering with families and communities. The agency has worked diligently to develop partnerships with communities and to be accountable to our citizens. The Division is committed to openness, accountability, data-driven decision making and working with our partners to improve services and outcomes for children and families. In Missouri's PIP, many actions steps include partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, Department of Public Safety, community partnerships and others.

The Children's Division is partnering with the courts to pilot court improvement projects that include open courts. A newly established Office of the Child Advocate is addressing the need for a venue for consumer and constituent issues of concern. Cross training is planned between the courts and the Children's Division.

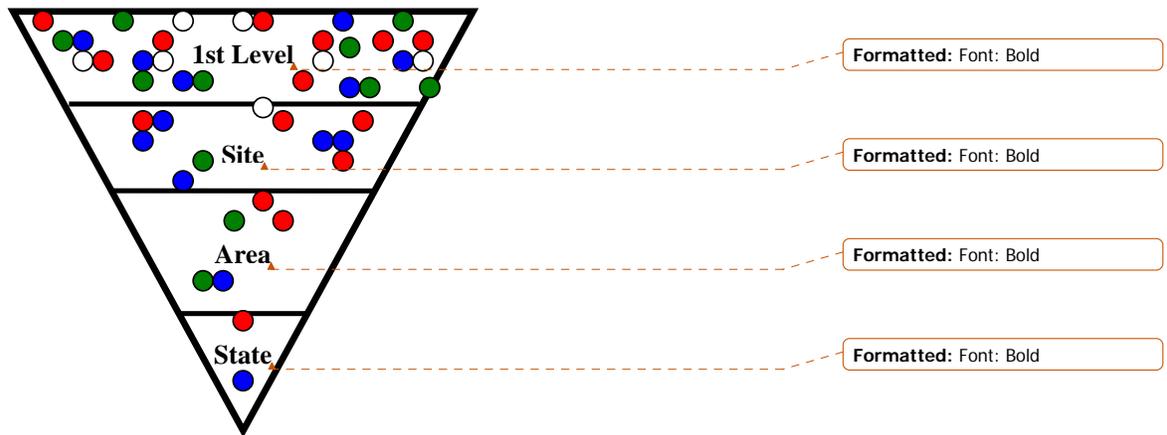
Other accountability measures include the use of structured decision making, peer record reviews, practice development reviews, circuit self assessment and outcomes report monitoring. The Children's Division is building a culture of partnership, accountability and continuous improvement and working to attain practice excellence so that safety, permanency and well being can be assured for Missouri's children. The Division will work together with families, communities, federal and state partners to implement the Program Improvement Plan to that end.

## **QUALITY ASSURANCE**

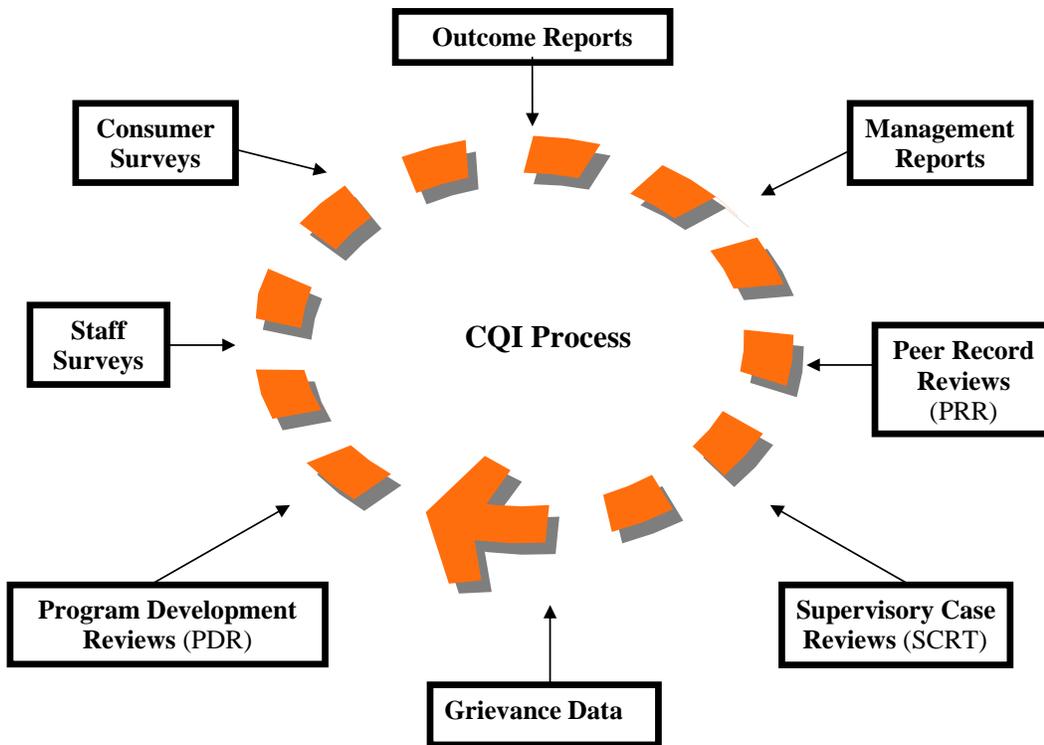
In Missouri, quality assurance exists at every level through the Continuous Quality Improvement (CQI) structure. CQI uses case related data in an aggregated, non-identifying way to provide feedback and accountability to staff in a timely manner. CQI is a process by which **all staff** are involved in the evaluation of the effectiveness of services provided by the division and every staff person is a member of a local level

CQI team which meets quarterly. CQI teams are expected to examine agency services and outcomes and in turn create and implement plans to improve services.

There are four levels of CQI teams: the first or local level, site level, area or regional level and the state level. The multi-level process allows for solutions to be generated in implemented by all levels of staff within the agency. Each CQI team sends a representative to the next level meeting. This way, problems which cannot be resolved by the local CQI teams are advanced to succeeding CQI team levels for resolution. Approximately 90% of issues discussed in CQI meetings are resolved at the first level. The following graphic represents how issues (dots) are resolved through the four levels of CQI.



Several avenues exist and are being developed for quality assurance through peer reviews, supervisory reviews, consumer and staff surveys, and grievance and outcome data, which feed into the overall CQI System. See the following flow chart.



Outcome Reports

Reports on child welfare outcome measures monitor agency performance and guide future initiatives. The outcomes are the results the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. The outcome measures cross all program lines and are quantifiable information which indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. There are 20 critical outcome measures, each fitting into one of the domains of safety, or permanency. They are as follow:

*Safety*

- Measure #1. Improve Timeliness of Initial Child Contact*
- Measure #2. Improve Timeliness of Completion of Reports*
- Measure #3. Reduce Reoccurrence of Abuse*
- Measure #4. Reduce Incidence of Child Abuse in Foster Care*
- Measure #5. Reduce Reoccurrence of Child Abuse/Neglect (after reunification)*
- Measure #6. Enhance Service Delivery to Prevent Child Abuse/Neglect in Intact Families*
- Measure #7. Enhance Service Delivery to Prevent Child Abuse/Neglect (IIS)*

## *Permanency*

<i>Measure #8.</i>	<i>Reduce Time in Foster Care</i>
<i>Measure #8a.</i>	<i>Children Active in DFS Custody by Race</i>
<i>Measure #8b.</i>	<i>Children Active in DFS Custody by Age</i>
<i>Measure #9.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exit reason)</i>
<i>Measure #9a.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exitreason and race)</i>
<i>Measure #9b.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exitreason and age)</i>
<i>Measure #9c.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exit reason and length of time to exit)</i>
<i>Measure #10.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, total)</i>
<i>Measure #10a.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, by race)</i>
<i>Measure #10b.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, by age)</i>
<i>Measure #11.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, total)</i>
<i>Measure #11a.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, by race)</i>
<i>Measure #11b.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, by age)</i>
<i>Measure #12.</i>	<i>Increase the Number of Family Support Team Meetings (timely completion of FSTM)</i>
<i>Measure #13.</i>	<i>Reduce the Number of Placements Children Experience in Foster Care</i>
<i>Measure 13a.</i>	<i>Reduce the Number of Placements Children Experience in Foster Care(Children in Care Less than 12 Months)</i>
<i>Measure #14.</i>	<i>Reduce Re-entry into Foster Care</i>
<i>Measure #15.</i>	<i>Reduce Adoption Disruptions</i>
<i>Measure #16.</i>	<i>Increase the Number of Family Resource Providers</i>
<i>Measure #17.</i>	<i>Increase the Number of Children Placed with Relatives/kinship Providers</i>
<i>Measure #18.</i>	<i>Increase the Number of Children Residing in Their Communities</i>
<i>Measure #19.</i>	<i>Reduce the # of Children Residing in Residential Treatment Facilities</i>
<i>Measure #20.</i>	<i>Reduce the Number of Families with FCS Cases Open Over 12 Months</i>

As most of the outcome data is reported out quarterly, six of the outcomes will be used as proxy measures for the six National Standards so progress in the PIP can be tracked on a quarterly basis. Believed to be reflective of good practice and the goals already established by the agency, the outcomes are reported out by each circuit, region, and at a state level and are available to all staff on the intranet.

### Monthly Management Reports

The Children's Division Management Report is a monthly publication detailing information concerning the children's services provided by the Children's Division. Information made available through this publication includes the areas of Child Abuse and Neglect, Family-centered Services, Out-of-Home Placement, and Intensive In-home

Services. Month-end information is available through ad-hoc research requests beginning with the first working day of the following month. The on-line edition is posted approximately two weeks later. Information contained in each publication is intended for that month's use only.

### Peer Review Processes

In Missouri there are two types of peer reviews conducted for quality assurance purposes; the Peer Record Review (PRR) and Practice Development Review (PDR).

#### ***Peer Record Reviews***

The Peer Record Review (PRR) is a strategy designed to ensure that documentation of essential service components exist in the case record, provide objective input regarding quality service provision, and to identify systemic barriers to quality services. Intended to be supportive in nature, peer reviewers are asked to identify strengths as well as the areas of needed improvement and are expected to share their findings with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division Worker gaining a new perspective, an added advantage of the process is the knowledge and skill enhancement of the reviewer.

Completed on a quarterly basis, 10% of in-home and foster care cases statewide are randomly selected for review each year. Small circuits review considerably more the 10% of a year's time. The review includes a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that are currently open or have been closed within three months immediately preceding the quarter in which the review is being conducted. Ten percent of adoption and Intensive In-Home Service cases are reviewed every six months on a statewide basis.

All staff has the opportunity to participate in the PRR process, yet it is intended that front-line staff complete the majority of the reviews. To prevent a conflict of interest and maintain objectivity, reviewers do not review any case in which they are or have ever been involved. Additionally, supervisors do not review any case in which their staff has worked with directly. Reviewers are provided the case record to obtain the information for the review. The reviewers use the Peer Record Review Protocol for each record reviewed. Once completed, the information is entered into the statewide database.

Once the information is entered into the database it is generated into reports reflecting results for each site, region and state as a whole. The information is provided back to the individual sites for further analysis and is posted on the intranet for easy access by all Children's Division's employees. The Division extracts the information and develops a plan for improving on-going service delivery in areas found needing improvement as well as develops processes to build upon the strengths found from the review. Several questions from the PRR will be used in quarterly monitoring of the PIP.

### ***Practice Development Reviews***

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

Teams comprised of two individuals conduct the review at the designated site. Each team member completes a training session prior to the review. The review is comprised of a random sample of children who are from intact families as well as children in out of home care. The number of children reviewed varies from 12 to 24 families, depending on the size of the review site.

The review spans approximately five days and the review teams review two families each. The review team begins by familiarizing themselves with the “core story” by reviewing the family case record. Additional information about the case is obtained through conducting interviews with key informants such as the child, their foster parent, the biological parent, juvenile officer and other service providers. The PDR Protocol “Blue Book” is used to rate the status of the child and overall service system performance.

During the week, each review team has an opportunity to debrief with the other review teams. This provides an opportunity to process the information and receive feedback from the other reviewers regarding their findings. The debriefing serves as a time for reflection on the cases being reviewed and a time to develop a composite of the strengths and areas of needed improvement in the site being reviewed.

Concurrent to the case review is a process for interviewing community stakeholders. Information is gained from stakeholders, providing a general sense of how they perceive the status of children and families and the service system in the community. The interviewers use the designated protocol which mirrors the key status indicators utilized in the child and family interviews. Information gathered from these interviews is shared with the review teams, aggregated and contained in the final PDR site report.

The final phase of the review process is to share the findings with local Children’s Division staff and community stakeholders. Each review team has an opportunity to meet with the Children’s Division Worker and Supervisor assigned to the child’s case to discuss the findings and provide feedback. Upon the conclusion

of these meetings, the Central Office PDR Coordinator presents the aggregate findings and trends to the Children's Division Staff and community stakeholders in a wrap-up community presentation. This presentation includes an opportunity for community members to ask questions and provide feedback. All of the PDR results are posted on the intranet and all Children's Division's employees have access to the information.

The number of PDRs completed each year varies and is dependent upon available fiscal resources as well as sites identified in need of evaluation. In 2004, local PDRs are being conducted in Jefferson, St. Charles, and St. Louis Counties as well as St. Louis City.

Information gained through these two types of peer reviews is used to continually measure and enhance the quality of services provided to families and children being served by the division. Both processes are designed to be supportive of staff for continuous quality improvement. The reviews are designed to provide direct feedback to front-line staff, supervisors, and administration to assist them in improving child welfare services.

#### Supervisory Consultation and Oversight

Supervisors are the most visible and accessible role models for CD social service workers. By actions and words, supervisors can implicitly and explicitly establish the limits of permissible behavior. Effective methods of supervision are adapted to the individuality of each CD social service worker and to the group as a whole. Based on the need and experience of the worker, individual supervisory conferences are provided on a weekly, bi-monthly, or monthly basis by plan, or by request. Monthly group meetings or conferences provide the opportunity to review memorandums, new policies and policy updates.

Although division policy requires that supervisors review cases at certain intervals, the review tool utilized varies across the state. Additionally, this data and information is not captured in a manner which can be aggregated and used for analysis. Therefore, a standardized supervisory case review tool (SCRT) will be developed and tested for use by supervisors during their case reviews. The tool is based on that used during the CFSR and examines outcomes for children and families. Information from the SCRT will be entered into a database so data can be aggregated by circuit and reported out. Many of the questions on the SCRT are qualitative in nature and therefore will be used to monitor various elements in the PIP that the division has otherwise been unable to track.

#### Consumer Surveys

In order to improve the quality of services, it is important to receive feedback from the children and families served by the Division. Input from consumers is obtained through surveys which are system generated and mailed from the Department of Social Services' Research and Evaluation Unit. A self-addressed stamped envelope accompanies the survey to facilitate a higher response rate and assure confidentiality.

Information from returned surveys is entered into a database, aggregated, and sent in report form to the county and regional offices for review through the Continuous Quality Improvement (CQI) process.

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

Each month the following surveys are sent:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases
- A random sample of 100 active youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families

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

#### Staff Survey: The Survey of Organizational Excellence (SOE)

Assessment of employee satisfaction is a way to gather vital information from our organization's most valuable resource, our employees. The SOE allows detailed and comprehensive organizational information to be obtained from all division staff for use in the development of strategies to improve on identified areas of need. The SOE is an online survey that is designed to link scores on the survey to issues impacting the organization. Survey questions are drawn from empirical and theoretical literature on organizations and specifically examine five key dimensions of life within the organization: work team, work setting, general organizational features, communication patterns, and personal demands.

Each May, during a designated two to three week period of time, staff are electronically emailed the survey and encouraged to complete it during work hours and from a work terminal. The survey can be completed on any computer connected to the internet and takes approximately 20 minutes to complete. Response rates for the survey have risen from 18% in 2002 to 60% in 2004. The survey is administered on a yearly basis and all survey results are posted on the intranet for use by division staff during CQI meetings.

#### Grievance Data

There are two avenues by which the Children's Division gathers grievance data; through the Service Delivery Grievance Process and through the Constituent Unit.

### ***The Service Delivery Grievance Process***

In order to maintain a continuous quality improvement culture within the organization, it is important to ensure that all youth and families served are informed of their rights and have a formal process to voice their concerns. The Service Delivery Grievance Process is a structured process by which consumer service delivery issues can be addressed at the most local level possible, allowing families the opportunity to express concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

Any adult family member, youth 12 years of age or older, or any child younger than 12 years of age with the assistance of a parent, guardian, out-of-home care provider, or Guardian Ad litem, who is currently receiving services or has had services terminated within the past 30 days may file a grievance.

The need to track outcomes and the means by which they were achieved is an important part of the quality improvement process. The information received from *Level One* through *Level Three* of the grievance process is entered into the statewide Service Delivery Grievance Database. Although specific grievances cannot be viewed by all staff, aggregate information for the state and each county is available for use to staff for use during CQI meetings. Each CQI team is expected to review the data and look for trends related to the quality of services being delivered, program issues, communication, etc. that led to the grievances.

### ***Central Office Constituent Response Unit***

In Central Office, the constituent unit responds to communication from consumers in the form of letters, calls, and email. This unit streamlined constituent concerns by maintaining a tracking log and providing consistency in addressing child welfare issues. The diversity of knowledge of the unit members includes a working knowledge of resources to familiarity with policies and best practices of social work. The division uses the constituent tracking log for evaluating the Children Protection System and identifies potential improvements areas.

### **Management Reviews**

Each month, the second level supervisor reviews ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria: 1) The case has been open eight (8) months or longer; 2) The case has no court involvement; and 3) The case has been randomly selected from the county's total non-court involved.

Case reviews by second level supervisors and area staff are intended to evaluate the effectiveness of the social service worker's Family-Centered approach and looking at first level supervision which holds the responsibility for ensuring such services are appropriately time-limited. Recommendations are considered for whether a case should be closed or remain open.

Each month, the Area Director or designee reviews 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the following criteria: 1) The case has been open 12 months or longer; 2) It has no court involvement; and 3) It has been randomly selected from the county's total non-court involved treatment services caseload.

The Area Director or designee also reviews all of the county's cases that meet the following criteria: 1) The case has been open 16 months or longer; and 2) It has no court involvement. Each case in this category is reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, and so on).

#### Jackson County Quality Assurance System

In addition to the above quality assurance activities, the following descriptors are quality assurance efforts that have been established as a result of the Jackson County Consent Decree, *G.L. v. Stangler*. As part of the Consent Decree, an external Monitoring Committee also reviews the outcomes from all efforts in Jackson County and identifies action steps needed for improvement. The Monitoring Committee reports to the Federal Court the progress of the Jackson County Children's Division in meeting the requirements outline in the Exit Plan of the Consent Decree.

Semi-Annual Report of Compliance: Various case reviews are completed to provide the information for this report. The reviews are as follows:

- Omnibus Reviews-This review measures the compliance with the exit requirements contained in the Modified Consent Decree. These requirements include information provided to the child and alternative care provider at the time of placement, completion of pre-placement visits, parent/child and child/sibling visits, visits between the Children's Service Worker and child at the foster home, obtaining medical information for children, timeliness of case planning conferences, and attendance at case planning conferences. A random sample of approximately 141 records is reviewed for each semi-annual review.
- Adoption Review: Approximately 115 cases are reviewed for each semi-annual review to gather information to determine compliance with the adoption requirements. This review looks at the timeliness of the goal change and adoption planning process, timely review of adoption case plans, and timeliness of completing adoption recruitment activities to find an adoptive home.
- Licensing Review: The universe for this semi-annual review includes all newly licensed foster homes, as well as those needing re-licensure during the specified review period. The review monitors the timeliness of the licensure activity, including determining if the foster home meets state regulations for safety, all training requirements have been met, and that a Child Abuse/Neglect (CA/N) and criminal background check have been completed on the perspective foster parent(s) prior to initial or re-licensure.
- Maltreatment of children in foster homes-This review looks at all aspects of the investigations, why the child is in the care, was the child a victim of abuse/neglect or inappropriate discipline. This review monitors the compliance of timeliness of

reporting the incident, timeliness of completing the report, if a staffing is held to determine any corrective action or revocation for the foster home, and the timeliness of the Program Administrator signing the completed investigation. The review also monitors the children who had been placed in homes on suspension for substantiated hotlines of abuse/neglect or inappropriate discipline.

- Monthly PDR for Medical/Dental, Planning and Service Provision: A random sample of 85 cases is selected during each semi-annual reporting. Using the PDR model, the reviewer completes a case record review as well as conducts in-person interviews with the service team members. The reviewer gathers information to determine the timeliness of dental examinations and required follow up services, timeliness of medical examinations and required follow up services, timeliness of case planning conferences and timeliness of the provision of identified services.

**Semi-Annual Community PDR:** This review is conducted in March and September of each year. A random sample of ten (10) to twelve (12) cases of children in the legal custody of the Children's Division is reviewed each period. The PDR method of service testing is used for this review. Information from this review is shared with Children's Division staff and community stakeholders, as well as with the Community Quality Assurance Committee (CQAC). The CQAC is comprised of professionals from child welfare and related disciplines in Jackson County. Professional members include a pediatric physician from a local children's hospital, an instructor of Social Work from an area university, a representative from Family Court, a Teaching Foster Parent, and representatives from area organizations such as Department of Mental Health, Domestic Violence Network, Cornerstones of Care Residential Care Agencies, and others. The members encompass a broad spectrum of professionals who create a multi-disciplinary perspective in carrying out the Committee functions.

The purpose of the CQAC is to ensure that program policy and practice improvements gained through the *G.L. v. Stangler* Modified Consent Decree are continued and expanded once Court jurisdiction is terminated. The members of the CQAC have been trained on the PDR process and are required to participate with the "story telling" time at the conclusion of each review. Participation in this part of the process provides a better understanding of the circumstances of the cases reviewed. The findings of the review are included in a written report which contains observations, comments and suggestions or recommendations for improvement for the Division and service community as a whole. The CQAC publishes this report semi-annually to local community stakeholders. The committee member's review the recommendations periodically to oversee completion and formulate action plans to overcome barriers when necessary.

#### **PROGRAM IMPROVEMENT PLAN MONITORING AND REPORTING**

The PIP will be monitored by a Management Analyst Specialist II (MAS II) whom serves within the Program and Performance Management Section. This person will be responsible for monitoring quarterly data related to the PIP and reporting this information out to the Quality Assurance Unit. The Quality Assurance Specialists will work with their regional Practice Enhancement Teams to provide technical assistance and training and direction to the circuits for the quality assurance component.

Additionally, the Quality Improvement and field support staff will be available to augment efforts put forth by field staff. Quality Assurance Specialists in each region will be responsible for providing feedback to the MAS II who will report to the deputy director of the Planning and Performance Management Section. The deputy director will report directly to the division director. Quarterly outcome data will be the cornerstone for the performance and feedback process. A list-serve is being developed for each circuit to go in and examine their data on an ongoing basis.

Per discussions with Regional and Children's Bureau staff, quarterly PIP reports will be provided for the first year. This will enable Missouri and the Regional Children's Bureau staff to track progress and identify areas of concern on a regular basis. It will also provide stakeholders the opportunity to follow progress on a regular basis. At the end of the first year of PIP reporting, subsequent discussions will take place to determine whether semi-annual reports will suffice.