

State:	Missouri		2020-2024 CFSP ATTACHMENT A
Type of Report:	PIP Semi-Annual Report		
Date Submitted:	June 28, 2019		
Goal 1	CFSR Items & Systemic Factors Covered		
Promoting Timely Permanency	Safety Outcome 2, Permanency Outcome 1, Well-being Outcome 1, Termination of Parental Rights, Quality Assurance System, State Use of Cross-Jurisdictional Resources for Permanent Placements		
Strategy 1.1: Begin Permanency Attorney Initiative which would embed at least 20 Children’s Division (CD) attorneys to represent CD staff in court.			
<p>Overall Update: The focus of the permanency attorney initiative has changed significantly since its inception in August 2018. The initiative began as a pilot project designed to help children reach timely permanency. Through data and conversations with local staff, Children’s Division identified five areas of the state in which it was believed the supportive work of attorneys could help children achieve more timely permanence by allowing Children’s Division to have consistent legal representation throughout the case. The five areas are reflected in the current PIP, as is the general strategy used for identifying them. Since the approval of the PIP, the vision for the permanency attorney initiative has been adjusted. While initially, the focus was on timely permanency for children in the identified circuits, Department of Social Services and CD leadership has determined the program will move in a different direction. Instead of remaining in geographic circuits as outlined in the PIP, the attorneys will instead work on cases in which permanency is near and simply needs some additional advocacy to help it be achieved. Specifically, the attorneys will focus on trial home visits, guardianships, terminations of parental rights, and other cases identified to be near permanency.</p> <p>The Permanency Attorney Unit Manager who was hired to oversee the Permanency Attorney Initiative initially reported directly to the Children’s Division Director. The program was moved under the Chief of Litigation within the Division of Legal Services on or around April 8, 2019. As a result, some of the administrative functions of the program have been revisited to ensure documentation is provided to the correct people within the Division of Legal Services.</p>			
Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
1.1.1: Recruit and hire the first wave of attorneys and provide initial training. The first wave will include five attorneys hired.	Quarter 1	Completed - As of January 31, 2019, the Children’s Division has 13 full-time attorneys hired. Seven are located in St. Louis County, five in Kansas City and one in the 39 th circuit. The initial training package has been developed and presented to all employed attorneys. A week-long intensive training was held in October 2018 in partnership with NACC and Casey Family Programs.	
1.1.2: On a quarterly basis, evaluation measures will be provided to supervising attorneys and attorneys for discussion during supervisor conferences. Measures include timelines to reunification, guardianship, and adoption for the circuit in which they are assigned as compared to statewide performance. Information is readily	Quarter 1	Completed - As of January 31, 2019, 104 cases have been closed with permanency achieved (65 in St. Louis and 39 in Kansas City). Outcome measures of median time in foster care and timeliness to reunification, guardianship, and adoption through Quarter 1 of FY19 was provided to the Permanency Attorney Unit Manager on February 4, 2019, with the	

accessible through the Children’s Division dashboard.		expectation to review the information with practicing attorneys.	
1.1.3: Prioritize and assign caseloads to first wave of attorneys.	Quarter 1	Completed - The initial focus for case assignments have been children on Trial Home Visits for an extended period of time, and adult and minor guardianships. As attorneys become familiar with the Children’s Division and family court proceedings, the next area of expansion will be the termination of parental rights actions.	
1.1.4: First of monthly child-specific listing provided to supervising attorneys assigned to children in foster care for tracking their status until permanency is achieved.	Quarter 2	Completed – Initially, the case managers were to enter the attorneys on their cases in FACES, CD’s case management information system. Data reports showing basic information, such as how many days each child was in care, how long it took to achieve permanency once an attorney was assigned, etc. would be retrieved from the system. However, the initial reports reflected less than a quarter of the cases to which the attorneys had been assigned, and it became apparent case managers were not entering the attorneys into FACES. Reminders to the case managers were sent repeatedly asking the workers to correct this issue during case conferences but to no avail. To increase data entry, clerical support was sought. Additionally, the Children’s Division researched case management software, which would allow the Permanency Attorney Unit Manager to run data reports and streamline the tasks of the attorneys. However, this was forestalled from moving forward due to the cost restrictions within Division of Legal Services. In the interim, a short report was developed that each supervisor was to submit to the Permanency Attorney Unit Manager on a weekly basis identifying a number of cases assigned, case closures and type of permanency reached, and identifying success stories and challenges within the circuit.	
1.1.5: Recruit and hire the second wave of attorneys and provide training. The second wave will include seven attorneys hired.	Quarter 2	Completed - As of May 1, 2018, there are seven attorneys in St. Louis, six attorneys in Kansas City, and one attorney in the 39 th Circuit. Contracted attorneys have also been procured to assist part-time in the 25 th Circuit and the 7 th Circuit.	
1.1.6: Prioritize and assign caseloads to the second wave of attorneys	Quarter 2	Completed - Although this was completed during the quarter, the program focus has now changed. The administration has decided to shift toward a model similar to the Division of Legal Services, in which the attorneys will work with cases which can	

		be closed quickly. The Children’s Division anticipates children will continue to reach permanency in numbers, but the timeliness of permanency will no longer be a focus. Rather than targeting specific areas of the state, the attorneys will target specific types of cases throughout the state. As a result, the priority of the caseload assignment has changed.	
1.1.7: Recruit and hire the third wave of attorneys and provide initial training. The third wave will include eight attorneys hired.	Quarter 3	Anticipated Challenge - While the Children’s Division was able to successfully recruit and train attorneys in the larger metro areas, the more rural circuits posed a challenge, and attempting to find full-time staff in these areas led to few, if any, applicants. As a result, contracted attorneys were retained.	
1.1.8: Prioritize and assign caseloads to the third wave of attorneys.	Quarter 3		
1.1.9: Provide an in-depth training to all attorneys.	Quarter 4		
1.1.10: Evaluation of the Permanency Attorney Initiative to be inclusive of outcome measures to show permanency trends in each selected circuit. Data will compare circuit performance prior to the entrance of attorneys with data since attorney assignments. Data examined will be time spent in foster care and rates to reunification, guardianship, and adoption.	Quarter 4		

Strategy 1.2: Implement Court Technical Assistance (TA) Team in at least five circuits statewide in order to improve timeliness to permanency.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
1.2.1: Develop PCSW resource materials or “toolkit” and introduce statewide through five regional convenings, in partnership with the Office of State Courts Administrator. Both toolkit and convening presentation material to incorporate permanency data, as well as introduction to Family First Act.	Quarter 2	Completed - Five court convenings were held in late 2018, with the final convening occurring on November 2, 2018. The convenings introduced the expectation that each circuit would begin or renew multidisciplinary court partnership efforts. Feedback from the convenings was largely positive. At each court convening, participants were provided a binder/ toolkit which included information about Roles & Responsibilities, a sample agenda for structuring local meetings, and information about the Family First Act. As of early December, 60% of circuits had scheduled or conducted a court partnership meeting. A “TA Request Form” has been developed and shared with all 46 circuits. This form can be used to request data, best	

		practice resources, specific training, in-person support/facilitation, etc. The biggest challenge will be keeping up the momentum and ensuring court teams meet. There was a great deal of energy and excitement during the convenings. The hope is for teams to continue this momentum in everyday practice. The group's priorities for the year ahead include 1) planning and executing another set of regional court convenings, to include a greater number of participants (up to ten) from each site; 2) individualized follow-up and support with specific circuit to coach and support court partnerships and 3) Family First education and trauma training.	
1.2.2: Establish Court Technical Assistance (TA) teams (including judges, legal parties, and relevant community stakeholders) with in-person support from the Court Engagement Coordinator in at least five circuits. Teams will begin with monthly meetings for at least three months, to occur quarterly thereafter upon consensus of the team. Team members will examine permanency data, problem solve, set goals for improvement and implement strategies. Choice of circuits will be determined based on several factors: geographic diversity (to include at least one metro site and one rural site with low performance in permanency outcomes) as well as circuits with existing opportunity to improve time to permanency.	Quarter 3		
1.2.3: First of quarterly data and "best practice" information distribution and site visits occur. At each interval, data updates will always include at least one permanency metric. Resource information will include updated TPR Referral packet and education around concurrent planning. Local teams will review data and additional best practice information as foundation for goal identification and strategy development.	Quarter 3		
1.2.4: The statewide PCSW team will receive quarterly reports on the five targeted circuits and data updates about overall progress toward other PIP goals (time to permanency, concurrent planning, etc.). The Children's Division will provide updates, at least quarterly, about the strategies employed to address time to permanency in the five identified circuits.	Quarter 4		

1.2.5: Assess permanency data and recommend additional five sites for targeted, in-person support. Data to be reviewed include, but not limited to, months to permanency, timeliness of reunification, guardianship, and adoption. Choice of circuits will be determined based on same factors as above (see Key Activity 1.2.2).	Quarter 5		
1.2.6: Evaluate Children’s Division participation in TA teams and effectiveness of resource materials (toolkit) in several ways: 1) surveys of key participants (CD staff, judicial leader and juvenile officer); 2) annual narrative report back from Children’s Division staff and 3) data review. Data review will focus on rate of youth in care and time to permanency for each permanency goal.	Quarter 5		

Strategy 1.3: Implement Placement Change Team Decision Making meetings (TDMs) in Circuits 11, 20, 23, 24, 29 and 31.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
1.3.1: Implement Placement Change TDMs in Circuits 31 (Greene) and 29 (Jasper). TDM data application and fidelity to TDM model will be reviewed by the implementation teams in each circuit and at the larger quarterly hub meetings in consultation with Annie E. Casey Foundation (AECF) staff to determine ongoing practice improvement strategies and support needs.	Quarter 1	<p>Completed - Placement stability TDM’s have been occurring in the 31st and 29th Circuits since the summer of 2018. These two circuits meet each month individually and then quarterly as a hub to discuss issues. Both circuits are only having placement stability TDMs for a limited population based on circuit capacity. Data about Placement Stability TDMs are reviewed at each meeting out of the Data Application. Some of the highlights that have been discussed are the timing of the TDM, the recommendation of the level of placement, and parent attendance.</p> <p>A strong point of emphasis was made in parent attendance and the “live” meeting concept. The SW has enacted a regional procedure where three things must be addressed in the “notes” section of the TDM app for each meeting:</p> <ul style="list-style-type: none"> • Father attendance (did the father attend, if not, what efforts were made) • Live meeting (was the meeting held before the placement change and if not, why) • Child attendance (13 and over) 	

		The region will gather this information and use it to guide practice changes in the future.	
1.3.2: Full implementation of Initial TDM meetings (before removal and within 72 hours of a removal) in Circuits 11 (St. Charles), 20 (Osage, Gasconade, Franklin), 23 (Jefferson) and 24 (Madison, Ste. Genevieve, St. Francois, and Washington). Through an implementation team, and planning and strategy hub meetings with AECF staff, data will be reviewed at least quarterly to identify adjustments necessary for practice improvement.	Quarter 1	<p>Completed - TDM meetings were introduced in circuits 11, 20, 23 and 24 (Phase 3) in the summer of 2018 and have been occurring consistently since PIP approval. This region meets monthly as a hub. They have used the TDM app to focus on two major issues this quarter: getting more community partners to the table, and holding “live” meetings. They are able to see the percentage of meetings that have a community person attend and the percentage that are held “live” (before a child has to be removed from the home).</p> <p>Each of the circuits in this phase created a plan which was shared at the hub meetings. This plan included strategies to reach out to certain community partners to inform and engage them in TDM practice. The Children’s Division circuit leadership hopes to solicit their help and participation at future TDM meetings. The circuits continue to work on issues for live meetings.</p>	
1.3.3: Change of Placement TDMs will be fully implemented based on the fidelity of TDM implementation in Circuits 11 (St. Charles), 20 (Osage, Gasconade, Franklin), 23 (Jefferson) and 24 (Madison, Ste. Genevieve, St. Francois and Washington) by reviewing TDM data application and fidelity to TMD model for initial TDMs with AECF staff; data will be reviewed at least quarterly.	Quarter 6		
1.3.4: Data will be reviewed at least quarterly during local hub meetings and statewide TDM meetings where all involved circuits collaborate to identify practice improvement opportunities and develop strategies to address them.	Quarter 6	<p>In Progress - A statewide TDM meeting was held on April 11th, 2019. A variety of topics related to expansion and sustainability were discussed. Data from each region was reviewed, though due to time constraints, discussion on data was brief. Each region was directed to submit a plan of support they would need for the remainder of 2019 and for 2020, so central office could start planning for the future of TDM.</p> <p>Quarterly hub meetings occurred throughout the state. In the cites noted within the PIP, below are the dates of the meetings in the most recent quarter of 2019:</p> <ul style="list-style-type: none"> • Feb 13 – Phase 3 • March 13 – Phase 3 	

		<ul style="list-style-type: none"> • April 9 – Phase 3 • April 24 – SW (includes the 29th and 31st circuits) <p>Annie E. Casey representation was present for the statewide meeting and each of the hub meetings which occurred in PIP Quarter 2.</p>	
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Strategy 1.4: Implement Rapid Permanency Reviews (RPR) to address barriers to permanency as it relates to the goals of reunification, guardianship and adoption.

Overall Update: At the inception of Rapid Permanency Reviews in Missouri, circuits were given much latitude in determining the population of children for review and the design of the review tool. In order to establish a consistent language and process with RPRs, a decision was made in February 2019 to provide a more standardized approach throughout the state. The population of children to be reviewed is selected based on permanency goal and length of time in foster care. There have also been efforts with Casey Family Programs to standardize the review tools used in Missouri to allow statewide data to be aggregated.

The narrative within the PIP for this strategy outlined targeted populations for the four circuits identified. Most reflected children with a goal of adoption who had been in foster care for more than two years. Since this population of children has already exceeded the federal standard for timely adoption, it was decided to adjust the focus to children who have been in care for at least 15 months with a goal of adoption and have been stable in their home-like placement for more than six months.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
1.4.1: Use data to identify the population to be reviewed in circuits 10, 24, 39 and 46. (See Linking Data to Strategies section of the Timely Permanency goal for identified target populations for each circuit.)	Quarter 2	<p>Completed - Circuit 10 completed an RPR in August of 2018. They reviewed a subset of all goal populations (adoption, THV, guardianship). There have been some struggles to maintain the cadence in this circuit. Data has not been updated and submitted to the QA unit timely. However, a recent meeting has renewed this process, and more data will be available from this circuit in the near future.</p> <p>The 24th Circuit has decided to review a cohort of the population with an adoption goal. This review will be held in June 2019.</p> <p>The 39th and 46th Circuits both decided to review the adoption population, as noted in the update above. These reviews occurred on March 26th and March 27th. They are still sorting through and analyzing the data, though debriefing calls did occur.</p>	
1.4.2: Hold an initial meeting with the circuit’s judiciary and	Quarter 3	In Progress - Many meetings have been held with Casey Family	

Foster Care Case Management contractors for circuits 10, 24, 39, and 46 to develop the review tool which will be used to identify bottlenecks and barriers in practice for their pre-identified population. The review tool details each step required from custody entry to permanency so the bottlenecks can be quickly identified.		programs to develop standard tools for this process. It has currently been decided that there will be one tool for each population (adoption, guardianship, THV). This tool will be used at every review so an aggregate statewide report can be created. There are local additions that can be made to the barriers and bright spots that are specific to each region/circuit.	
1.4.3: Each region will identify reviewers who will complete a reviewer training.	Quarter 3		
1.4.4: Conduct Rapid Permanency Reviews and develop follow up action plans for the case manager, supervisor, or manager at the end of each review.	Quarter 4		
1.4.5: Collect follow up data monthly and present reports at least quarterly to the circuit management and the Children’s Division executive team. The local judiciary will be provided data and results. If local PCSW team has been established, data will be made available for review by the team. Data will also be shared with the regional Field Support Teams.	Quarter 5		
1.4.6: Analyze data and use the Cadence of Accountability to address local and system level barriers including making changes to internal policy and practice, or engaging with the courts and other systems to address specific barriers to timely permanency. (See Context/Background section of the Timely Permanency goal for a description of the Cadence of Accountability.)	Quarter 5		
1.4.7: Permanency data will be reviewed to identify an additional five circuits to participate in Rapid Permanency Reviews. In addition to the data points in Key Activity 1.2.5, an analysis of the foster care population will be completed. Priority for circuits selected will be those with Court TA and in-person support (see Key Activities 1.2.2 and 1.2.5).	Quarter 7		
1.4.8: Conduct Rapid Permanency Reviews in an additional five circuits.	Quarter 8		

Goal 2	CFSR Items & Systemic Factors Covered
Parent Engagement	Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Quality Assurance System

Strategy 2.1: Implement parent cafes in at least one circuit in all five regions.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
2.1.1: Develop readiness assessment tool based on experiences of previous parent cafes to determine circuit readiness for parent cafes.	Quarter 3	Ahead of schedule/Completed – A Parent Engagement Workgroup was developed in July 2018, and quarterly meetings are held. During the meeting on March 8, 2019, circuit readiness, including areas for measurement for successful implementation, were discussed, with key instrumental input provided by individuals with other agencies who have implemented Parent Cafés. It was discussed what should be sent out should be a one-page survey that is simple to identify if the circuit is familiar with Parent Café, has an interest in Parent Café, what their community partnerships look like, and whether they would be able to gather a group of people for a two-day training. This survey/questionnaire was devised, including the points discussed in the workgroup meeting and was sent via e-mail for review and response for any changes needed, to be received by April 12, 2019. There were no changes identified for the Circuit Readiness Questionnaire, and feedback received from members of the group was positive.	
2.1.2: Utilizing the readiness tool, assess circuit readiness for parent cafes to be hosted by Children’s Division. Data from report of worker-parent visits will be utilized to inform selection of sites (see Key Activity 2.4.1).	Quarter 4	In progress/ahead of schedule - The Circuit Readiness Questionnaire was sent to all Circuit Managers on April 25, 2019, for completion with a due date to be returned by May 15, 2019. The completed questionnaires along with data from the report of worker-parent visits will be reviewed and utilized in the next Parent Engagement Workgroup meeting, scheduled for June 14, 2019, to select which circuits in each region to implement parent cafés.	
2.1.3: Develop a targeted written plan for implementing parent cafes.	Quarter 4		
2.1.4: Implement parent cafes in the selected circuit(s).	Quarter 5		
2.1.5: Develop survey to provide to parents who are involved in parent cafes to get their feedback on process. Process will be adjusted based on survey results.	Quarter 5		

Strategy 2.2: Implement a state Children’s Division Parent Advisory Board to inform policy and practice.

Key Activities:	PIP Quarter	Summary of Activities	CB
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	Target		Comments
2.2.1: Recruit board members of the Parent Advisory Council to serve and mentor on local parent advisory boards.	Quarter 4		
2.2.2: Establish a local parent advisory board in each of the five regions. Boards will have similar structure and mission as outlined by CD with input from existing parent café membership. Goals for the groups may differ based on community resources and needs identified by the local advisory board.	Quarter 5	Anticipated Challenge/Negotiation - An anticipated issue/difficulty has been identified in that the Children's Division is to gain input from existing parent café membership during the same quarter parent cafés are to be implemented in the selected circuits. See 2.1.4.	
2.2.3: Use leaders from parent cafes and local parent advisory boards to create the CD Parent Advisory Board. Evidence of completion will be through provision of meeting agendas.	Quarter 7		
2.2.4: Create communication/feedback loop between the CD Parent Advisory Board, local parent advisory boards and Children's Division.	Quarter 8		
2.2.5: Conduct focus group of local and state board members to determine satisfaction and achievement of goals	Quarter 8		

Strategy 2.3: Increase the involvement of non-custodial and non-resident parents in Family Centered Services (FCS) cases.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
2.3.1: Update policy and notify all Children's Division staff via memorandum to educate them on policy changes regarding contact with non-custodial and non-resident parents. Supervisors will be expected to share practice with existing staff and new frontline staff until embedded in Core curriculum (see workforce section)	Quarter 1	Completed - A memo call was completed on January 25, 2019, which introduced the expectation to engage all non-custodial and non-resident parents in Family-Centered Services (FCS) cases unless it is prohibited by law. Suggestions from supervisory staff on the call included developing a hand-out of talking points for staff as they discuss with custodial parents the efforts they will take to engage the non-custodial parent. This resource is under consideration. The final memorandum (CD19-05) was sent to all Children's Division staff and Foster Care Case Management (FCCM) partners via email on January 29, 2019. The child welfare manual is being re-structured. Until the manual revisions are completed, the memo serves as policy and practice expectations.	

<p>2.3.2: Develop data report regarding frequency of visitation between the worker and non-custodial/non-resident parents. Reports will be provided to CD management personnel for on-going monitoring.</p>	<p>Quarter 2</p>	<p>In Progress/Behind Schedule - The data report draft outlining the visitation between workers and non-custodial and non-resident parents on FCS cases was provided by the Department of Social Services (DSS) Research and Evaluation Unit on April 18, 2019. Clarifications were requested on April 25 prior to sending the draft to regional staff for review and comment. Revisions to the draft have been received and are under review by the Quality Assurance System data group. Once approved by the QAS data group, the report will be sent to the remainder of the QAS team for further comment and release to supervisory staff.</p>	
<p>2.3.3: Include updated policy/expectation in Core Child Welfare Practice Training statewide (skill development about engagement of non-custodial parent, documentation of concerted efforts). This includes classroom and on-the-job training experiences.</p>	<p>Quarter 4</p>		
<p>2.3.4: Conduct a webinar for all staff regarding parent engagement. The updated policy and the reason for the update will be outlined in the webinar.</p>	<p>Quarter 4</p>		
<p>2.3.5: Following webinar, learning circles will be held with local teams to ensure transfer of learning occurs. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center.</p>	<p>Quarter 4</p>		
<p>2.3.6: Strengthen supervisor consultations by creating a bank of questions to allow for more in depth consultations and enhance critical thinking during supervisor consultations. The bank of questions will include Signs of Safety supervisor conversation tools and Five Domains Clinical Supervision tools to support more critical thinking skills around parent engagement. Expectations for use will be defined through a memo call and memo release.</p>	<p>Quarter 4</p>		
<p>2.3.7: Supervision Advisory Committee will solicit input from front line supervisors in each of their regions regarding the process for consultation to determine usage and effectiveness of the questions. Adjustments to the consultation process/expectation will be made based on supervisor's feedback.</p>	<p>Quarter 6</p>		

Strategy 2.4: Promote and amplify the use of the Signs of Safety Three-Column mapping document with

parents during visits.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
2.4.1: Develop a data report to capture quantity of worker with parent visitation for foster care cases. Provide report to supervisors, managers and the regional Field Support Teams on a monthly basis for on-going monitoring of worker/parent visitation.	Quarter 1	In Progress/Behind Schedule - The data report draft outlining the visitation between workers and non-custodial and non-resident parents on FCS cases was provided by the Department of Social Services (DSS) Research and Evaluation Unit on April 29, 2019. The initial draft is under review by the Quality Assurance System data group. Once approved by the QAS data group, the report will be sent to the remainder of the QAS team for further comment and release to supervisory staff.	
2.4.2: Develop meaningful measures to include the use and quality of Signs of Safety Three-Column mapping document to capture the parent's voice and perspective regarding safety and permanency planning.	Quarter 3	Ahead of Schedule - With the assistance of Safe Generations, the brainstorming and development of meaningful measures have started.	
2.4.3: Develop a targeted case review tool to assess the use of Signs of Safety three-columns mapping tool and the quality of the visitation. Questions will be based on Meaningful Measures developed and components from the OSRI tool.	Quarter 3		
2.4.4: Webinars on the importance of worker/parent visitation, to include identification of service needs and progress of permanency goals, will be developed and presented to existing staff.	Quarter 4		
2.4.5: Learning circles will be held with local teams to ensure transfer of learning occurs. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center.	Quarter 4		
2.4.6: Incorporate education and training around the benefits and improved case outcomes of worker with parent visitation into the core curriculum for initial staff training. Description of visitation quality will also be included.	Quarter 4		
2.4.7: Conduct case reviews using the targeted case review tool to verify whether staff are using the Signs of Safety three-columns tool to accurately capture the parent's strengths, worries, and next steps. During the PIP period,	Quarter 5		

case reviews will be conducted in the lowest performing counties based on data report described in Key Activity 2.4.1.			
2.4.8: Based on data reports which assess quantity of worker visitation with parents and on-going case reviews which assess the quality of visitation, identify lower performing regions and provide training and targeted coaching for existing staff regarding the importance of worker with parent visitation and descriptions of quality visitation. Examination of curriculum will occur to ensure training is clear and understandable, leading to practice fidelity.	Quarter 6		

Goal 3	CFSR Items & Systemic Factors Covered		
Quality Worker with Child Visitation	Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-being Outcome 1, Well-being Outcome 2, Well-Being Outcome 3, Quality Assurance System		
Strategy 3.1: Promote and amplify the use of Signs of Safety mapping tools with youth during visits.			
Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
3.1.1: Develop a data report to capture quantity of worker with child visitation for in-home cases. Provide report to supervisors and managers on a monthly basis for on-going monitoring of worker/child visitation.	Quarter 1	Completed - The initial draft of the FCS Worker with Child visitation report was provided by DSS Research and Evaluation Unit on January 31, 2019. It was forwarded to the Quality Assurance System staff on February 5, 2019, for their review and feedback. As of February 15, 2019, the report was available for distribution to supervisory staff within the regions. As more people viewed the report, revisions have been requested. The initial report contained a 45-day lag in data provided to allow for ample data entry. This is being adjusted to a 15-day lag to provide supervisory staff with more timely case information. Regional QAS members indicate the report has given the opportunity to discuss accurate data entry with circuit staff. Review of the report has also led to practice conversations in which the QAS staff has reiterated the importance of seeing all children in the home each month.	

3.1.2: Develop meaningful measures to include the use and quality of Signs of Safety child mapping tools to capture the child's voice regarding safety and permanency planning.	Quarter 3	Ahead of Schedule - With the assistance of Safe Generations, the brainstorming and development of meaningful measures have started.	
3.1.3: Develop a targeted case review tool to assess the use of Signs of Safety child mapping tools and the quality of the visitation. Questions will be based on Meaningful Measures developed in Quarter 3 and components from the OSRI tool.	Quarter 3		
3.1.4: Webinars on the importance of worker/child visitation will be developed and provided to existing staff. One module will include talking to children alone as a topic.	Quarter 3		
3.1.5: Following webinar, learning circles will be held with local teams to ensure transfer of learning occurs. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center.	Quarter 4		
3.1.6: Incorporate education and training around the importance of worker with child visitation into the core curriculum for initial staff training. Description of visitation quality will also be included.	Quarter 4		
3.1.7: Conduct case reviews using the targeted case review tool to verify whether staff are using the Signs of Safety mapping tools to accurately capture the child's voice. During the PIP period, case reviews will be conducted in the lowest performing counties based on data reports described in Key Activity 3.1.1.	Quarter 5		
3.1.8: Based on data reports which assess quantity of worker visitation with children and on-going case reviews which assess the quality of visitation, identify lower performing regions and provide refresher training and targeted coaching as needed for existing staff regarding the importance of worker with child visitation and descriptions of quality visitation. Examination of curriculum will occur to ensure training is clear and understandable, leading to practice fidelity.	Quarter 6		

Strategy 3. 2: Develop and implement a supervisory support and coaching network to aid implementation of integrated practice model and to reinforce quality worker visits with children.

Key Activities:	PIP Quarter	Summary of Activities	CB
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	Target		Comments
3.2.1: Policy guidelines/expectations will be updated to require supervisors to observe at least one worker with child interaction per worker per quarter to assess workers' engagement strategies with children thereby elevating the child's voice and ensuring practice fidelity. Supervisors will be prepared for this expectation by participation in a memo call as well as through supervision by Circuit Managers.	Quarter 1	Completed - A memo call was completed on January 25, 2019, which introduced the expectation for FCS and Alternative Care (AC) supervisors will observe at least one worker/child interaction per worker each quarter. During the call, there was little feedback from supervisory staff about the policy expectation. The final memorandum (CD19-06) was sent to all Children's Division staff and Foster Care Case Management (FCCM) partners via email on January 29, 2019. The child welfare manual is being re-structured. Until the manual revisions are completed, the memo serves as policy and practice expectations.	
3.2.2: Strengthen supervisor consultations by creating a bank of questions to allow for more in depth consultations and enhance critical thinking. The bank of questions will include Signs of Safety supervisor conversation tools and Five Domains Clinical Supervision tools to support child engagement techniques. Expectations for use will be defined through a memo call and memo release.	Quarter 4		
3.2.3: Strengthen middle manager knowledge of how to support the practice model through workshops specific to middle managers conducted by practice model partners. The focus of the already established middle manager's workshops is to apply the Signs of Safety principles, skills, and disciplines through the lens and in the role of leadership. Participants will leave with strategies and tools for building and supporting staff to complete quality visits with children.	Quarter 4	Ahead of Schedule - In November 2018, Signs of Safety Certified Trainers came together to learn new material written by Safe Generations. That curriculum, Supervisors Leading Through Signs of Safety Practice, is a comprehensive two-day training which focuses on five areas: <ol style="list-style-type: none"> 1. Creating a Team 2. Creating a Culture of Learning 3. Creating a Culture of Inquiry 4. Creating a Culture of Honoring 5. Creating a Culture of Critical Thinking The first audience for this training will be Middle Managers. The first class will be held in Columbia on May 6th and 7th. The training will move into all regions throughout the next six months.	
3.2.4: Provide a manager coaching support network through at least quarterly coaching calls. Coaching calls and individualized support will be conducted by practice model partners and will assist managers in applying what they learned around completing quality visits with children in the	Quarter 4		

middle manager workshops. The purpose of the coaching calls is to provide specific support to middle managers in applying Signs of Safety within their leadership role.			
3.2.5: Supervisors' knowledge and skill of the practice model around worker visits with children will be assessed using Articulate software.	Quarter 5		
3.2.6: Supervision Advisory Committee will solicit input from front line supervisors in each of their regions regarding the process for consultation to determine usage and effectiveness of the questions. Adjustments to the consultation process/expectation will be made based on supervisor's feedback.	Quarter 6		

Goal 4	CFSR Items & Systemic Factors Covered		
Quality Safety and Needs Assessments	Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Quality Assurance System, Array of Services		
Strategy 4.1: Increase front line staff and supervisors' knowledge and competencies to accurately document how child risk and safety were assessed and how the service needs of children and parents were identified and addressed based on the safety concern.			
Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
4.1.1: Provide instruction on documentation for Signs of Safety Family Assessment Maps and safety planning tools. A memo will be published to inform all staff of the detailed instructions.	Quarter 1	Completed - Memorandum CD-18-32 was distributed to all Children's Division and FCCM staff on September 20, 2018. This memo provided instructions for completion of the Family Assessment Map and for the use of Signs of Safety Mapping tools. It also introduced two safety planning tools: the Immediate Safety Intervention Plan and the Family Safety Planning Document. The Immediate Safety Intervention Plan is to be used to document any necessary interventions to address immediate safety concerns and/or when there is not sufficient time to develop the Family Safety Planning Document due to the immediacy of the safety concerns. The Family Safety Planning Document is to be used to guide conversations with the family and their network to develop a plan that will assist them in achieving their safety goals. It should be used once a safety goal has been developed with the family and creates the	

		road map for how the safety goal will be achieved.	
4.1.2: Policy group will formalize policy, forms and instructions on the Signs of Safety framework and include in the Child Welfare Manual.	Quarter 2	Completed - A memo call was completed on January 25, 2019, which introduced the changes related to the policy, including the Signs of Safety framework. Memorandum CD19-32 was distributed to all Children’s Division and FCCM staff on May 1, 2019. The memo introduced staff to a new policy on the Missouri Practice Model. The policy covers general topics that cross all program lines in relation to the practice model, including the Signs of Safety framework. Topics in the new policy include: Practice Model Overview, Family Engagement, Safety and Wellbeing through Trauma Informed Practice, A Questioning Approach, Understanding and Assessing Child Safety, Case Mapping and Family Risk Assessment, Engaging Children and Youth, Creating Safety Networks, Safety Planning, Team Decision Making, Case Planning Using Trajectories, and Case Closure.	
4.1.3: Develop Meaningful Measures around Signs of Safety implementation. Meaningful Measures will be identified to demonstrate how child risk and safety were assessed through the use of the Signs of Safety framework and tools.	Quarter 3	Ahead of Schedule - With the assistance of Safe Generations, the brainstorming and development of meaningful measures have started.	
4.1.4: Develop a targeted case review tool to determine how child risk and safety were assessed through the usage of the Signs of Safety framework and tools. The targeted case review tool will include safety and risk questions from the OSRI and additional questions based on the identified Signs of Safety meaningful measures.	Quarter 3		
4.1.5: Learning Circles will be held to reinforce application in practice and increase staff skill and behavior change. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center. (see Key Activity 2.3.5 in Parent Engagement section)	Quarter 4		
4.1.6: Conduct statewide targeted case reviews using the targeted case review tool to verify staff are using the Signs of Safety framework and tools to adequately assess safety and risk. Policy and tools will be informed and adjusted based on the results of the targeted case reviews This will be combined with the targeted case reviews on quality visits (see Key Activity 2.4.7 in Parent Engagement, and Key	Quarter 5		

Activity 3.1.6 in Quality Worker Visits with Children)			
4.1.7: Implement the Signs of Safety Family Assessment Maps and safety planning tools into the FACES information system. Upon completion, a memorandum will be shared with all staff with instructions for documentation in the information system.	Quarter 6		
Strategy 4.2: Develop and implement a supervisory support and coaching network to aid implementation of integrated practice model and to reinforce quality of safety and needs assessments for children and parents.			
Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
4.2.1: Strengthen supervisor consultations by creating a bank of questions to allow for more in depth consultations and enhance critical thinking during supervisor consultations. The bank of questions will include Signs of Safety supervisor conversation tools and Five Domains Clinical Supervision tools to support more critical thinking skills around conducting quality risk and safety assessments. Expectations for use will be defined through a memo call and memo release.	Quarter 4		
4.2.2: Strengthen middle manager knowledge of how to support the practice model through workshops specific to middle managers conducted by practice model partners. The focus of the already established middle manager workshops is to apply the Signs of Safety principles, skills and disciplines through the lens and in the role of leadership. Participants will leave with strategies and tools for building and supporting staff to complete quality safety and needs assessments.	Quarter 4	<p>Ahead of Schedule - In November 2018, Signs of Safety Certified Trainers came together to learn new material written by Safe Generations. That curriculum, Supervisors Leading Through Signs of Safety Practice, is a comprehensive two-day training that focuses on five areas:</p> <ol style="list-style-type: none"> 1. Creating a Team 2. Creating a Culture of Learning 3. Creating a Culture of Inquiry 4. Creating a Culture of Honoring 5. Creating a Culture of Critical Thinking <p>The first audience for this training will be Middle Managers. The first class will be held in Columbia on May 6th and 7th. The training will move into all regions throughout the next 6 months.</p>	
4.2.3: Provide a manager coaching support network through coaching calls. Coaching calls will be conducted by	Quarter 4		

<p>practice model partners. The coaching calls will provide individualized support to managers in applying what they learned around completing quality safety and needs assessments in the middle manager's workshops. The purpose of the coaching calls is to provide specific support to middle managers in applying Signs of Safety within their leadership role.</p>			
<p>4.2.4: Supervision Advisory Committee will solicit input from front line supervisors in each of their regions regarding the process for consultation to determine usage and effectiveness of the questions. Adjustments to the consultation process/expectation will be made based on supervisor's feedback.</p>	<p>Quarter 6</p>		

Strategy 4.3: Develop and Deploy a Substance Use Disorder (SUD) Intervention model by collaborating to develop SUD “Assertive Community Treatment Teams” with Department of Mental Health. This program will serve pregnant or post-partum mothers with co-occurring SUD and are diagnosed or at risk of mental illness (MI).

Overall Update: In May 2018 Missouri Department of Social Services Children’s Division (CD) and Department of Mental Health’s Division of Behavioral Health (DBH) identified mutual interest in collaborating to identify a potential SUD intervention for pregnant and post-partum women with the goal of providing access to treatment and services in their own home and community. DMH-DBH offered their Assertive Community Treatment team (ACT) model for consideration; ACT teams are already planted in 20 sites within Missouri. The ACT team model could provide the foundation for a new community-based SUD treatment project. The ACT model is a nationally recognized evidence-based model supported by SAMHSA that focuses on serving people with serious mental illness within their own homes. The ACT has vetted fidelity tools that help ACT providers follow the model to attain the highest chance of success with clients. ACT teams have rigorous reporting requirements to SAMHSA and DMH in order to receive funding. SUD is not a requirement to participate in the traditional ACT program, although ACT provides SUD services when needed. A decision was made to name the team a Coordinated Specialty Care (CSC) team instead of ACT because a few changes were made in service delivery of the program. There are a few key differences between the ACT and the CSC team. ACT team’s primary focus is on Mental Illness; SUD is not a requirement to participate in the ACT program. Clients who participate in ACT do not have to be pregnant or parenting.

The CSC pilot’s primary focus is treatment and services for pregnant and post-partum mothers of children under three, who have SUD and a co-occurring Mental illness, or they are at risk of mental illness. The CSC’s team has more knowledge and competence around SUD treatment and recovery, prenatal care, NAS, MAT during pregnancy, breastfeeding, post-partum depression, parenting, child development, etc.

Because the CSC team’s services look a bit different than the traditional ACT, it is not assumed this model is evidence-based even though its foundation was built upon the highly regarded ACT model. This is the reason for the name change to Coordinated Specialty Care Team. This is primary and secondary prevention work, as mothers can be referred who are not involved with the Children’s Division and of course, the Children’s Division can make referrals as well.

This pilot is fully funded by DMH-DBH.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
<p>4.3.1: Identify potential launch sites by organizing and analyzing circuit level data such as data for number of Children’s Division referrals for newborns (children <1 year) and substance use exposure, and data for the number of findings for infant or mother drug exposure. Data will also be reviewed for open alternative care (foster care) cases with SUD as a contributing factor for removal of the child. Data and outcomes for the current 20 ACT resources already available in Missouri will also be reviewed. Data from Department of Health and Senior Services will be solicited and reviewed as well.</p>	<p>Quarter 1</p>	<p>Completed - A series of monthly meetings were held with membership from the Children’s Division, DMH-DBH, and Department of Health and Senior Services (DHSS) from June 2018 through August 2018. Children’s Division shared data for the state fiscal year 2018 that detailed the Children’s Division received referrals at the Child Abuse and Neglect Hotline on approximately 3,313 infants where the infant or mother was drug exposed. Approximately 25% of the current foster care population had parent drug exposure listed as a “condition” at removal. Circuit level data was analyzed, and discussion began about resources and funding that could be braided between agencies to serve this population in a pilot project.</p> <p>The work group examined the 20 ACT team locations to identify potential sites to develop a modified version of the ACT team with the focus on serving clients with SUD. Discussions were held with DMH-DBH to determine which ACT team sites had experience administering the program with success, and had a good community support network and good relationships with local hospitals, courts, and other child welfare partners.</p>	
<p>4.3.2: In an effort to narrow circuit selection, data will be reviewed and a circuit will be selected to engage and interview community partners to assess readiness based on perception of needs, service gaps and circuit interest. Partners will include child welfare agencies, hospital associations and other medical providers who serve pregnant or post-partum mothers.</p>	<p>Quarter 1</p>	<p>Completed - In August 2018 through January 2019, monthly meetings were held with Burrell Behavioral Health, Children’s Division’s Southwest Region Director, Circuit 31 Greene County Children’s Division management, and DMH-DBH. DHSS was invited to attend, but due to a staff vacancy, attendance was sporadic. Circuit 31 was identified as a potential site for a CSC team based on positive court relationships, the existence of a Judicial Engagement team, and Burrell’s belief that it had positive relationships with medical providers who encounter pregnant and post-partum women with SUD. Each meeting member was asked to conduct an informal assessment of the need for a CSC in their region by talking with their community partners. In State fiscal year 2018, Circuit 31 had 221 newborn crisis assessments due to substance use exposure.</p> <p>Circuit 31 was selected as a pilot site based on a review of the</p>	

		data establishing a need for the service, the skill, and experience of Burrell was a factor, and the positive collaborative environment between child welfare partners and other agencies that serve pregnant and post-partum women cemented the decision to pilot in Circuit 31.	
4.3.3: Secure an initial circuit for implementation and identify target population, based on information, interest, and support obtained from Key Activity 4.3.2.	Quarter 2	Completed - Burrell Behavioral Health submitted a proposal for the program in September 2018 describing the project, staffing needs with a description of each team member's role and qualifications, service array, budget needs, etc. The proposal was approved by the Children's Division DMH-DBH workgroup in November 2018, and staffing began. The program launched in January 2019.	
4.3.4: Revise current ACT program Admission tool, ACT fidelity tool, client assessment tools to align safety and risk definitions, and monthly and quarterly report forms in collaboration with DMH to develop and assess a specialty ACT team that can support pregnancy and post-partum needs of the mother as well as SUD and mental health needs.	Quarter 3		
4.3.5: Develop local protocols for referrals from agencies that serve pregnant and post-partum women with SUD and mental illness. Children's Division and Juvenile Office referrals will receive priority. Local protocols will include ongoing updates on treatment goals to CD staff.	Quarter 3		
4.3.6: Protocols and program awareness will be shared with the community referral agencies through an initial community outreach meeting.	Quarter 4		
4.3.7: Implement initial SUD ACT team. The SUD ACT team will submit monthly reports on participant census and model fidelity to the CD/DMH state office collaborative team. Quarterly report forms with client level outcomes data will also be submitted by the SUD ACT team.	Quarter 4		
4.3.8: Review data submitted by the SUD ACT team at least quarterly; Data may be reviewed more frequently after initial launch. Target population may be adjusted due to number of referrals received and capacity of the ACT team.	Quarter 6		
4.3.9: Potential expansion of the program will be explored by review of outcome data such as number of referrals, number of participants who successfully complete the	Quarter 7		

program, and survey of program participants.			
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Goal 5		CFSR Items & Systemic Factors Covered	
Strengthen Workforce		Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Well-Being Outcome 1, Initial Staff Training, Ongoing Staff Training	
Strategy 5.1: Implement Field Support Teams.			
Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
5.1.1: Determine central office Field Support Team assignments.	Quarter 1	Completed - Central Office staff members were assigned to a regional field support team, and the list of team members was finalized on January 24, 2019. Due to subsequent central office staff movement, the leads for two teams have changed. As central office staff changes occur, new personnel are assigned to field support teams and the listing is updated.	
5.1.2: Produce video from Deputy Director introducing field support team concept to all staff.	Quarter 1	Completed - Deputy Director, Susan Savage, introduced the concept of Field Support Teams to all the Children's Division and FCCM staff in a YouTube video posted on the DSS channel on January 29, 2019. The link to the video was embedded in the memo described in 5.1.3.	
5.1.3: Develop and distribute memo introducing intranet landing page with Field Support Team description and membership for each region.	Quarter 1	Completed - A memorandum introducing the principles, successes, and methods to access Field Support Teams was distributed to all the Children's Division and FCCM staff on January 29, 2019. Links within the memo direct readers to the Field Support Team intranet page. A regional map, as well as links to regional membership lists, is available on the intranet site.	
5.1.4: Field Support Team leads engage each Regional Director to determine opportunities for field involvement. Hold the first of quarterly feedback sessions to receive input from Regional Directors and Field Support Team leads on how Field Support Teams are impacting practice.	Quarter 1	Completed - To date, Field Support Teams have been requested to provide assistance in a variety of activities. Members have been invited to attend circuit meetings, foster parent retention activities, and parties hosted for foster children. Members have assisted regions with new worker interviews; support to triage, enter and completed overdue hotlines; supervisor consultations; reading CA/N cases and assistance with child visitation. A field support feedback session was held in the first quarter with Field Support Leads and Regional Directors separately. An additional feedback	

		session was held in the second quarter with those who were providing support in the St. Louis region as well as the St. Louis County Circuit Manager. Feedback information was gathered around what is working well, what are we worried about and what needs to happen. Based on this second feedback session, a series of recommendations for specific St. Louis offices was provided to the Children’s Division Director as well as the St. Louis Regional Director.	
5.1.5: For Field Support Team members who have not already had the opportunity to attend, provide Transformational Coaching training.	Quarter 2	In Progress/Behind Schedule - The majority of Field Support Team members had the opportunity to participate in High-Performance Transformational Coaching prior to the approval of the PIP. However, a small number of the central office staff had not received the training. Since the approval of the PIP, the DSS Director’s Office has adopted the requirement for all supervisory staff across the department to receive The Heart of Coaching training. Due to the priority shift, the non-supervisory staff in the central office was not able to attend the training within the first two PIP quarters. Upon learning that non-supervisory staff was no longer allowed to enroll, the Children’s Division will schedule a training session unique for Field Support Teams to be held.	
5.1.6: Evaluate Field Support Teams by reviewing circuit and regional outcome data, conducting Regional Director focus groups, and surveying staff to determine if process revisions are needed.	Quarter 4		

Strategy 5.2: Expand NCWWI Leadership Academy to additional cohorts.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
5.2.1: Establish an Application & Nomination Process for teams to request involvement in The Missouri Leadership Academy.	Quarter 2	Completed - The application process for Children’s Division teams to request participation in the Missouri Leadership Academy was presented to the Children’s Division Executive Team on April 25, 2019. The application contains rating scale questions to assess readiness. It also provides the team leader an opportunity to identify the strengths of the team as well as any concerns of the team leader. This will allow the Leadership Academy administrators to address any potential challenges early in the process. The application allows the team leader to identify members of their team and to rank their preference for	

		start dates. The application process was presented at the Leadership Symposium on May 22, 2019. Following the presentation, applications became available for the Children’s Division supervisory/ management staff to complete and submit for consideration.	
5.2.2: Select Teams for phased implementation, one team each quarter in FY19 (3 teams selected).	Quarter 3	Anticipated Challenge/Negotiation – Quarter 3 of the PIP does not align with state FY19. This should read FY20.	
5.2.3: Select Teams for phased implementation, one team each quarter in FY20 (4 teams selected).	Quarter 5	Anticipated Challenge/Negotiation – Quarter 5 of the PIP does not align with state FY20. This should read FY21.	
5.2.4: Implement transformational coaching training as a component of Leadership Academy which will connect every staff member participating in the Leadership Academy with a learning coach and create ongoing coaching conversations to promote and enhance communication between staff and professional development support for all staff.	Quarter 8		

Strategy 5.3: Develop core curriculum for initial staff training.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
5.3.1: Establish consistency with Foster Care Case Management (FCCM) contractors through engaging FCCM training representatives in core curriculum development team.	Quarter 1	Completed - Children’s Division Leadership & Professional Development team has been extending an invitation to the core curriculum development team meetings for the FCCM contractors who teach new employee skills training since September 2018. Each meeting has seen an increase in participation by FCCM contractors. The September 2018 meeting had representation from one of the four FCCM contractors. The November 2018 meeting had two of the four contractors present. The meeting in January 2019 had two of the four represented, and the meeting in February 2019 saw three out of the four FCCM contractor training teams in attendance.	
5.3.2: Develop a competency-based training program, to include on-the-job training opportunities, which would provide detailed competencies and identified training knowledge, skills, and objectives for all initial training.	Quarter 4		
5.3.3: Core curriculum team will share curriculum components and competencies with regional directors and regional training staff for implementation.	Quarter 4		

5.3.4: Implement competency-based training program for Children’s Division and Foster Care Case Management contracted staff.	Quarter 5		
5.3.5: Document and track each training course to the job classification, when an employee should be offered the course in the tenure of their career and how often an employee should take the course.	Quarter 6		
5.3.6: Develop on-going digital evaluation/measure of each initial (Child Welfare Practice Training) training class to check for quality assurance, relevance/need, planning for revision or closure, including supervisory feedback on observed competencies.	Quarter 6		

Strategy 5.4: Develop frontline staff safety training.

Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
5.4.1: Co-collaborate with Department of Mental Health to develop staff safety training. Training will include the principles of trauma-informed care, Five Domains of Wellbeing and Signs of Safety, so it is a training which enhances staff safety and supports child/family engagement and wellbeing. This training package will include a blended learning approach of e-learning, classroom, and peer-supported learning.	Quarter 2	Completed/Anticipated Negotiation - The Children’s Division Leadership and Professional Development team has not yet successfully engaged with the Department of Mental Health as a resource on staff safety training due to staffing changes within each Department. However, Children’s Division has been able to connect and collaborate with the Division of Youth Services (DYS). DYS provided a demonstration of their Physical Crisis Prevention and Intervention training to the Children’s Division staff members on April 18, 2019. DYS has begun to share and support the Children’s Division on training for staff around de-escalation techniques and safe transport of children and youth. The training curriculum shared is being used to create a trauma-informed and wellbeing approach that will be utilized to create eLearning with peer-supported learning and discussion.	
5.4.2: Create and deliver e-learning on de-escalation training to identified group of frontline staff, supervisors, and managers for feedback prior to statewide roll-out.	Quarter 3		
5.4.3: Establish implementation plan and deliver e-learning to all staff as a pre-requisite to attendance in classroom self-defense training.	Quarter 3		
5.4.4: Deliver self-defense training with expert provider to all frontline workers with at least one year of field	Quarter 7		

experience.			
5.4.5: Survey staff following each training session for evaluation and feedback via Survey Monkey.	Quarter 7		
Strategy 5.5: Train and implement “Staying Power” selection and hiring process.			
Key Activities:	PIP Quarter Target	Summary of Activities	CB Comments
5.5.1: Implement “Staying Power”, including training and the use of the section process, in the Northern Region. Training will involve participants involved in the hiring process, which typically include circuit managers, specialists, supervisors and Children’s Service Workers III and IV.	Quarter 1	Completed - Training for all circuits in the Northern Region has been completed with the final session being held on October 16, 2018. An area for additional consideration and planning is ongoing training and support due to turnover in positions.	
5.5.2: Recruitment and Retention Specialist will review personnel files to ensure fidelity to the model.	Quarter 2	In Progress/Behind Schedule - During this PIP quarter, the Recruitment and Retention Specialist offered to participate in interviews across the state to help model and coach the new interview tool. There were three Circuits (40 th , 17 th , and 6 th) which asked for this support. There has been a delay in reviewing the personnel records as the specialist was allowing for time for the circuits to implement the model for a quarter. The specialist has requested 11 Circuits from the Northern Region to provide personnel records of at least one person they recommended for hire within the last three months. The review of these records will be completed by June 1, 2019.	
5.5.3: The already established Recruitment and Retention Workgroup will assess and review fidelity to the “Staying Power” model. Implementation will be modified as needed.	Quarter 2	In Progress/Behind Schedule - Based on the delay of reviewing the personnel records, the review of the recruitment and retention team will be delayed until June 11, 2019. At that time, the recruitment and retention team will convene and will discuss the review of the personnel files and information collected from a survey monkey questionnaire. The survey monkey was sent to all Circuit Managers who have been trained on the “Staying Power” model on May 14, 2019, and will remain open for comment until June 3, 2019. The survey looks at their practice of the Staying Power Model to fidelity and any barriers they have experienced.	
5.5.4: Recruitment and Retention Specialist will develop a schedule to provide coaching and support to circuits not	Quarter 3		

implementing “Staying Power” to fidelity.			
5.5.5: Obtain feedback on the “Staying Power” process through ongoing solicitation of opinions from Recruitment and Retention Workgroup members. Members will bring information from the field to regular workgroup meetings to continually evaluate the selection process. This feedback and “Staying Power” process will be shared in the CQI “In Focus” newsletter to advise other areas of the initiative and gauge interest for expansion.	Quarter 4		
5.5.6: Evaluation of “Staying Power” impact on turnover through review and data analysis to include positive and negative turnover, years of service, and comparison of circuits utilizing the selection process to those not involved.	Quarter 7		