

MISSOURI PROGRAM IMPROVEMENT PLAN

QUARTER 2 PROGRESS REPORT

MAY – JULY 2005

CHILDREN'S DIVISION

SUBMISSION DATE: AUGUST 30, 2005

Quarter 2 Accomplishments

The following is a summary of activities completed during Quarter 2 (May – July 2005) of the Program Improvement Plan (PIP).

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

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

(S1.1.1) – **Clarify policy regarding timeliness of initiating reports of child maltreatment.** All benchmarks in this action step were met during Quarter 1 (February – April 2005).

(S1.1.2) – **Increase accuracy of data regarding initial contact.** Circuit Managers (CM) and Quality Assurance Specialists (QAS) continue to monitor quarter Peer Record Review (PRR) results and made recommendations for improvements including: reminding staff that 24hrs beings at the time the report was made, holding weekly supervisory consultations with staff having difficulty making initial contact, use of Alternative Care staff to make contact and assess for safety if the Investigator cannot make the initial contact, reviewing data to ensure it is being entered accurately and utilizing the multi-disciplinary team when possible.

(S1.1.3) – **Study feasibility for alternative protocols for managing non CA/N referral.** All benchmarks in this action step were either met during Quarter 1 or are one of the three items under discussion for renegotiation.

(S1.1.4) – **Develop improvement plan to respond timely to reports of maltreatment.** In August 2004, circuit self assessments were completed to evaluate CA/N responses. During the Quarter 1, local CA/N response protocols were established and implemented. Regional Improvement plans to improve timeliness of initial contact were developed by all regions. Improvements include: identifying what the barriers are to initiating timely contact, CMs, QAS and PETs holding monthly meeting to look at their performance using Outcome and Management reports and the PRR, development of a tip sheet for 24 hour contact, corrective action plans for workers who continues to have problems making timely contact, correctly using the multi-disc team, and the use of case reading form checklist. Supervisory conferences are held with staff immediately after a case read to address barriers.

(S1.1.5) – **Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.** The Call Management and SDM protocols implemented to provide consistent screening and classification of calls received were provided during Quarter 1 submission. Along with the protocols, a training agenda to train staff on how to use the protocols were also provided during Quarter 1. No benchmarks are currently due for this action step for Quarter 2.

Item 2: Repeat maltreatment

(S1.2.1) – **Ensure consistent and accurate completion of SDM safety and risk assessment.** Field staff are charged quarterly with looking at their SDM Safety Assessment performance on PRR I-8 and II-8. When their performance during the current quarter falls below previous quarters, they are to assess the decline and develop an action plan on improvement. Regional plans are attached. Staff was provided with random selected incident numbers equal to at least 10 percent of the reports received and instructed to review the cases using the SDM review tool. Results of the review are indicated in the evaluation report attached.

(S1.2.2) – **Implementation of Confirming Safe Environments (CSE) process.** There are no benchmarks due in this action step for this quarter.

(S1.2.3) – **Strengthen policy regarding assessment of safety at and throughout placement.** A Visitation Workgroup has been developed not only to address parent/child/worker visitation issues but also charged with developing policy regarding assessment of safety at and throughout placement. Attached is an explanation on the progress of the workgroup.

(S1.2.4) – **Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.** PET or PIP workgroups have been formed throughout the state to review or address various issues and develop improvement strategies. Regional improvement plans are provided if their performance for reducing maltreatment and CA/N in foster care is below the state's goal.

(S1.2.5) – **Strength policy and practice relating to chronic neglect and accumulation of harm.** While the IV-E waiver application for Chronic Neglect was initially submitted in June 2004, it has undergone a series of postponements in an effort to establish an effective approach and services to tackle the problem of chronic families and while remaining cost neutral. However, Jasper and Newton Counties expressed an interest in piloting the project and on June 6th and June 7, 2005, the newly developed Chronic Neglect Training was conducted with staff in Jasper and Newton County. A full explanation of the progress of this project is attached along with the training agenda.

(S1.2.6) – **Develop performance-based contract for foster parents.** HB 1453 requires foster parents meet performance based criteria prior to licensing or re-licensing. The purposes of a Professional Family Development Plan (PFDP) will be to assess knowledge, target training needs, and enhance skills for improve performance of foster parents. The components of the PFDP will include an assessment of the foster family's present level of competencies; annual educational goals; methods of reaching those goals; and a way to determine if goals have been met. Language for the PFDP has been incorporated into the foster parent licensing rules. A copy is attached. However, the rules have not been promulgated.

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

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

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

The Family Assessment instrument currently referred to as the CD-14 has gone through several revisions in the last few years, the latest version taking place during 2004. In September 2004 field testing for the CD-14 began in Circuit 2. The CD-14 Assessment and Service Planning training began in the Kansas City and St. Louis areas in February 2005 and will continue through October 2005. Valuable input was received during the field test and training sessions to revise the CD-14 as needed. The latest revision was made during April 2005. A more comprehensive narrative regarding the field test and training process is attached. The most recent revision of the CD-14 packet is also attached.

(S2.3.2) – *Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.* There are no benchmarks due during Quarter 2 for this action step.

(S2.3.3) – *Improve supervisory capacity to monitor enhanced practice relating to case planning.* CD requested technical assistance from and began working with the National Resource Center for Organizational Improvement in early spring 2005. The first meeting was held during April 2005. In April's meeting discussion centered around designing a comprehensive technical assistance plan to assist CD in meeting PIP priorities. One of which is supporting front line supervisors in their daily work. A supervision workgroup was formed in June 2005 to address supervisory training to include a clinical focus and a case review tool. A subgroup was created to specifically look at existing review tools used by field staff and is charged with creating a draft tool. It is anticipated that a draft version will be available for review by the next meeting scheduled for October 2005. A brief explanation of these benchmarks is also attached.

(S2.3.4) – *Establish procedures to access various service funding streams.* There are no benchmarks due during Quarter 2 for this action step.

(S2.3.5) – *Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.* All benchmarks in this action step were accomplished during Quarter 1.

Item 4: Risk of harm to child

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

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

(S2.4.3) – **Implement enhance background screening for foster/adopt and court ordered providers.** During this quarter there no policy updates on enhancing background screening for foster/kinship and court ordered providers.

(S2.4.4) – **Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.** All benchmarks in this action step were accomplished during Quarter 1. Quarterly monitoring of Preponderance of Evidence reports indicates that three were received by residential treatment facilities during this quarter compared to one during Quarter 1.

(S2.4.5) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** Refer to S2.3.1

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

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

Item 6: Stability of foster care placement

(P1.6.1) – **Increase system capacity to accurately track placement kinship vendor types.** Coding changes have been made to the Legacy system to improve tracking of additional kinship placement types. During July 2005, Central Office staff began training staff in the 13th and 19th circuits and two QAS on how to update or clean up existing inaccurate relative placement types. In doing so, circuit staff are also learning how to enter placements accurately. In September, three more QAS are being trained along with the 23rd circuit to clean up existing relative placement types. QAS are being trained to assist circuit staff in maintaining the integrity of the kinship data.

(P1.6.2) – **Improve diligent search for relatives/missing parents.** There are no benchmarks due during Quarter 2 for this action step.

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** There are no benchmarks due during Quarter 2 for this action step.

(P1.6.4) – **Identify resource family types and shortages.** Regional Action plan received from all regions. Plans include recruitment/retention of homes for older youth, sibling groups and African American males. In addition, traditional foster parents who have expressed a desire to accept placement of older youth are being encouraged to become transitional living advocate (TLA) homes. These type homes serve as

advocates for older youth, assisting them in the preparation and transition to living independently.

(P1.6.5) – **Increase number of resource families.** This is one of the three items under discussion for renegotiation for Quarter 1. Attached are award letters to contractors receiving PBC contract.

(P1.6.6) – **Increase placement stability by improving matching capabilities for children in out-of-home setting.** There are no benchmarks due during Quarter 2 for this action step.

(P1.6.7) – **Evaluate support and training provided for relative/kinship resource families.** There are no benchmarks due during Quarter 2 for this action step.

Item 7: Permanency goal for child

(P1.7.1) – **Ensure the frequency and timeliness of FST Meetings occurs per policy.** Regional action plans received from all regions outlining improvement plans or providing data on their performance.

(P1.7.2) – **Improve quality of FSTs to ensure permanency goal is reviewed and established.** Expert facilitators have been identified for all regions. Each region has developed a protocol for accessing their experts and training for these experts has either taken place or will be completed by September 2005. Once all the trainings have been completed, a memo will be distributed from each region. See attached.

(P1.7.3) – **Strengthen policy and practice relating to concurrent planning.** Improvement plans received from all regions. See attached.

(P1.7.4) – **Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.** During the last state fiscal year, the Office of State Courts Administrator (OSCA) and CD continued to collaborate on providing cross training to staff. Formal training on the provisions of HB 1453 was initiated in August 2004, with legislative updates presented to judges and court staff. In September 2004, the OSCA, the CD, and the Department of Mental Health joined resources to present two half-day sessions on new legislation to a multidisciplinary audience. The sessions were offered via video teleconference at nine sites statewide. More than 500 people attended the program which covered HB 1453, SB 1003 (Child Mental Health Reform Act) and additional legislation relating to juvenile matters. The program was recorded for those unable to attend the training so they can see and hear at a later time what had been presented. The Comprehensive Child Welfare Conferences held at five regional sites beginning in March and ending in May 2005 not only covered issues impacting HB 1453 and SB 1003, but also addressed ASFA and other permanency issues.

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

(P1.8.1) – **Address permanency and service needs of children in Legal Status 2, 3, and 4.** Due to vacations, scheduling conflicts and other legal responsibilities having priority, it has been difficult getting the meeting scheduled to meet with DLS regarding the service needs of children in LS 2, 3, and 4. A meeting was scheduled for July 20th, but DLS was unable to attend and the meeting rescheduled to August 17th. Jackson County staff was invited to participate in the meeting due to their large population of LS 3 children. The results of the LS 2, 3 & 4 reviews in Jackson County and the rest of the state were forwarded to DLS for review prior to the meeting. DLS would like to further research on federal regulations and to clarify the definitions in state policy before providing CD with better clarification of our responsibilities. A draft copy of a memo on worker duties related to these children is attached. The policy and protocol will be updated once clarification is received from DLS. A meeting was held with OSCA on August 9 2005 to discuss this and other PIP items. At this time, executive staff did not believe it was necessary to revise AFCARS data for LS 2, 3, and 4 children.

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

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

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

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

(P1.8.6) – **Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.** The Comprehensive Child Welfare Conferences held at five regional sites beginning in March and ending in May 2005 not only covered issues impacting HB 1453 and SB 1003, but also addressed ASFA and other permanency issues. See attached conference agenda.

(P1.8.7) – **Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.** All benchmarks in this action step were met during Quarter 1.

(P1.8.8) – **Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** Benchmark "a" is not due in this quarter. Refer to P1.6.1 for benchmarks b-f.

Item 9: Adoption

(P1.9.1) – **Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.** Attached are regional action plans received from all regions on initiating local circuit meetings with their courts to address local procedures for filing TPR petitions. A memo has been drafted to address staff responsibilities in documenting compelling reasons. Once the memo has been distributed to staff, the Professional Development and Training Unit will incorporate this policy into training.

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

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** This is one of the three items under discussion for renegotiation for Quarter 1. Attached are award letters to contractors receiving PBC contract. Regional action plans from all regions are attached to address committing additional staff as needed.

(P1.9.4) – **Improve access to legal representation for CD staff.** This is one of the three items under discussion for renegotiation for Quarter 1. A joint DLS/CD memo has been draft to address how staff can access legal representation as needed. Attached to the memo is a copy of the Case Referral Form and attorney contact list.

Item 10: Other planned living arrangement

(P1.10.1) – **Increase number and quality of resource families for older youth.** See attached meeting minutes from the June 2005, ILP Specialists meeting, which addressed foster home recruitment activities for older youth.

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.** The annual Youth Empowerment Conference was held on July 25-27, 2005 to provide information about Chafee services and promote youth/adult interactions and relationships. See attached agenda. A draft memo is attached advising staff to involve ILP staff in permanency planning for older youth. The ETV poster was provided to ILP staff and SYAB youth for distribution in their respective regions to high schools, colleges and local youth handouts, such as Boys and Girls clubs and YMCA, etc.

(P1.10.3) – **Increase program accessibility to provide life skills training services for older youth.** Quarterly meetings continue to be held with SYAB youth to illicit input and consult with them on needs of older youth. The minutes from the June 2005 meeting is attached. A draft memo is also attached advising staff to involve ILP staff in permanency planning for older youth.

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

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

Item 12: *Placement of Siblings*

(P2.12.1) – ***Increase the number of siblings placed together.*** Circuit Managers in each region continue to monitor quarterly PRR results. Attached are plans from regions requiring improvement.

(P2.12.2) – ***Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.*** There are no benchmarks due for Quarter 2 in this action step or refers to P1.7.4.

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

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

(P2.13.1) – ***Increase frequency and quality of parent/child and sibling visits.*** There are no benchmarks due for Quarter 2 in this action step.

Item 14: *Preserving connections.*

(P2.14.1) – ***Increase emphasis on preserving familial and community connections for children in out of home care.*** The Children's Division recognizes the importance of preserving familial and community connections for children in care. Efforts continue in this area within St. Louis City Family-to-Family pilot, funded through the Casey Foundation. Part of the Casey Foundation business requirements for this pilot is an evaluation of the outcomes for children. To date, the Casey Foundation has not evaluated the pilot in terms of statewide implementation. On June 3, 2005, during the Family-to-Family Summit in Denver, Colorado, the Children's Division Director, Fred Simmens met with Lisa Paine-Wells, from the Casey Foundation, and formally requested an evaluation on expanding the Family-to-Family project statewide to be conducted. Casey Foundation is committed to conducting such an evaluation, but a date has yet to be scheduled.

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

(P2.14.3) – ***Revise ICWA policy.*** ICWA questions were incorporated in the CPS-1 and CD-14 tools in April 2005. Copies are attached.

Item 15: *Relative Placement*

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

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

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

Item 16: Relationship of child in care with parents

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

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

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

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

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

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

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

Item 18: Child and family involvement in care planning

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

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

(WB1.18.3) – **Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.** No benchmarks due for this action step in Quarter 2.

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

(WB1.19.1) – **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** A Visitation Workgroup has been developed not only to address parent/child/worker visitation issues but also charged with developing policy regarding assessment of safety at and throughout placement. Attached is an explanation on the progress of the workgroup.

(WB1.19.2) – **Increase policy compliance for frequency of worker visits for intact and out-of-home cases.** No benchmarks are due for this action step for Quarter 2.

(WB1.19.3) – **Tracking system to track worker visits (date/site)** - No benchmarks are due for this action step for Quarter 2.

Item 20: Worker visit with parent(s)

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.** The PRR to reflect collateral contacts required was revised in May. Copy attached.

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

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

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

(WB2.21.1) – **Improve working relationship among Children’s Division, Department of Elementary and Secondary Education (DESE) and local school districts.** Meliny Staysa, Program Development Specialist located in Central Office has been designated the educational liaison at the state level. Attached are plans from regions requiring improvement.

(WB2.21.2) – **Improve the flow of educational records and reports when children transfer schools.** Regional action plans received from all regions regarding permission of custodian to access records needed for enrollment.

In April 2005 there was a discussion on how to address this benchmark. Amendment language was drafted on timely transfer of school records into residential contracts. Unfortunately this draft language did not make it into the contract amendment prior to the RFPs being mailed to treatment contractors at the end of June. Contract Management (CM) recognizes the importance of meeting benchmarks. Once they receive the signed contracts back from providers and the contracts are awarded, CM plans to amend the contracts again to not only address this PIP issue, but additional issues have arisen within the residential contract. Getting contracts to and from the residential vendor group is not an easy process, so CM would like to address all issues within one amendment. It is anticipated that all the amendments will be made, RFPs sent and awards made by the beginning of the new calendar year. Attached is a copy

of the e-mail which provides the amendment language on timely transfers of school records within a residential facility.

While the amendment to the RFP is not complete, RSM0 211.032.7 and agency policy and memo updated in August 2004 as part of CD04-79 requires that if a placement results in the child attending a different school, the child's records shall be automatically transferred within two days of notification or upon request of the foster parent, GAL, or the volunteer advocate and when possible, the child shall be allowed to continue attending the school he or she attended prior to being taken into the division's custody. As a placement provider, residential treatment facilities are required to abide by the same requirements.

(WB2.21.3) – ***Incorporated accountability measures for transfer of educational records into Residential Facility contracts.*** The risk factors for educational neglect and truancy have been incorporated into the CD-14. The CS-1 already requires staff to enter specific educational information and needs of a child. Central office staff has also researched truancy and provided a brief narrative of the findings. See attached.

(WB2.21.4) – ***Decrease the incidence of educational neglect, truancy and suspension of children for intact families.*** The risk factors for educational neglect and truancy have been incorporated into the CD-14. See attached.

Item 22: *Physical health of the child*

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

(WB3.22.1) – ***Increase ability of Children's Division staff and families to access available dental resources.*** Dental coordinators have been assigned to each region.

(WB3.22.2) – ***Increase capacity of staff to assess medical needs of children in intact families.*** The CD-14A has been revised to include medical needs information.

Item 23: *Mental health need of the child*

(WB3.23.1) – ***Increase the ability of Children's Division staff and families to access available mental health resources.*** Mental health partnerships have been established in each region. See attached documentation.

(WB3.23.2) – ***Increase awareness of staff and foster parents regarding attachment and mental health issues.*** It is CD's intent to provide training to staff and foster parents on mental health issues at minimum on an annual basis.

(WB3.23.3) – ***Increase capacity of staff to assess mental health needs of children in intact families.*** The CD-14A has been revised to include mental health needs information.

Systemic Factors

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

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

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

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

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

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

(25.5) – **Improve staff facilitation skills for Family Support Team Meetings.** There are no benchmarks due for this action step in Quarter 2.

Item 26: Process for 6-month case reviews

(26.1) – **Revised current policy to clarify an Administrative Review and requirements.** The benchmark due in this action step was addressed in Quarter 1's resubmission of documentation.

(26.2) – **Recruit 3rd party participants for Administrative Reviews.** Regions are currently working on a recruitment plan for 3rd party reviewers or in various stages of training reviewers. See attached regional action plans.

(26.3) – **Increase ability to track 6 month Administrative Reviews separately from FSTs.** All benchmarks due in this action steps were met in Quarter 1.

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

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

(27.2) – **Implement training to develop testifying skills for CD staff.** A training curriculum on testifying skills was received from NRC on Legal and Judicial Issues. A Court Event Timeline was received from OSCA. CD continues to collaborate with DLS on legal issues including assistance in designing a module on testifying skills for staff.

(27.3) – **Increase the timeliness of 12 month Permanency Hearings.** Refer to 27.2 a-e. CD staff meets with OSCA at a minimum on a quarterly basis as a member of the Juvenile Court Improvement Project Steering Committee. Additional meetings have been held to discuss multidisciplinary training needs and other collaborative efforts as needed. An annual report from OSCA is available summarizing activities during the past state fiscal year. Regional plans and protocols on improving timely court hearings are attached, as well as, a draft memo.

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

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

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

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

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

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

(28.5) – **Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.** There are no benchmarks due for this action step for Quarter 2.

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

(29.1) – **Increase ability of foster parents to be notified of and heard in court.** All consumer surveys must be revised in 2005 to meet accreditation standards. Part of the revision included adding questions to the foster parent, youth, and biological parent surveys about invitation to and opportunity to be heard in court (see draft revisions attached). Consumer survey results are reported out at beginning of each calendar year and various system changes must be made to accommodate and collect new survey questions. Because of these two issues, system changes are not scheduled to occur until January 2006.

During the Comprehensive Child Welfare Training in spring 2005, increasing the ability of foster parents to be notified and heard in court was addressed with the conference participants. A copy of the conference agenda was previously provided in P1.8.6c.

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

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

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

Item 33: Ongoing training for staff

(33.1) – **Develop supervisory training for front line supervisors.** An agenda for the CD Supervisory training curriculum is attached for benchmark g.

(33.2) – **Develop advanced in-service training module for investigations and assessment.** Professional Development and Training evaluated and revised the training for CA/N response. See attached outline.

(33.3) – **Develop advanced in-service training module for Family-Centered Services.** There are no benchmarks due for this action step for Quarter 2.

(33.4) – **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.** There are no benchmarks due for this action step for Quarter 2.

(33.5) – **Enhanced On-The-Job (OJT) Training.** Outlines of OJT training session I-VI are attached.

(33.6) – **Create training advisory committee to annually assess needs and evaluate training.** The advisory committee was scheduled to be created in March-April. A training advisory committee was created in March-April and all members have agreed to serve in this capacity. We have some great representation from our agency, including universities, juvenile court, and other community partners. However, we have not had our first advisory committee meeting to begin working on a mission statement,

etc. Originally, the training advisory committee was not scheduled in the PIP until later this year. It was purposely structured in such a way that we had a road map for training for the next 2- 3 years based on circuit self-assessment training needs, focus group feedback, the SOE, peer record reviews and, etc. However, through the various planning stages for the PIP, the advisory committee benchmarks were assigned earlier dates of completion. We are possibly premature with the benchmark dates. We believe the advisory committee would be better utilized once we had more of the new classroom and OJT training developed and implemented. Once this is underway, we can begin to get feedback from the field on what was working or not working. We believe if we assemble the advisory committee at this time, it would not be the best use of resources. We anticipate bringing the advisory committee together in the fall. By that time, we will have a clearer picture of our enhanced training structure for front line and supervisory staff. We can then utilize the professionals on the advisory committee to review and provide recommendations regarding the Children's Division Professional Development and Training program.

(33.7) – ***Develop child Abuse and Neglect Training (CA/N) Institute for CD staff.*** All benchmarks in this action step were met in Quarter 1.

(33.8) – ***Provide training based on circuit specific needs.*** All benchmarks in this action step were met in Quarter 1.

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

Item 35: *Services array*

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

(35.2) – ***Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).*** There are no benchmarks due for this action step in Quarter 2.

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

(35.4) – ***Increase availability of and access to parenting classes and family/parent aide services.*** There are no benchmarks due for this action step in Quarter 2.

(35.5) – ***Increase services to meet the needs of non-English speaking consumers.*** Regional recruitment plans for developing multi/bilingual staff in circuits with identified needs attached.

(35.6) – ***Increase availability of transportation services.*** Regional action plan addressing transportation needs are attached.

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

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

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

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

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

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

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

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

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

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

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

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

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