

MISSOURI PROGRAM IMPROVEMENT PLAN
QUARTER 3 PROGRESS REPORT
AUGUST – OCTOBER 2005

CHILDREN'S DIVISION

SUBMISSION DATE: NOVEMBER 29, 2005

Quarter 3 Accomplishments

The following is summary of activities completed during Quarter 3 (August – October 2005) of the Program Improvement Plan.

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

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

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

(S1.1.2) – **Increase accuracy of data regarding initial contact.**

a. Data system entry guidelines clarified for “initial contact”. *In August, data system entry guidelines were clarified and fields added in the SACWIS system regarding initial contact. They include the following:*

1. *Investigation/Family Assessment was initiated by the worker (Mandatory Field)*

a. **System Requirement** – *System should capture Date/Time when Investigation/Family Assessment was initiated by the worker*

b. **Course of Action** - *New System design for FACES (Family and Children Electronic System) will allow users to capture when (Date/Time) contact has been made with key participants in the process which constitutes initiation of an Investigation/Assessment by the worker. The first occurrence of contact with a key participant will be displayed in a field marked accordingly. For example, in most instances, contact with the reporter occurs first, therefore, we would capture what date/time this contact occurred and that would accurately reflect when the Investigation/Assessment was initiated. In the situation where a reporter contact record could not be located, the system would look for contact with another key participant as defined by policy and capture what date/time it occurred.*

2. *Face to face contact with the victim was first made by the worker (Mandatory Field)*

a. **System Requirement** – *System should capture Date/Time when face to face contact was initially made with victim by a Children’s Division (CD) worker.*

b. **Course of Action** – *New System design for FACES (Family and Children Electronic System) contains a field to capture Initial Contact Date, a field to capture Initial Contact Time and a field to capture Initial Contact Made By (CD staff member or Multidisciplinary Team) **Note:** If Initial Contact Made By = Multidisciplinary Team, another row with the Initial Contact Date and Time and Initial Contact Made By will display to allow users to capture the Initial Contact Date and Time made by CD, therefore, allowing the user to capture Initial Contact Date and Time and by whom for both, Multidisciplinary Team*

and CD.

3. Face to face contact was first made by multi-disciplinary team member to assure initial safety of victim (Optional Entry)
 - a. **System Requirement** – System should capture Date/Time when face to face contact was initially made with victim to assure safety by a member of a multi-disciplinary team
 - b. **Course of Action** – New System design for FACES (Family and Children Electronic System) contains a field to capture Initial Contact Date, a field to capture Initial Contact Time and a field to capture Initial Contact Made By (CD staff member or Multidisciplinary Team) **Note:** If Initial Contact Made By = Multidisciplinary Team, another row with the Initial Contact Date and Time and Initial Contact Made By will display to allow users to capture the Initial Contact Date and Time made by CD, therefore, allowing the user to capture Initial Contact Date and Time and by whom for both, Multidisciplinary Team and CD.

c. Revised Peer Record Review questions to assess accuracy of coding. To assess accuracy of coding, the PRR Protocol Rating Instructions were revised to address initial response time frames to include contact made by multi-disciplinary team members.

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvement. Circuits in each region reported that PRR results are being monitored, reviewed and discussed on a monthly or quarterly basis. For those circuits performing above the goal, they will continue with current practices. Those performing below the goal offered several strategies on improvement including:

- Corrective measures taken to ensure staff are entering data accurately regarding initial contact.
- Utilizing a CA/N log or protocol to document initial contact.
- Monitoring through case readings.
- PRR results reviewed during circuit CQI meeting.
- Provide SDM training to staff.
- Addition of a CA/N supervisor.
- Technical assistance from the QA or Children's Services Specialists on a quarterly basis.
- Investigators being required to complete the delayed contact form when contact not made timely.
- Weekly staffing with workers is held to review cases out of compliance.
- New staffing allocation and a temporary after hour rotation schedule of all workers.
- Address with staff recent policy changes to utilize multi-disciplinary team members.
- Utilizing alternative care staff to make the initial contact to ensure safety of child when no investigators are available.

(S1.1.3) – **Study feasibility for alternative protocols for managing non CA/N referral.** *Per the teleconference held on November 9, 2005, regarding the renegotiation of this action step, all benchmarks were accepted as complete.*

(S1.1.4) – **Develop improvement plan to respond timely to reports of maltreatment.** *All benchmarks in this action step have been completed.*

(S1.1.5) – **Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.**

d. CANHU Supervisory Review Tool developed to assess quality. *The CANHU Supervisory Review Tool has been developed to complement the CANHU Protocol automation. At a later date, this tool will be added to the Protocol automation to enable CANHU supervisors to document their review of calls within the automated system. The automation of this tool will provide reports that will identify areas needing improvement by worker, shift, or the unit as a whole. These reports will enhance CANHU's training program and quality assurance process.*

e. CANHU Hotline protocols automated. *Memorandum CD05-40 documents the Hotline Protocols that were automated in June 2005.*

<http://dss.missouri.gov/cd/info/memos/2005/40/cd0540.pdf>

f. Added CANHU section to the Peer Record Review tool. *The attached CANHU PRR Tool has been developed as a Worker-to-Worker Peer Review tool. The tool was automated in Lotus Notes and a pilot test was completed in October 2005. The test results are currently being reviewed. This tool will be incorporated into the SACWIS automation after any recommended revisions are made. This tool was developed as an addition to the agency's PRR process.*

(S1.1.6) – **Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.** *This is a new proposed action step. There are no benchmarks due during this quarter.*

Item 2: Repeat maltreatment

(S1.2.1) – **Ensure consistent and accurate completion of SDM safety and risk assessment.**

d. Evaluated SDM Peer Record Review Outcome. *Each region are evaluating and ensuring consistent and accurate completion of SDM safety and risk assessment on a regular basis. Below are some of their strategies.*

- *Monitoring through case readings and PRRs.*
- *Supervisory review during monthly case reviews.*
- *Circuit Manager (CM) reviewing a random sample of cases.*

- All CA/N reports reviewed by supervisor or CM before entry into system.
- PRR results are reviewed after each review to identify trends.
- CMs monitor results on a monthly basis to identify training needs and SDM refresher training provided.
- Refresher trainings provided to supervisor.

h. As needed, provided training to circuits identified with imminent need. Circuits are reporting variable training needs for SDM ranging from no training needed at this time to training of new staff or providing refresher sessions for existing staff. Specific training needs include:

- Chief Investigator (CI) completing reports within the 30 day time frame.
- Writing a more complete narrative (more strengths or needs based).
- CI signing the risk assessment or signing on timely basis.

(S1.2.2) & (S1.2.3) – Implementation of Confirming Safe Environments (CSE) process & Strengthen policy regarding assessment of safety at and throughout placement.

A decision was made by Central Office administration to discontinue the use of the CSE curriculum by Action for Child Protection. However, the division recognizes the importance of safety of children in placement. The Visitation Workgroup, formed in May 2005 consisting of Central Office and field staff, is charged with addressing safety of children during visitation and in placement. In addition, the workgroup is responsible for reviewing current visitation policy and practice. The group was asked to recommend a comprehensive overall visitation policy that addresses safety, quality, purpose, and frequency. In addressing the overall visitation policy, this group has reviewed and identified the strengths in the CSE curriculum, will develop policy and draft a protocol to include quality, case planning, service delivery and goal attainment.

This workgroup has drafted a Visit with Placement Provider form to assess safety in the placement. This tool is to be completed monthly by the case manager. Utilizing the Peer Review Tool to assess compliance with licensing standards, having the number of children in the home that a family is licensed and completing reassessments and visits by the licensing worker will also monitor safety in out of home placements. We had originally expected policy to be disseminated to staff in January 2006, but have recently consulted with the NRCCPS on developing a safety-across-the-board approach to our child welfare continuum, including visitation in out-of-home care. This consultation could result in a short delay in policy, but we are anticipating a February 2006 date.

We would like to renegotiate timeframes in action step S1.2.3 to reflect updated policy development and distribution completion dates. The revised dates are indicated in the PIP matrix as “R”.

(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.

e. Program improvement plans implemented by Circuit Managers and staff.

Improvement plans were developed by circuits whose performance fell below the stated goal in repeat maltreatment and CA/N in foster care. A summary of the improvement plans implemented throughout the state include:

- *Referring multiple reports of harassment to the prosecutors.*
- *More thorough assessment of M-reports to prevent subsequent reports.*
- *Family resource worker meeting with foster parents on a quarterly basis and case managers to meet twice a month to address any issues.*
- *Resource worker to provide mini-training session on a regular basis to foster parent support groups to address various aspects of maltreatment.*
- *CD-14 training to utilize strengths and identify needs of families to prevent reoccurrence.*
- *Case managers will address any blatant issues immediately with foster parents during home visits to prevent the situation from escalating.*
- *Emphasis in STARS training the hotline process and provide examples of situation that are encountered which result in CA/N reports on foster parents*
- *Circuit Manager obtains list of specific cases with repeat maltreatment and conduct case reviews to determine similarity among the cases. Based on findings of case reviews, develop an action plan.*
- *Developing Family Development plans with each foster family.*
- *Increase the pool of behavioral foster parents.*
- *Arrange monthly or quarterly support group/training meetings for foster parents.*

(S1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.

CD is requesting to renegotiate the benchmarks in this action step. Please refer to the matrix for the revisions.

A copy of the Title IV-E waiver application for Chronic Neglect was submitted to ACF Central Office in May 2005. ACF Central Office requested several revisions to the application in June. Due to the uncertainty of whether CD would move forward with the waiver, no additional changes were made to the application. CD will notify ACF Central Office to withdraw the application.

The screening tool, derived from Institute of Applied Research (IAR) findings in the “Missouri’s Alternative Response System Effectiveness”, is designed to identify “potentially chronic families” at the time a call is made at the Child Abuse/Neglect Hotline. Due to several higher priority system enhancements ahead of this project, automation of this tool has been put on hold. The screening will be done manually.

Although the Division maintained that IAR findings regarding chronic neglect families were significant and that early identification and intervention strategies for this segment

of the population had great merit, former CD Director, Frederic Simmens, was not convinced of the program's cost neutrality or the Division's ability to enter into a formal commitment to the waiver at that time. In October of 2005, the Division Director declined to re-submit the IV-E Waiver application, however gave the go ahead to pursue the pilot demonstration.

A conference call held on October 21, 2005, with Jasper, McDonald and Newton County, discussed strategies to implement the demonstration in the piloted sites. It was decided that Jasper, McDonald and Newton Counties would assess local caseload levels that would meet the pilot criteria, determine local resources availability and meet with key community partners to explore community involvement.

A teleconference on December 5th has been scheduled with Jasper, McDonald and Newton Counties to solidify specific intervention strategies to be used with families identified as chronic and identify additional training that would be needed. Screening and identification will be mirrored in Jefferson County, without the additional training or intervention strategies.

We request renegotiation of remaining benchmarks, revised in matrix.

(S1.2.6) – Develop performance-based contract for foster parents.

b. Identified the performance based criteria required for the PFDP.

c. Informed foster parents of PFDP criteria at assessment and reassessment.

The performance based criteria was developed with input from field staff and shared with regional director in October. While it is not an exhaustive list, it is meant to be used as a guide for staff to address with foster parents at licensure and re-licensure.

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.

e. Recommendations regarding changes made. *Three additional CD-14 training sessions have been added through January 2006. Input provided by during the training is valuable to improving the assessment process. Recommendations are incorporated into the CD-14 when appropriate.*

f. Policy issued with new documents and instructions. *Due to the additional CD-14 training sessions being added, the CD-14 packet and policy revisions is now scheduled for disseminate to staff at the end of January 2006. Updated date reflected in matrix.*

(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.

e. Training provided for existing staff and feedback solicited from trainees on training. One hundred eighty-three supervisors attended ten supplemental supervisor training sessions. Overwhelming feedback was positive. The supervisors believed the goals of the training were accomplished, there were good organization and coverage of the subject matter, and it met their career development plans.

(S2.3.3) – Improve supervisory capacity to monitor enhanced practice relating to case planning.

b. Created draft standardized supervisory case review tool.

c. Supervisory case review tool field tested by selected supervisors. September 2005, the SCRT was tested by the select group of supervisors. Based on their recommendations it was revised again in October. On November 3rd recommendations from the University of Missouri-Columbia and NRC-CPS were incorporated and re-sent to the select supervisors for review.

(S2.3.4) – Establish procedures to access various service funding streams.

a. Developed service access funding grid and guidelines.

b. Distributed service access funding grid and guidelines to all staff. A grid has been developed and currently undergoing revisions due to the changes related to SB 539 regarding the sweeping Medicaid reform. Once the revisions are made, the two sections of the Division of Medical Services (Managed Care and Fee for Service) will review and approve the changes. We anticipate dissemination of the grid to staff by the end of January 2006.

(S2.3.5) – Per new legislation, develop comprehensive children’s mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks in this action step have been completed.

Item 4: Risk of harm to child

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

(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. In a review by the State Supervisor, Fred Proebsting, he reported that instead of one (1) POE report in the first Quarter (1-1-05 to 3-31-05) there were four (4) POE reports. There was actually a drop in number [respectively three (3) in the second and third quarters].

(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.**

c. Policy updated and distributed to CD staff. CD Memorandum CD05-57 documents the new ACTS and Vendor codes. It was disseminated to staff in September 2005. <http://dssweb/cs/memos/2005/57/cd0557.pdf>

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

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** All benchmarks in this action step have been completed.

(P1.6.4) – **Identify resource family types and shortages.** All benchmarks in this action step have been completed.

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

e. PBC Case Management Services began. In September 2005, over 1,900 children in out of home care were assigned to contractors to be served under the 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 3 for this action step.

(P1.6.7) – **Evaluate support and training provided for relative/kinship resource families.** *There are no benchmarks due during Quarter 3 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.*

a. Circuit Managers assisted by PET monitored frequency data. *Each region provided information regarding how they are monitoring frequency and timeliness of Family Support Team (FST) meetings. A summary of their information include:*

- *Meeting this benchmark timely.*
- *Meeting this benchmark timely, but not always updated in the Legacy system timely. Circuit managers or supervisors are requiring workers to update the FST on the same day by developing a listing of the FSTs; training on entering data accurately; e-mailing their supervisor once the FSTs has concluded and updates entered; increased supervisory monitoring of system entries; and using clerical staff to assist in timely entries .*
- *In order to ensure FSTs are held on a timely basis, circuits keep a log of upcoming meetings and notifies the workers in advance so meetings can be timely. Designating FST days each month.*
- *QA Specialists speaking at supervisor meetings to stress importance of a day monthly to clean up data.*

(P1.7.2) – **Improve quality of FSTs to ensure permanency goal is reviewed and established.**

g. Trained expert facilitators.

h. Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff. *St. Louis County scheduled September 8, 2005 to provide advanced facilitation training for their Social Work Specialists using contractors from an outside agency. The meeting was held, but instead of being a training session, it was more of a consultation with the specialists to help the contractors to determine what St. Louis County's needs were on facilitation. The outcome of the meeting was related to improving quality of FSTs. St. Louis County has been working with another contracted trainer to schedule and provide this training in January 2006. Once the training has been completed, a memo will be written and distributed to staff. Revised dates reflected in the matrix.*

(P1.7.3) – **Strengthen policy and practice relating to concurrent planning.** *Benchmarks in this action step are not due this quarter or were previously met.*

(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.**

f. Training implemented by CD/OSCA to include concurrent planning training.

From the onset of the partnership between the Children's Division and Judicial Education, the goal of multi-disciplinary training has been to enhance the ability to have high-quality statewide consistency, understanding, and implementation of laws, policies, and procedures among court and children's division personnel. In the findings of the Comprehensive Child Welfare Conference evaluation report, the Institute of Public Policy suggested the following list of items be considered when developing multi-disciplinary programs in the future:

- *Address the strained relationships through circuit training with teams composed of Juvenile Officers, Children's Division employees and judges.*
- *Institute circuit-level interventions for three to five circuits each year. Team process sessions followed by a few observations by an outside evaluator.*
- *Plenary session on how team functioning can be improved by developing expectations for a team and defining how the process will occur.*
- *Participants strongly prefer regional conferences for multi-disciplinary training.*
- *Participants indicated roundtables and smaller teams with more time allowed for intra-circuit discussions. Breakout rooms would be helpful for conversations.*
- *Increase the time allowed for cross circuit interactions.*

In response to the report, Judicial Education proposes the following multi-disciplinary programming for fiscal year '06.

Teamwork, Collaboration and Communication Pilot Program -This program will begin to address the strained relationships that exist between local court personnel and children's division personnel by piloting a program for six circuits across Missouri that will focus on teamwork, collaboration and communication.

Courtroom Skills – Includes preparation for court, professionalism in the courtroom, testifying in court, and legal terminology. Currently, JDE provides Courtroom Skills training as part of the training standards to all Juvenile Officers. This program would be expanded to include Children's Division personnel.

Concurrent Planning – Effective concurrent planning requires that not only an alternative plan be identified but also active efforts be made toward both plans simultaneously with the full knowledge of all case participants.

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.

g. Caseload analysis (comparison to LS1) completed Legal status 2,3, and 4. *The analysis of LS 2, 3 & 4 cases has been occurring since the case reviews were done earlier this year. Based on the reviews, the majority of children in LS 3 resided in Jackson County. At the time of the review, as of January 31, 2005, Jackson Ccounty*

had 550 children in LS 3. There were 42 children in LS 3 for the rest of the state. As of October 31, 2005, Jackson's numbers decreased to 454 and the rest of the state had a total of 13 children in LS 3.

Ten percent of the LS 3 cases were pulled in Jackson County and 2 rural counties. The reviews of the 2 rural counties resulted in the cases being accurately identified and their legal status corrected. A decision was made to review all the rural county cases. Many cases were identified as having the wrong legal status and they were updated correctly.

The decrease in numbers for Jackson County are attributed to steps they have implemented to address the children in LS 3. They have begun training for relative and kinship providers to complete either STARS or STARS Caregiver Who Knows the Child. Each quarter they receive a listing of children still in LS 3. The goal and length of time in LS 3 are reviewed, as well as, any PPRT/Court overdues. The cases are reviewed by their Program Manager. Jackson County has planned a targeted review for those cases in order to get their numbers down. They also recently transferred 90 LS 3 cases to their contractors. Those cases are expected to achieve permanency within a year.

A policy memorandum will be distributed to staff soon which addresses kinship placements. The memo will instruct staff that court ordered placements with relative or non-relative are no longer a placement option. Those cases which currently fit those categories will need to be updated to meet the new policy. Jackson County anticipates this will only leave 27 LS 3 cases in-house and the 90 with contracts.

h. Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process. We began sampling Legal Status 2, 3, and 4 cases in October 2005. LS 2, 3, and 4 data will be included in the December 2005 results.

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

(P1.8.7) – **Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.** All benchmarks have been completed for this action step.

(P1.8.8) – **Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.**

a. Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody. Strategies that circuits have implemented are summarized as follow:

- Working with the courts at initial removal, during the initial 72 hour FST or throughout the case to determine potential guardian placements.
- Recognizing that guardianships are not occurring and engaging the juvenile office to transfer more cases to Probate court.
- Developing lists of possible attorneys for families to contact for legal assistance.
- Communication between the Juvenile and Probate courts are good and guardianships are occurring regularly.
- Judges releasing juvenile cases as soon as guardianship is granted.

Item 9: Adoption

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

c. Develop policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.

d. Incorporated into BASIC training.

e. Policy disseminated to staff and supervisory oversight. A draft memo was developed in July. However due to other memos and policy changes taking priority because of legislative mandates, this memo and policy updates will be ready for distribution by the end of December 2005. Once the memo has been disseminated to staff, the Staff Development and Training Unit will incorporate changes into BASIC for new staff. Supervisory oversight or consultation will be provided to existing staff. Revised dates are indicated in the matrix.

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

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** All benchmarks have been completed for this action step.

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

f. The joint DLS/CD memo on legal representation was distributed to staff in September 2005. Included in the memo is the Case Referral protocol and attorney assignments by region. See attached.

Item 10: Other planned living arrangement

(P1.10.1) – **Increase number and quality of resource families for older youth.**

h. Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training. *The Ready, Set, Fly curriculum has been part of foster parent in-service training since February 2004. The “What’s It All About” video was introduced to staff in September 2004. Staff was provided instruction on how to request copies of the video. The two memos are linked as follow: <http://dss.missouri.gov/cd/info/memos/2004/6/cd0406.pdf> <http://dss.missouri.gov/cd/info/memos/2004/82/cd0482.pdf>*

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.** *All benchmarks have been completed for this action step.*

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

f. CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services. *A draft version of this memo was submitted in Quarter 2. The following link provides the final memo. <http://dss.missouri.gov/cd/info/memos/2005/53/cd0553.pdf> Quarterly meetings continue with the State Youth Advisory Board to address older youth needs.*

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

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

Item 12: Placement of Siblings.

(P2.12.1) – **Increase the number of siblings placed together.**

c. Circuit Managers monitored quarterly PRR results and improvement plans developed. *Circuits continue to make diligent efforts to keep siblings placed together. If not, effort is made to keep siblings in close proximity to one another and visits are readily available. Exceptions would include: A large sibling group, sibling(s) needing residential treatment or placement together is contrary to a sibling's safety or well being, i.e. a sibling being the perpetrator.*

(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.

The Visitation Workgroup, formed in May 2005 consisting of Central Office and field staff, is charged with addressing safety of children during visitation and in placement. In addition, the workgroup is responsible for reviewing current visitation policy and practice. The group was asked to recommend a comprehensive overall visitation policy that addresses safety, quality, purpose, and frequency.

We would like to renegotiate timeframes in this action step to reflect an updated completion date. The revised dates are indicated in the PIP matrix as “R”.

Item 14: Preserving connections.

(P2.14.1) – Increase emphasis on preserving familial and community connections for children in out of home care.

We expect to receive the final administrative data report from George Warren Brown School of Social Work at Washington University after the first of the year. This report will not address the applicability of statewide implementation. St. Louis City CD staff will develop an annual progress report for the Casey Foundation. It will address planning for implementation of Family to Family and integration of the Family to Family community child protection work. The Casey Foundation stresses self-evaluation by using data to guide practice and policy. In December, the Interim Director, Paula Neese will schedule a meeting with staff from the Casey Foundation to discuss the possibility of expanding the pilot to another site and to look at what strategies of Family to Family can be replicated for statewide use. We would like to renegotiate this action step in December.

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

(P2.14.3) – Revise ICWA policy.

c. Newly revised intake and assessment disseminated to all CD staff. We anticipate the CD-14 packet memo and policy revisions to be completed and disseminated to staff in December 2005.

d. Add ICWA question to Peer Record Review tool. In March 2005 an ICWA question “if the child is Native American, the ICWA requirements were followed” was added to the PRR.

e. Establish a baseline for ICWA for Peer Review. In June 2005 we were able to gather the first quarter worth of data therefore establishing a baseline for this measure.

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, and foster parents.

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

(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.

g. Established a protocol for accessing division staff outside of regular working hours. It is not feasible to develop one protocol for statewide use due to statutory requirements of FST participants and their availability. Therefore circuits are flexible in scheduling FST’s on days and times as preferred by the families and team members.

(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.**

a. Collected parent handbooks used by various circuits. Handbooks and packets that are distributed by various circuits and other states were collected from May through August 2005.

b. Convened a work group to evaluate parent handbooks. A workgroup was convened to evaluate the handbooks and develop a universal handbook to be used by CD staff. The workgroup held their first meeting on September 20, 2005 and was given assignments to review their assigned handbooks and develop suggestions on what they would like to have included in the universal handbook. The group met again on October 25, 2005 to begin developing the universal handbook.

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.**

c. Team developed policy on visitation and draft protocol regarding quality of visits.

d. Recommendation reviewed by policy review team and executive staff.

e. Policy disseminated to staff.

f. Utilize Practice Enhancement Teams (PET) to support protocols. This workgroup has drafted a Visit with Placement Provider form to assess safety in the placement. This tool is to be completed monthly by the case manager. Utilizing the Peer Review Tool to assess compliance with licensing standards, having the number of children in the home that a family is licensed and completing reassessments and visits by the licensing worker will also monitor safety in out of home placements. We had originally expected policy to be disseminated to staff in January 2006, but have recently consulted with the NRCCPS on developing a safety-across-the-board approach to our child welfare continuum, including visitation in out-of-home care. This consultation could result in a short delay in policy. We are now anticipating a March 2006 date.

WB1.19.2) – **Increase policy compliance for frequency of worker visits for intact and out-of-home cases.**

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. The following are the primary steps taken by circuit staff to address this benchmark.

- Supervisors developed workload reports to address evenly distributing cases to enable workers to make quality visits per policy.

- Supervisors meet routinely with Circuit Managers to review and discuss caseloads.
- Workers provide current case load listings to supervisor on current activities.

b. Circuit Managers monitored the frequency of worker visits through the PRR.

c. Circuit Managers assisted by PET to develop practice improvement plans. PRR results indicate performance is above the goal statewide. For those circuits whose performance falls below the goal, their improvement strategies include:

- The use of the monthly workload report and development of a monthly checklist to be used during individual case conferences with workers.
- Piloting the Supervisory Case Review tool to monitor staff compliance on visitation.
- Supervisory case review of worker monthly stats sheet.
- Workgroup developed to address visitation providing recommendations including the utilization of community aides to supervised visits and narrative recording.
- Using a check-off list developed to track visits or contacts made during the month. Cases and check off lists are reviewed during weekly or bi-monthly case load conferences.

(WB1.19.3) – **Tracking system to track worker visits (date/site) - No benchmarks were due for this action step in Quarter 3.**

Item 20: Worker visit with parent(s)

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.**

a. Protocols established in WB19.1.c included in adoptive parent training. This benchmark is tied to the work of the Visitation Workgroup. Please refer to WB1.19.1c. Once the protocol and policy has been disseminated to staff, Staff Training and Development will review the protocol and the Spaulding curriculum to determine where best to integrate the protocol. We anticipate completed this benchmark by March 2006. Revision date is reflect in the matrix.

(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.**

e. Children’s Division Administration partnered with DESE to address identified barriers at State level.

CD has been working on several issues with DESE to better meet the needs of Missouri's children. The first issue focused on arranging for the child to continue attending the same school after being placed in CD custody. The second issue is devoted to referring toddlers to DESE's First Steps program. See below:

1. Children's Division has consulted with the Department of Elementary and Secondary Education (DESE) to establish necessary procedures to implement the following statute:

"Upon request of foster family, the guardian ad litem, or the volunteer advocate and whenever possible, the child shall be permitted to continue to attend the same school that the child was enrolled in and attending at the time the child was taken into custody by the division." (211.032.7(2) RSMo). When possible, with the best interest of the child in mind, during the 24/72 hour Family Support Team (FST), meeting, the team should discuss arranging the child to continue to attend the same school. Distance from original school may be a factor in recommending such arrangements. Based on location of the foster family, the school district may be able to provide transportation. DESE provided some options for the team to consider, including:

- 1. The school bus of the foster child's home district travels to the home of the foster parent to pick up the child. These miles would be considered eligible miles for the school district to include in their allowable cost for state aid;*
- 2. The foster parent provides transportation and receives reimbursement for mileage from the school district. School districts can include this as an allowable cost for state aid;*
- 3. The foster parent meets the school bus at the boundary line of the school district. Please note that school districts may or may not provide mileage reimbursement;*
- 4. The school district contracts with an individual, besides the foster parent, to transport the child to their home school district. This would be an allowable cost for state aid for school districts; or*
- 5. The foster parent provides transportation with no reimbursement for mileage from the school district.*

When it is determined to be in the child's best interest, the Foster Parent should enroll the child in their new school. It is the responsibility of the new school to request the transfer of records from the old school, pursuant to Section 167.022, RSMo., within two business days.

Secondly, we recognize that a large proportion of abused/neglected children under age three have health and developmental problems, and that early identification of these children through enhanced interdisciplinary collaborative efforts between the Children's Division and the First Steps Program will facilitate early intervention for children who qualify.

A new policy is due to be implemented in December 2005 that explains procedural responsibilities for local county staff regarding the referral process; provides instruction for use of the First Steps Cover Letter (Form CS-21c); links the worker to the Missouri

First Steps Early Intervention System website and referral form (reference website - http://www.dese.mo.gov/divspeced/FirstSteps/SPOEmap_regions_contact.html); and reminds staff of HIPAA disclosure tracking requirements.

(WB2.21.2) – Improve the flow of educational records and reports when children transfer schools.

b. Incorporated accountability measure for transfer of educational records into Residential facility contracts. *The Contract Management Unit of the Family Support Division anticipates sending out contract amendments to residential treatment and transitional living providers in January 2006. A revised date is reflected in the matrix.*

(WB2.21.3) – Decrease the incidence of educational neglect, truancy and suspension of children in care.

c. Distribute Youth Training Video for teacher in-service training. *There are 528 school districts in Missouri. CD ran out of the videos and reordered. CD had been working with DESE to reproduce and distribute the video. On November 10, a letter was signed by the Interim Director to introduce and distribute the video to all school district and county offices. Each district received a copy of the “What’s It All About Video”, which they may reproduce.*

d. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.

e. Protocol developed for children expelled due to the Safe School Act. *A policy memorandum has been drafted to address education support and intervention for students at risk of academic failure from the conducted research. Changes to the education section of the Child Assessment and Service Plan (CS-1) form and instruction have also been made. The draft policy and cover letter are currently undergoing administrative approval.*

(WB2.21.4) – Decrease the incidence of educational neglect, truancy and suspension of children for intact families.

c. Distribute Youth Training Video for teacher in-service training. *There are 528 school districts in Missouri. Each district will receive a copy of the “What’s It All About Video”, which they may reproduce. However CD ran out of the videos and had to reorder. CD had been working with DESE to reproduce and distribute the video. On November 10, a letter was signed by the Interim Director to introduce and distribute the video to all school district and county offices.*

d. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.

e. Protocol developed for children expelled due to the Safe School Act. *A policy memorandum has been drafted to address education support and intervention for*

students at risk of academic failure. It will be ready to be disseminated to staff in January 2006.

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

Item 22: *Physical health of the child*

(WB3.22.1) – ***Increase ability of Children’s Division staff and families to access available dental resources.***

c. Notified dental providers of regional dental coordinators. *All regions reported letters were sent to providers.*

d. In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.

MISSOURI MEDICAID PLAN FOR IMPROVING ACCESS TO ORAL HEALTH

- *Dental fees have been increased for the past four fiscal years effective in July of each of these years: 1998, 1999, 2000, and 2002. The division’s goal is to continue increasing rates up to an average of 75% of usual and customary reimbursement, subject to budget appropriations.*
- *Missouri Medicaid accepts both paper and electronic claims from dentists. Dental claims may be filed via the Internet. Missouri accepts the ADA 2000 claim form.*
- *Claims processing has been streamlined to reduce administrative burden for dentists. System edits have been redesigned to process claims more rapidly. On average, dental claims are processed in less than 3 days, with payments issued to providers twice monthly.*
- *The prior authorization requirement has been discontinued for many procedures, and providers no longer are required to submit records when billing for procedures such as replacement dentures.*
- *Provider communication specialists and education representatives are available to assist dentists with claims filing questions. Claim filing seminars are conducted periodically throughout the state for outreach to new providers, to provide training to billers and to update providers about policy changes.*
- *Recipient eligibility may be verified in a number of ways: Via the Internet, by telephone via an interactive voice response system, and through a point of service terminal and a single line phone jack.*
- *Provider manuals are on the division’s website at www.dss.mo.gov/dms.*
- *Notices were mailed to all Missouri licensed dentists announcing rate increases and program improvements and inviting dentists to enroll. Division staff conducted telephone recruitment campaigns in an effort to recruit new providers.*

- *The Missouri Dental Association has periodically published articles about program improvements in their newsletters to members encouraging them to accept Medicaid.*
- *Upon enrollment, dentists may request that their name not be published on the provider listing so that they may have better control over the number of patients seen in their practice.*
- *Dentists may report missed appointments to the Division by reporting a non reimbursable cost on the dental claim form (DNKAS: did not keep appointment as scheduled). The Division used this information to educate recipients on the importance of keeping scheduled appointments or canceling in advance when the appointment cannot be kept.*
- *The Division operates a managed care program in 37 of Missouri's 115 counties. Contracts with health plans ensure access to dental care for members. The Division conducts a wide variety of contract compliance reviews and collects data from health plans to ensure appropriate access to all types of care including dental.*
- *The Division works in partnership with the Missouri Primary Care Association in an effort to increase oral health care access through federally qualified health centers and a portion of Missouri's tobacco settlement is earmarked for these oral health initiatives.*

e. Completed assessment regarding Dental Van program expansion. *Please see attached dental van information.*

(WB3.22.2) – Increase capacity of staff to assess medical needs of children in intact families.

b. Issued revised form and policy. *The CD-14 packet is scheduled to be distributed to staff in December 2005.*

c. Existing staff training in Assessment Service Planning using CD-14 as tool statewide. *Due to additional requests for this training, three additional sessions have been added through January 2006.*

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.

e. In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers. *In consultation with DMS, CD was advised that Missouri Medicaid issued a notice to providers regarding claims processing enhancements. Providers were advised paper claims, paper adjustments and paper attachments would be eliminated beginning July 1, 2005. Moving towards a paperless system is more efficient. If providers do not complete the form accurately, the on-line version will not allow the form to be submitted. Providers can learn almost immediately if their requests have been accepted or denied.*

Enhancements to the Internet health care claim screens on the Medicaid website at www.emomed.com will provide for the submission of additional claim and attachment information. Providers were notified by bulletins throughout the phase-in process. Providers could monitor bulletins on the Division of Medical Services' website at www.dss.mo.gov/dms for specific program information. Upon completion of all enhancements to the electronic billing processes, providers must be prepared to use a clearinghouse, billing agent or the Medicaid website at www.emomed.com for all claims submission. Attachment requirements were eliminated for some psychology codes. The bulletin may be viewed at the following site:
http://www.dss.mo.gov/dms/bulletins/bulletin27-23_2005jul1.pdf

(WB3.23.2) – Increase awareness of staff and foster parents regarding attachment and mental health issues.

b. Increased the number of staff and foster parents trained on Working with the Explosive Child.

c. Increased the number of staff and foster parents trained on Grief and Loss. Training on attachment issues, Grief and Loss, Working with the Explosive Child and other mental health issues have been made available to foster parents and staff as in – service modules from STATS, or as separate trainings through the contracted provider and community mental health partners.

(WB3.23.3) – Increase capacity of staff to assess mental health needs of children in intact families. There are no benchmarks due for 3rd quarter.

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 3.

Item 26: Process for 6-month case reviews

(26.1) – **Revised current policy to clarify an Administrative Review and requirements.** All benchmarks in this action step have been completed.

(26.2) – **Recruit 3rd party participants for Administrative Reviews.**

a. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative review.

b. Circuit Managers scheduled and assigned individual reviews to cases. All regions with the exception of St. Louis County have recruited, provided training for and began utilizing 3rd party participants. A St. Louis County PET has met and proposed a recruitment plan. The PET team issued a survey in early October to collect input from all staff on names of potential 3rd party reviewers. The team met on October 11th and on November 22, 2005. A list of potential objective 3rd party reviewers has been created and shared with team members. A plan will be solidified in organizing training of and use of reviewers and then schedule them for training in January 2006. Once training is completed, these reviewers will participate in the six month review process. Renegotiation dates are reflected in the matrix.

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

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

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

(27.2) – **Implement training to develop testifying skills for CD staff.**

c. Based on evaluation and technical assistance, curriculum modified. The Professional Development & Training (PD & T) Unit obtained TA from DLS, NRC and OSCA. Mark Gutchen, Deputy Director for DLS attended and observed the testifying skills portion of the agency Child Welfare Practice Basic Orientation. Mr. Gutchen indicated the training content and skills practice provided a good, practical hands on approach to testifying and approved of the content and method of delivery. In addition, the PD & T Unit consulted with NRC and OSCA on testifying skills for staff. NRC and

OSCA provided written material that was considered in the review of testifying skills contained in Basic Orientation. Currently, there are no plans to modify the curriculum.

(27.3) – Increase the timeliness of 12 month Permanency Hearings.

j. Incorporated new policy into BASIS and OJT training for existing staff. *The FST memorandum and policy were revised in July 2005, however it has not been distributed to staff. We anticipate disseminating this and many other memos by January 2006.*

(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.

a. Proposal drafted. *2006 legislative proposals were drafted in August 2005 to amend Section 211.447 to ensure consistency with ASFA requirements and Section 211.093 to allow the Juvenile Court greater authority to transfer cases to other circuits.*

b. Written proposal reviewed by OSCA and the Department. *Copies of the proposal were provided to OSCA and the Department in August for review. The proposal was sent to the capitol on September 9th.*

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 benchmarks in this action step have been completed.*

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

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

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

Item 33: Ongoing training for staff

(33.1) – **Develop supervisory training for front line supervisors.**

h. Training curriculum reviewed and approved by CD management.

i. Professional Development and Training selected one rural and one metro field test site.

j. Professional Development and Training field tested curriculum in two test sites. *In August 2005, CD Training Management reviewed and approved the draft of the Clinical Supervisor Training curriculum. A field test walk-through of the curriculum was conducted in September 2005. The field test contained supervisory staff from both rural and metro sites. This was done to minimize the cost of having two separate sessions. The field test resulted in many great ideas being shared by the supervisors in the field test. Several recommendations were made by the group on ways to enhance the training. Feedback and suggestions are currently being evaluated by the PD & T Unit.*

(33.2) – **Develop advanced in-service training module for investigations and assessment.** *All benchmarks in this action step have been completed.*

(33.3) – **Develop advanced in-service training module for Family-Centered Services.**

d. Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.

e. Administration approved advanced Family-Centered Services in-service module.

f. Professional Development and Training began training advanced Family-Centered Services curriculum. *CD Training management reviewed the FCS in-service curriculum. Following the management review in September, the PD & T Unit conducted a field test of the FCS in-service curriculum which contained field staff from both rural and metro sites in October. The field test was handled this way to minimize the cost of conducting two separate field tests. The feedback from the field test group was extremely valuable and the suggestions and feedback are currently being reviewed to determine what modifications and enhancements can be made to the curriculum.*

(33.4) – Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.

d. Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA. The draft of the FCOOCH in-service module is currently being reviewed by CD Training Management and will be shared with OSCA for further review.

(33.5) – Enhanced On-The-Job (OJT) Training. *All benchmarks in this action step have been completed.*

(33.6) – Create training advisory committee to annually assess needs and evaluate training.

b. Advisory committee developed a mission statement.

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

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

e. Plan submitted to CD administrators for approval. *The Training Advisory Committee was originally scheduled to have the first meeting in April -May 2005. Committee members were selected April 2005, however, the committee's first meeting was put on hold due to budget constraints. It was also recognized the committee members' time would be better spent assessing training needs and evaluating the training program after the new classroom and On the Job Training was formalized statewide. Therefore, the committee will plan to meet in February 2006 to finalize a draft of the mission statement, develop the operational framework for the advisory committee, and determine how the committee will function to best meet the needs of the Children's Division staff. Timeframes have been revised in the matrix to reflect the new completion dates.*

(33.7) – Develop child Abuse and Neglect Training (CA/N) Institute for CD staff. *All benchmarks in this action step have been completed.*

(33.8) – Provide training based on circuit specific needs. *All benchmarks in this action step have been completed.*

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

Item 35: 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 3.*

(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 3.*

(35.5) – Increase services to meet the needs of non-English speaking consumers. *There are no benchmarks due for this action step in Quarter 3.*

(35.6) – Increase availability of transportation services. *There are no benchmarks due for this action step in Quarter 3.*

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.*