Missouri Children's Division

Child and Family Services Review

Round Three

Program Improvement Plan (PIP)

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Introduction to Missouri

In January 2018, the Children's Division received, from the Children's Bureau, the final results and findings of the third round of Child Family Service Review (CFSR). These results were the culmination of a statewide assessment as well as case review and stakeholder interviews conducted in Jackson, Jasper and St. Charles counties in July 2017. Through this process, five key, cross-cutting priorities emerged: (1) promoting timely permanency by reducing court-related delays, (2) improving parent engagement, (3) enhancing the quality of worker visits, (4) enriching the quality of safety and needs assessments, with children and (5) strengthening the skills and support for the agency workforce. This Program Improvement Plan (PIP) is designed to address each of these core themes while also building upon the activities outlined in Missouri's Title IV-B Child and Family Services Plan and Annual Progress and Services Report.

Instrumental in the support of the CFSR/PIP process in Missouri is the CFSR Advisory Committee. The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth and families. A broader collaboration of this kind benefits families in improved access and service availability, and a reduction of services and funding fragmentation. Standing members include Children's Division managers, representatives of Department of Elementary and Secondary Education, Department of Mental Health, Office of State Courts Administrator (OSCA), Foster Care Case Management (FCCM) agencies, Department of Health and Senior Services, Children's Trust Fund, CASA, Missouri Coalition Against Domestic and Sexual Violence, the health care community, private child welfare agencies, public university partners, a tribal representative, as well as foster/adoptive parents, foster youth and front-line staff. The CFSR Advisory Committee has been involved in the CFSR Round Three from site selection through ongoing PIP development. CFSR and PIP strategy discussions occur at each quarterly meeting. As standing members of the CFSR Advisory Committee, OSCA and FCCM partners will be highly engaged in the implementation of PIP strategies described in this document.

To develop this PIP, the agency engaged in a multi-faceted approach to solicit input from key stakeholders. In January 2018, the agency organized a full-day convening of over 150 people, including line staff and middle managers from each of the Missouri's five regions, representatives from Foster Care Case Management (FCCM) contract agencies, members of the CFSR Committee inclusive of the Office of State Courts Administrator Court Improvement Program Coordinator, as well as members of the court system, such as juvenile officers. This large and diverse group contributed important insights and proposed solutions which became the foundation to the solutions outlined in this document. Internally, Children's Division also assembled a core team of staff, with representatives from each unit, to tailor the proposed strategies and key activities. The Children's Division's Unit Manager responsible for the Foster Care Case Management contracts sits on the core team as well as the CFSR Advisory Committee. A representative from the Capacity Building Center for States attended several of these meetings to provide added expertise. In March, two administrators from Children's Bureau's regional office visited to help further refine the strategies and ensure that the PIP's trajectory was aligned with the needs identified through the CFSR process. In addition, smaller information and planning sessions occurred. Leadership of the Foster Care Case Management contracted agencies was approached to

discuss their involvement in ongoing PIP activities and case reviews. In short, the PIP development process has been multi-layered, comprehensive, and focused on addressing underlying conditions that hold the richest potential to positively impact children and family outcomes.

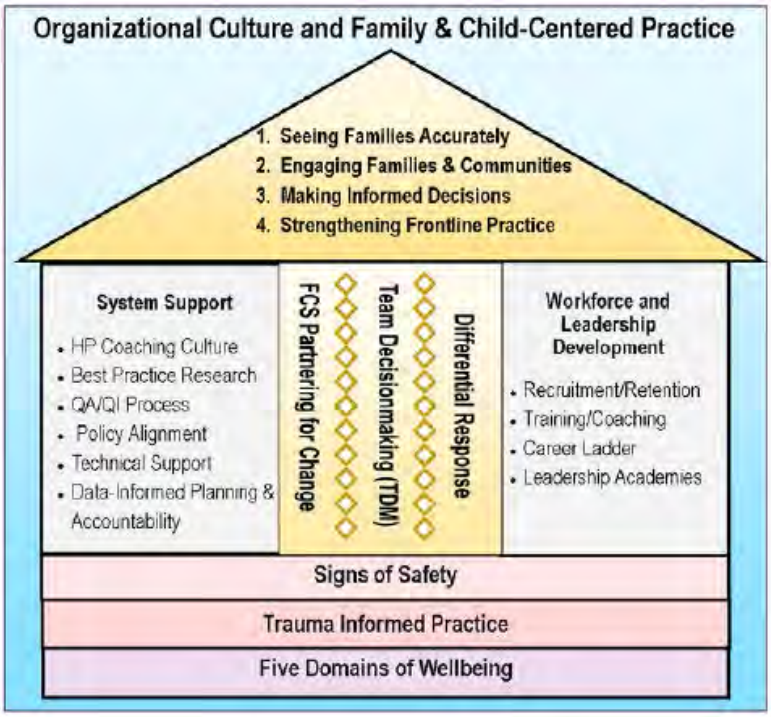
The Program Improvement Plan will be monitored through a quarterly case review process. Results of the case reviews will be reported semi-annually utilizing a rolling quarter format to provide the most current information available. Missouri's case review tool, which mirrors the On-Site Review Instrument (OSRI), has been embedded into the electronic case management system, FACES, and will be used to generate case review data. Please refer to Missouri's Measurement Plan for more details.

Children's Division field management structure aligns with the Judicial Circuit boundaries. There is a Circuit Manager in each of the forty-six circuits who is responsible for practice at the circuit level. Additional Field Support Mangers, as well as one Regional Director provide oversight to the Circuit level management and front line staff in each region. Please see Appendix A for Missouri's circuit map.

Missouri has recently adopted a new integrated practice model. Implementation has been staggered throughout the state with regions being presented pieces of the model at varying stages. The following provides an introduction to the philosophy and mission of the Children's Division Practice Model.

The Missouri Practice Model:

Every good house must be built on a solid foundation with sturdy walls and a sound roof which will stand the test of time. Every good builder uses the best building material and the best blueprints, based on the most up to date information available in the field.



Likewise, the Missouri Children's Division's house is built on a solid philosophical base, nationally recognized best practice approaches, sound strategies, and thoughtful implementation of an effective practice model.

Overall, Children's Division's practice should empower the family and encourage self-sufficiency, while meeting the children's needs for safety and wellbeing.

The Roof:

Missouri's child welfare system is driven by four key priorities focused on increasing safety, permanency, and wellbeing:

1. S**eeing families accurately through the full frame of their lives** allows a better understanding of behavior, emphasizes curiosity and critical thinking, minimizes tradeoffs, and moves beyond symptoms and compliance to sustainable change.
2. **Engaging children, youth, families, and communities** as partners improves working relationships, which are fundamental to developing safety and wellbeing networks in families and communities.
3. **Making informed decisions** through inclusive processes, data, research, and evaluation ensures decisions are based on reliable information, includes diverse perspectives, and leads to individualized and realistic goal setting and cross-system accountability.
4. **Strengthening frontline practice** and supporting what works through a clear and evolving practice model based on values, principles, experience, and results.

The Foundation:

The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety are the foundational elements and frameworks of a clear practice model anchored in values and practices. Every person has needs in the Five Domains of Wellbeing, which are:

- *Social Connectedness* to people and communities, in ways that allow us to give as well as to receive,
- *Safety*, the ability to be ourselves without significant harm,
- *Stability* that comes from having anchors and things we can count on to be the same from day to day, and knowing that an unexpected problem or emerging challenge will not have a domino-effect and set up a cascading crisis,
- *Mastery*, feeling that we can influence what happens to us, and having the skills to navigate and negotiate life,
- *Meaningful Access to Relevant Resources* to meet our basic needs without unnecessary shame or stigma, danger, or great difficulty.

To create change that will last, systems and services must help people minimize tradeoffs between the domains and build assets in the Five Domains of Wellbeing.

Trauma is a common thread for children and families involved with Children's Division. Being trauma informed is also foundational to Children's Division work. For child welfare services to help families where there has been trauma, attention needs to be given to the five core principles of Trauma Informed Care:

• Safety: Ensuring physical and emotional safety
• Trustworthiness: Maximizing trustworthiness, making tasks clear and maintaining appropriate boundaries
• Choice: Prioritizing developmentally appropriate choice and control for children, youth, families and adults
• Collaboration: Maximizing collaboration and sharing of power with children, youth, families, and adults
• Empowerment: Prioritizing child, youth, family and adult empowerment and skill-building

Child welfare staff needs to be able to engage parents and children to understand their history, perceptions and needs, and to be active partners in their plan and future, recognizing that engagement may be influenced by a person's trauma history.

Signs of Safety provides a framework for continuous focus on the reasons for Children's Division involvement and assessment of safety throughout the life of a case. Emphasizing building families' natural support systems, Signs of Safety is built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and practitioners as change agents through getting the answers to three important questions:

- What are we worried about?
- What is working well?
- What needs to happen?

In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the practitioner, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

Supporting system change is High Performance Transformational Coaching. The culture in an organization or system changes when a core group of leaders and individuals subscribe to deliberate beliefs and purposeful behaviors that fundamentally change relationships and results. High performance transformational coaching promotes and perpetuates attitudes and behaviors that are fully aligned with the principles, practices, and universality of the Children's Division Practice Model. The communication tools within High Performance Transformational Coaching encourage coaching conversations in all directions within the agency, leading to better relationships and improved performance.

The priorities and frameworks described above are woven throughout the strategies and key activities in Missouri's Program Improvement Plan. Although pieces of the practice model are in varying stages of implementation throughout the state, Missouri is committed to full implementation and continued support of the integrated practice model.

Goal 1: Promoting Timely Permanency

Goal: Improve court/child welfare practice to ensure permanency for children in foster care. (Safety Outcome 2, Permanency Outcome 1, Well Being Outcome 1, Termination of Parental Rights, Quality Assurance System, State Use of Cross-Jurisdictional Resources for Permanent Placements)

Context/Background

Strong partnerships with judges, lawyers, lay advocates, Juvenile Officers and other court partners improve and accelerate outcomes for youth in foster care. To achieve more timely permanency for children in foster care, the agency will prioritize significant resources to bolstering its work in this area.

Missouri's unique court structure distributes prosecutorial responsibilities among multiple parties, notably the juvenile office. The judicial structure in Missouri is such that Children's Division can make recommendations regarding custody. Juvenile Officers, who are officers of the court, consider recommendations from the Children's Division and ultimately are responsible for filing a petition to the court. Only the court can legally take custody. While these teams work quite efficiently and effectively in certain jurisdictions, there are other areas where communication and role clarity can be improved. These differences are evident in current outcomes data, which reveals significant disparities between many of the 46 court circuits. For example, as of December 2017, the rate of youth in foster care between counties ranged from 1.59 to 30.59 per thousand. Similarly, there is significant variation in the time it takes for youth to exit foster care (ranging from 11 months in some circuits to over 30 months in other circuits).

Court improvement projects such as Fostering Court Improvement (FCI) and Casey Family Program's Judicial Engagement Team (JET) have shown demonstrated success, but they have been limited in their scope. Presently, 18 of the 46 circuits in Missouri have established court improvement programs. The chart in Appendix B outlines the months from custody to return home by judicial circuit for FY2017. Those in blue represent circuits with no court improvement projects. Children tend to have longer foster care stays before reunification occurs in many circuits without court improvement initiatives. Court improvement work holds the potential to address both technical and adaptive challenges inherent to child welfare work. As such, the Children's Division anticipates an improvement in national data indicators for timely permanency.

Children's Division will expand the use of Team Decision Making meetings (TDMs) whenever a child is at risk of being removed from their home. TDMs are a nationally recognized best practice introduced in selected areas of Missouri with the support of the Annie E. Casey Foundation. The goal is to create an inclusive opportunity for birth families, community supports, resource parents, service providers and agency staff to cooperatively assess what actions can be taken to keep the child safe in their home and propose the best living arrangement where the child's wellbeing is a priority and the child can feel safe while immediate safety concerns are addressed in their household. When executed with fidelity, TDM meetings are held before removal occurs or, in cases of imminent risk, immediately thereafter within 72 hours of removal. The meeting is led by a skilled trained Children's Division facilitator using a specific six-stage model. Currently, of the five circuits using TDM meetings, three hold placement change TDM meetings. Placement change TDM meetings are held for children who are already in state custody and are at risk of experiencing disruption in their current placement. Meeting members, including the current resource provider, the youth if developmentally appropriate, and birth parents discuss strategies and supports that could preserve the placement if it is in the child's best interest or they develop a plan for another living arrangement where the child's need are better met and their safety and wellbeing is a priority. This practice is expected to reduce the number of moves children experience, therefore increasing stability and positively impacting the national data indicator of placement stability. Placement TDMs are launched once a circuit has achieved consistency and confidence in adhering to the fidelity of the TDM model during initial (removal) TDM meetings.

Rapid Permanency Reviews (RPR) is one of many tools that Casey Family Programs uses in partnership with child welfare agencies to identify barriers and expedite permanency for children in care. RPRs are designed to simultaneously identify and mitigate case level and system level bottlenecks and barriers, including potential issues with Interstate Compact on the Placement of Children (ICPC) cases. RPRs are not focused on information derived from extensive interviews with everyone involved in the case. Instead, highly trained staff review case record information and determine the critical junctures from goal assignment to finalization of reunification, guardianship or adoption. The purpose in reviewing these measures is to ensure case activities are aligned with permanency outcomes and on track to help children achieve permanency. The review tools are developed unique to the area being reviewed, taking into account local processes which may differ slightly from site to site. Data is reviewed in each circuit to identify the population of youth that will be reviewed. For example, if a circuit has a high number of youth in care who are waiting to finalize adoption, that population may be chosen by the circuit to review first. Data is pulled as of the most recent month prior to the review to ensure the child is still in the correct placement with the specific goal based on the population identified.

One thing that separates RPRs from traditional case reviews is the built in accountability. The Cadence of Accountability is a follow up process adapted from The Four Disciplines of Execution designed to give authority and accountability to all levels of the system to eliminate barriers to permanency and replicate bright spots. At the end of each case review, an action plan is developed with the case manager, supervisor and next level manager to identify the next steps needed to move the case along the permanency continuum. This action plan is reviewed at least monthly with the case manager and supervisor and then with the supervisor and their manager. As tasks are completed, new tasks are added to the action plan to continue to move the child to permanency. If barriers are identified that cannot be resolved at the case manager/supervisor level, the supervisor will share the information with the next level manager. If the barrier cannot be remedied locally, this information will follow the chain of command up to the division director, if necessary. The purpose of the Cadence of Accountability meetings is to identify barriers that could potentially be resolved at the local level. Bright spots and barriers identified within the region are brought to the attention of the circuit manager and regional director. To ensure accountability, the circuit sends updates monthly to an identified quality assurance staff member who organizes the data. A central office designee was chosen to collect and aggregate the data and report if any circuits are missing pieces of data. Aggregate data is presented back to the circuit and to the executive team at central office, which includes representatives from each region/circuit. Data is also shared with child welfare partners including court personnel and other community partners. The data is analyzed and discussion is held about the bright spots and barriers identified by the data. Action steps are identified if local, executive or system level interventions are needed to address barriers. The Cadence of Accountability provides a pathway to address barriers at all levels, especially those that may require higher level systemic engagement with child welfare partners outside of Children's Division.

These reviews have previously been completed in five sites in Missouri with proven success. For example, data shows that an RPR conducted last year helped shepherd 35 adoptions to completion and helped prompt the filing of at least eight TPR petitions in less than four months. In addition, Jackson

County identified cases waiting for a court date as a significant barrier to guardianship so the data was shared with Jackson County court. Jackson County court responded by creating a specific court docket for these guardianship cases so this barrier would no longer be an issue. Without the RPR and collaborative action with the court, this bottleneck may not have been identified and corrected.

Data to Inform the Problem

To better understand the root cause of the lack of timely permanency, Children's Division examined both quantitative and qualitative data to make decisions about key strategies and activities for this Program Improvement Plan. As applicable, specific data points were examined within each strategy outlined for this cross-cutting theme.

- Missouri's CFSR Round Three Final Report
- Longest Average Stay in Care
- Largest Number of Children in Care
- Number of Children in Care per 1000
- Highest Turnover of CD Workers
- Highest Increase of Children Entering Care
- Average Months to Return Home by Circuit
- Re-Entry Within 12 Months of Exit
- Recommendations for Placement from Team Decision Making Meetings
- Focus Groups with Front-line Staff

Missouri's performance within Permanency Outcome 1 identified strengths within the child welfare system as well as pointed to definite areas needing improvement. While Placement Stability was seen as a positive with 88% of applicable cases receiving strength ratings, achieving permanence in a timely manner received only 25% strength ratings. Missouri has exceeded the national performance on the permanency data indicators for children in care 12-23 months and for children in care 24 months or more. However, Missouri performs lower than the national expectation for permanency within 12 months for children entering foster care, suggesting a delay of timely reunification.

While systemic items focusing on timely periodic reviews and permanency hearings were found to be in substantial conformity with federal expectations, permanency for children was not achieved timely, despite regular court appearances. Delays to permanency were seen in decisions made by Juvenile Officers, court processes and agency practices. The filing of Termination of Parental Rights petitions often did not occur in accordance with ASFA guidelines. And, in cases with concurrent plans identified, both plans were not consistently and actively pursued.

Root Cause Analysis

In addition to examination of quantitative data, focus groups with front-line staff were held throughout the state to further explore the reasons timely permanency is a challenge. Several themes were noted.

- Relationships with court partners – CD staff often feel court partners do not respect them and feel there is a lack of trust between the court and the Children's Division. Workers described a feeling of disempowerment in the courtroom, as they feel they are not treated as an equal party.
- Lack of willingness by the court to change the goal from reunification – children are caught in the middle when parents are not doing well enough for reunification, but well enough to hinder TPR
- Untimely TPR – difficulties with Juvenile Offices filing the petition to pursue TPR; paperwork takes a great deal of time to complete, especially with siblings whose information is largely the same; lack of Division of Legal Services (DLS) attorneys to file TPR
- Concurrent planning – staff can feel awkward discussing concurrent planning with families and feel it can impact parent engagement in a negative way. There is also a general confusion around concurrent planning among CD staff.

Linking Data to Strategies

Begin Permanency Attorney Initiative which would embed at least 20 CD attorneys to represent Children's Division staff in court: At present, the Children's Division has little to no representation in court. Although the Division does receive legal assistance from the Division of Legal Services, it is evident there are too few attorneys to represent Children's Division in every case. In some courtrooms, Children's Division workers are frequently not given an opportunity to speak in court unless an attorney is present. Therefore, even when a case manager recognizes that a child should not come into care or that a family is ready for reunification, the worker's voice is unheard. In the majority of cases, the permanency attorneys will represent the position of the case manager. It should be noted, however, that the attorney represents the Department of Social Services as a whole.

In examining the quantitative data, circuits were chosen in which this initiative would have the greatest impact. Each circuit was chosen for a different purpose based on its data compared to the state average. The circuits chosen for this endeavor include the 16th, 21st, 25th, and 39th Circuits. The 16th Circuit (Kansas City) and the 21st Circuit (St. Louis County) were predominantly chosen due to the high numbers of children in care; this is not surprising, given that they are the largest metro areas. The 16th Circuit presently has 1862 children in care, while the 21st Circuit has 973. In examining the data, it was also discovered that in addition to being large circuits, the 16th Circuit kept children in care for an average of 23.20 months, and the 21st kept children in care for approximately 23.93 months.[1] The state average was 21.865 during the same timeframe. Both these areas also had high turnover of frontline staff; the 16th circuit experienced 60% turnover, while the 21st Circuit had 38% turnover. High turnover often leads to mistrust among the court, as new workers may have less experience and have not yet built a relationship with the juvenile officers or judge.

[1] These numbers were based on the average number of months in care per child averaged from 2 years of data, specifically from quarter 4 of FY 16 to quarter 3 of FY18.

The 25th and 39th Circuits, although smaller than the metro areas, each have a unique set of challenges. The 25th Circuit was chosen in part due to high numbers of children in care compared to the population at large. As a state, Missouri brings approximately 1.05 children in to care for every 1,000 children; the 25th Circuit currently brings 1.66 children into care for every 1,000, and the number continues to rise. This is also a Circuit in which the court does not often allow CD staff to work with families before bringing children into care. Drug-exposed infants in particular are often brought into care before release from the hospital. The 39th Circuit keeps children in care for an average of 23.36 months, and staff turnover is at 52%. Additionally, this was an area which also had a high number of children in care for its population. For the three counties within this circuit, the rates of children in care per 1,000 in December, 2017 were 17.40, 15.39 and 14.26. The statewide rate was 9.49. In speaking with local staff, it is also an area which rarely proceeds with terminating parental rights until extremely late in the case, and children often linger while waiting for termination of parental rights to occur.

The Children's Division has created a Permanency Attorney Unit Manager position which will be responsible for the program by spearheading efforts to recruit, train, and assign attorneys in the chosen circuits. In St. Louis County and Kansas City, frontline attorneys will report to a managing attorney. The managing attorneys will report to the Permanency Attorney Unit Manager. Due to the need for fewer attorneys in the 25th and 39th Circuits, the attorneys in these areas will report directly to the Permanency Attorney Unit Manager. The attorneys will be co-located with agency staff to facilitate regular and frequent communication. The attorney and assigned case manager will meet upon case assignment and as needed throughout the case to work together to achieve positive outcomes for children.

The Permanency Attorney Unit Manager will be responsible for developing a curriculum for the attorneys to include initial training and ongoing professional development. At present, the Permanency Attorney Unit Manager plans to provide initial training as attorneys are hired, which will include both legal training on the progression of a case through juvenile court as well as a basic overview of the Children's Division Practice Model. The basic overview of the practice model will include components of Signs of Safety, trauma-informed care, and the Five Domains of Wellbeing specific to their needs. The training is being developed in coordination with the Children's Division Leadership and Professional Development Unit Manager. The overview will help the attorneys become familiar with the concepts and language they will encounter as they work with Children's Division field staff. The training will also include an overview of expectations to include:

- Initial meeting with the case manager
- Frequent on-going communication with the assigned case manager
- Involvement of the supervisor as needed
- Using motion practice to overcome case barriers
- Preparing case managers for court testimony
- Supervising attorneys to coordinate with Juvenile Office attorneys to file TPR petitions
- Providing feedback to Permanency Attorney Unit Manager in regards to the new initiative

Once the majority of the attorneys have been hired, the Permanency Attorney Unit Manager will provide more in-depth training on legal concepts which frequently arise. This training will be tailored

based on the experience level of the attorneys hired, but basic topics will include federal and state law, permanency planning, and legal steps required for reunification, guardianship, termination of parental rights and adoption. Under Missouri law, the Children's Division attorneys are allowed to file for Termination of Parental Rights. There will be coordination between the Children's Division and the Juvenile Office attorney as needed. Timely TPR will be facilitated through coordinated efforts with the case manager and the Juvenile Office.

Advertising and recruitment for attorneys in all circuits has been initiated. It is anticipated hiring in each location will occur in waves based upon the number and quality of the applications received. Although advertisements have been submitted to the Missouri Bar Association and local law schools, it has been a challenge to find the number of qualified attorneys to fill all available positions. Based on this, hiring will occur on a rolling basis. In St. Louis County, for example, five attorneys began employment in early August. While they will not be able to handle all the cases in St. Louis County, CD will continue to recruit additional attorneys in St. Louis County. It is anticipated that a similar process in each of the chosen circuits will be necessary. Qualified attorneys will be hired as they are found and the Permanency Attorney Unit Manager will continue to recruit, hire, and train additional attorneys until all positions have been filled.

The Permanency Attorney Unit Manager along with Children's Division staff within the circuits will jointly prioritize cases which may be assigned to the attorneys. The initial cases assigned to each attorney will include cases in which Children's Division believes permanency may be established quickly. Such cases may include children on trial home visit and the family is ready for reunification, cases awaiting a custody modification[2], children awaiting guardianship in which the guardian has been identified, and cases in which a goal has changed to termination of parental rights and adoption and no petition has been filed. If a Rapid Permanency Review identifies the need for a legal resource, a permanency attorney may be assigned to the case. (See Strategy Four in the Timely Permanency section.)

A listing of children assigned to permanency attorneys will be extracted from the FACES case management system on a monthly basis and provided to the Permanency Attorney Unit Manager and the supervising attorneys. The information provided in this report will include the child's date of entry into foster care; placement information to include trial home visit and pre-adoptive status; current permanency and concurrent goals; and TPR status. In addition, as children exit from foster care, the listing will include the date and reason for exit from foster care and will provide the length of time the children remained in care. This information will be used to help track the progress of the children through their time in foster care as well as assess the initiative as a whole.

[2] SB 800, which became effective on August 28, 2018, grants authority to the juvenile courts to hear custody modifications. Prior to the passage of this law, many children lingered in care while awaiting a custody modification in family court.

Meet and greet events will be organized to serve as introduction of the attorneys to the Children's Division staff within each circuit. These events will also provide an opportunity for roles and responsibilities to be discussed and clarify any questions the groups may have.

With sufficient representation in court, CD staff will have the opportunity to voice recommendations regarding the appropriateness of placement and permanency goals; the progress or lack of progress toward goal achievement; and the overall trajectory of the case, thus impacting permanency in a positive way. In addition to the case-specific monthly reports described above, the outcome measures to be examined on a circuit-level will include a reduction in the length of time children remain in foster care, and an increase in rates of reunification within 12 months, guardianship within 18 months and adoption within 24 months among the circuits with attorney presence.

Implement Court Technical Assistance (TA) Team in 46 court circuits statewide in order to improve timeliness to permanency: Circuit 31 (Greene County) is one locality whose demonstrated success with the FCI and JET initiatives has been borne out in results. There, these court teams worked together to drastically reduce the number of children in foster care by over 40% in about three years' time. This was not just a reduction of youth in care – it was a true safe reduction, as the rate of re-entry into care has fallen and remained consistently below the state average. In addition to safely reducing the number of children in foster care, the Greene County court improvement teams have also accomplished other key goals, such as reducing the number of youth in congregate care/ institutional settings by well over 50%, and developing a "Teens in Transition" Court to support youth aging out better prepare for independence. In short, Greene County's success is proof that court collaboration is an excellent investment of resources which merits expansion across the state.

To accomplish this expansion, the Children's Division began attending regular meetings with statewide representatives from the court community to problem-solve around systemic barriers in the court system. While these state-level meetings were useful, the group agreed that more collaboration was needed on the local level. Under the leadership of Missouri Supreme Court Judge Patricia Breckenridge, and in partnership with the Office of the State Court Administrator, the statewide group has launched the "Partnership for Child Safety and Wellbeing" (PCSW) which will design and introduce court technical assistance teams in each of the Missouri's 46 circuits.

To ensure that the PCSW's work reflects the multiple perspectives in each child welfare case, the Children's Division has identified a Court Engagement Coordinator within the Program and Policy Unit who will be responsible for the development and management of this project. One key responsibility of this employee is to engage in feedback interviews with external court stakeholders, including dependency judges, juvenile officers, parent's counsel, GALs, CASA and more. The Division has also attended a listening forum with juvenile officers from all 46 court circuits across the state. All of this feedback has, and will continue to, inform the development and launch of the PCSW groups.

The Court Technical Assistance Teams, or local PCSW groups, will meet together at least quarterly to address timely permanence by reviewing data to include rates of permanency, rate of children in foster care and racial disparity; trends; discussing common barriers seen across cases; and fostering an overall

culture of learning and continuous quality improvement. The circuit dependency judge will serve as the lead convener for each group. Children's Division staff, representatives from the Juvenile Office, and members of the GAL and parent's counsel bar will also be expected to attend. In the areas with permanency attorneys, they will be invited to attend as well. In addition, local PCSW groups may consider inviting other stakeholders whose work impacts child welfare case trajectories – for example, school staff, mental health professionals, CASA, and other community-based organizations.

The local PCSW groups will be a forum to address technical issues, for example reviewing updates to relevant law, resolving scheduling challenges, or tackling recurrent conflicts between groups. In addition, the PCSW groups also provide an opportunity for adaptive change. PCSW meetings will be a chance for caseworkers, who otherwise report feeling disempowered when appearing *pro se* in court, to interact with these partners outside of a court venue. This will promote alignment of resources and a balanced approach to conversations between parties – the culture shift needed to see caseworkers (who often have the most up to date information about a child or family) as equal partners at the table.

Planning for five regional roll-out meetings is already underway, to occur in September, October and November 2018. PCSW resource materials will be shared at these initial convenings, with targeted, in-person support beginning promptly thereafter in a select five circuits. The materials will include a "Toolkit" which will be jointly developed by Children's Division and the Office of State Court Administrator and will include sample court forms, sample agendas, sample guiding discussion questions for local groups, and updated permanency data packets. Selection of the five circuits will be determined based on several factors, to include foster care population size as well as circuits with existing opportunities to improve time to permanency.

The tentative agenda for these five convenings also covers important content, such as review of the agency's Practice Model, the "Roles and Responsibilities" Chart jointly developed with the Office of the State Court Administrator, and the opportunity to spark conversations in which local teams can discuss foundations for positive teaming and draft next step improvement strategies for their jurisdiction. From the state level, Children's Division will collaborate with the Office of the State Court Administrator to disseminate quarterly permanency data updates to each circuit, to be reviewed in meetings as a starting point for conversations. Measurement of this activity will be achieved through production of data updates. In addition, the quarterly communications from the state level may also contain updates about any new or pertinent information about law or best practice (for example, implementation timelines for the Family First Act, new guidance from the federal government, statewide statutory or regulatory changes, etc.)

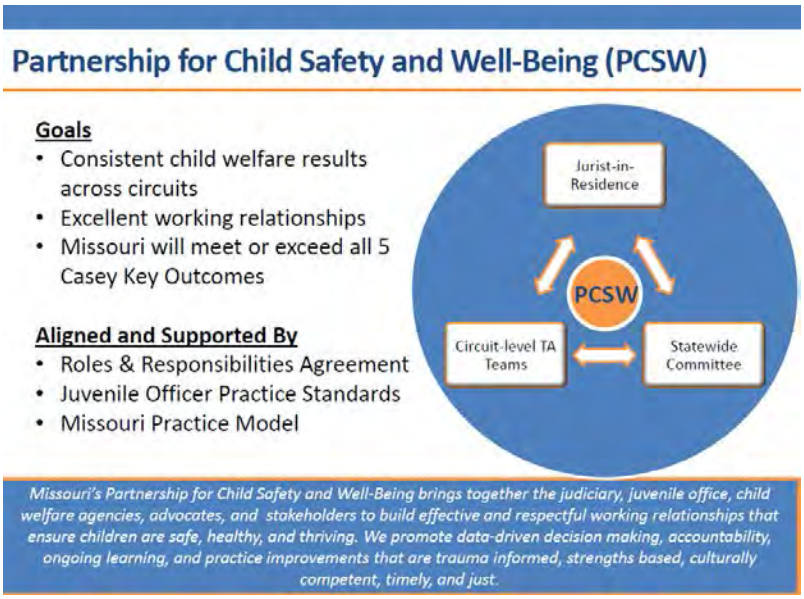
Children's Division will monitor and evaluate whether these PCSW teams are effective. This will occur in several ways: (1) in-person visits to observe whether groups are using the toolkit with fidelity; (2) qualitative interviews and/or surveys with Children's Division staff, judicial leadership and juvenile officer, about the frequency, quality and effectiveness of PCSW meetings; (3) an annual request for a written report-back from the PCSW groups; (4) ongoing data review of each circuit, with attention to whether the locality's chosen area of work (ex. Reducing time to permanency) is improving to see whether best practices and legal tools promoted in PCSW are translated to actual casework and court

recommendations/determinations. On a larger scale, the statewide team, including Children's Division and OSCA, will continue to track progress towards Casey Family Program's Five Outcomes: exit to entry ratio, maltreatment recurrence, re-entry into care, permanency for long stayers and decrease in child fatalities. Evidence of completion will be measured by providing results of staff survey and first report of data review to the local PSCW and statewide teams.

In addition to local PCSW meetings, Children's Division will continue to meet quarterly with court stakeholders on the statewide level to guide the roll-out and monitor results, to include a review of permanency data. First among these, and already underway, is an effort to draft a more streamlined and uniform TPR referral packet for statewide use. This strategy is a direct response to the feedback heard from staff about this common barrier to permanency. Clarity about concurrent planning is also a "best practice" topic that will be addressed through this workgroup.

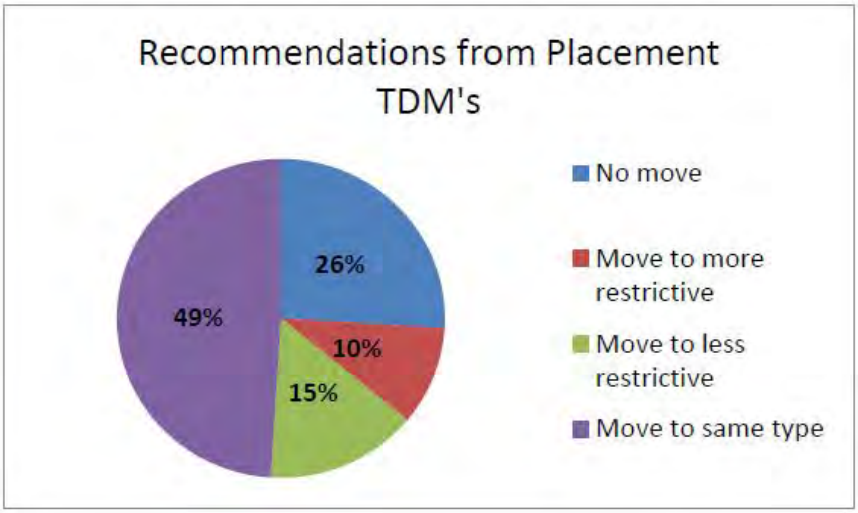
The PCSW group is also working closely with Missouri's first "Jurist-in-Residence" (JIR) sponsored by Casey Family Programs. This program pairs a retired judge (Judge James Welsh) with current members of the bench for mentoring and problem-solving support. Just as youth in foster care often take advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently turn to other judges for guidance about best practices and decision-making. The Jurist-in Residence is contracted with the Office of the State Courts Administrator to begin work in at least three counties; the PCSW engaged in intensive quantitative and qualitative data review to provide recommendations about the first sites. Consideration was given to areas where the data revealed a potential need for judicial support (e.g. foster care rates, time to permanency). For example, Pemiscot County (located in the Bootheel region of the state) has the highest rates of youth in care in the state: 30.59 per thousand (compared to the state average of 9.49 per thousand as of December, 2017). Other factors included qualitative feedback about localities where there were questions about current practice, and sites that were, at minimum, initially receptive to working in collaboration with this unique and innovative program. Based on all of these factors, Children's Division recommended approximately nine potential sites. The final decision was made to begin work in Clay County, Pemiscot County, and Pettis County.

The PCSW brings together three of the most promising court improvement initiatives under one umbrella: (1) local court technical assistance teams, modeled after FCI and JET, (2) quarterly convenings of a statewide committee to address systemic issues and, (3) the Jurist-in-Residence program. Working in conjunction with one another, Children's Division expects that the PCSW will replicate the success of court improvement initiatives demonstrated in Greene County and other circuits. A visual summary of this model is offered below.



Implement Placement Change Team Decision Making meetings (TDMs) in Circuits 11, 20, 23, 24, 29 and 31: Research has shown that TDMs promote better outcomes for youth in foster care. A 2009 evaluation showed that "high-quality TDM meetings increase the chance of reunification within one year for children of all races" and that "children with a timely TDM meeting are half as likely to experience repeat maltreatment within six months."[3] During staff focus groups convened by Children's Division, staff reported difficulty engaging in concurrent planning conversations with biological family and some suggested that this impedes timeliness to permanency for youth in care. TDMs are a technical solution that helps address this adaptive challenge. Increasing staff skill, comfort, and sense of urgency to discuss concurrent planning with biological parents and other kin will be a culture shift for some workers. The TDM format, led by a trained Children's Division facilitator, provides an environment that is conducive to having these sometimes difficult conversations, and a framework to weave them in to daily casework practice.

The TDM model has been successfully used in the Kansas City, St. Louis and Southwest regions of Missouri at the time of removal. Kansas City and St. Louis have implemented TDM's at placement change. The chart represents the placement recommendation from all Placement TDM's held in 2017. With the TDM process to gather the child's network together to discuss and



[3] http://www.aecf.org/m/blogdoc/aecf-tdminfographic-2017.pdf

implement additional supports, 26% (259 out of 1,011) of the children were maintained in their current placement.

To assess readiness of a circuit to implement this practice, Children's Division looked at various quantitative data (such as the number of entries and number of placement changes per year) as well as qualitative information (such as areas where the TDM model will enhance relationships with court partners). The six court circuits identified in this strategy are comprised of eight counties across the state which fit these criteria. The Children's Division is involved in a research project with the Annie E. Casey Foundation's efforts to establish Team Decision Making as an evidence-based practice. This work has necessitated a thoughtful implementation and was also taken into account in selection of the additional six circuits for TDM practice. The Northern and Southeast regions will also be represented and involved in TDM with the strategy and key activities outlined in the PIP.

Team Decision Making Implementation teams will be established in each circuit as they prepare to begin the TDM process. The teams serve to facilitate successful implementation and fidelity to the model. Membership of the implementation team includes leaders for the circuit, the identified TDM supervisor and meeting facilitators, and regional CD leadership as needed. Annie E. Casey staff members are also included in the implementation teams. Following Implementation team meetings, hub meetings occur which include all circuits within the implementation site. Meetings occur monthly until the site feels comfortable with the process and then meetings move to quarterly. All meetings are co-facilitated by Annie E. Casey Foundation staff. Data reports are reviewed at each meeting to focus on fidelity to the model.

Annie E. Casey Foundation staff members are committed to helping Children's Division implement Team Decision Making through the successful completion of the PIP.

Implement Rapid Permanency Reviews to address barriers to permanency as it relates to the goals of reunification, guardianship and adoption: The Children's Division has chosen to utilize Rapid Permanency Reviews to expedite permanency because of the proven success of the review process on both a national level and state level. In order to develop a strategy to improve permanency efforts, it is important to understand why there are barriers and bottlenecks and RPRs assist circuits with identifying these barriers. Quantitative data can only tell so much of the story. The reviews will use staff interviews to understand the qualitative components of the case. The review process is also flexible and reviews can be tailored to address any areas where data shows there is a certain need within a particular circuit, for example children who have been on a trial home visit for longer than six months. The review tool can be developed to understand why jurisdiction is not being terminated timely. Cases managed by Foster Care Case Management contract agencies are included in the review.

Given the positive results thus far, Children's Division seeks to expand the use of RPRs as a strategy to identify and eliminate bottlenecks and reduce time to permanency. Specific data to be reviewed includes: longer stayers (2+ years in care) who have a goal of adoption or guardianship and have not yet achieved permanency and children in care more than 12 months with a goal of reunification.

Information obtained from this review will be used to inform and address systemic bottlenecks leading to improved outcomes for all children.

Based on a review of timely permanency data, percentage of foster care growth, length of stay in foster care and other factors, the Regional Directors and Quality Assurance Team staff selected the following circuits within their regions to participate in Rapid Permanency Reviews:

The 10th circuit will be conducting RPRs on children in care two years or more with a goal of adoption, guardianship or reunification. This circuit was selected for the review due to the growth in the foster care population over the last six months. While the volume of children coming into care (over 50) is not a significant number, the percentage of growth (22%) during this time period is high for a circuit of this size. The circuit believes the review will yield results about why children are not exiting to permanency timely so targeted strategies can be developed to remedy the problem.

The 24th circuit in the Southeast Region will be conducting RPRs on children in care over two years with a goal of adoption. The circuit has experienced a bottleneck in TPRs and they seek to understand the barriers preventing permanency. In addition, the circuit has seen a 15% growth in their foster care population since June of 2017. By partnering with the court on the RPR process, the circuit hopes to improve their agency/court relationship and develop processes to expedite permanency.

The 39th and 46th circuits in the Southwest region will be participating in the RPRs fall of 2018. While their foster care numbers have reduced over the last year, these two circuits have lower percentages of children exiting to adoption than the regional average. The circuit wants to evaluate why cases are getting stuck and develop solutions to resolve permanency for children.

Court Technical Assistance teams will be invited to participate in Rapid Permanency Reviews within the circuit. Casey Family Programs' support of the Children's Division in conducting Rapid Permanency Reviews has been instrumental in the success of the initiative and support will continue throughout PIP implementation.

Implementation steps/key activities

Strategy 1.1: Begin Permanency Attorney Initiative which would embed at least 20 CD attorneys to represent Children's Division staff in court.

Key Activity	Completed	Responsible Party
Key Activity 1.1.1: Recruit and hire the first wave of attorneys and provide initial training. The first wave will include five attorneys hired.	PIP Quarter Completed: 1	Responsible Party: Permanency Attorney Unit Manager
Key Activity 1.1.2: On a quarterly basis, evaluation measures will be provided to supervising attorneys and attorneys for discussion during supervisory conferences. Measures include timeliness to reunification, guardianship and adoption for the circuit in which they are assigned as compared to statewide performance. Information is readily accessible through the Children's Division Data Dashboard.	PIP Quarter Completed: 1	Responsible Party: Permanency Attorney Unit Manager

Key Activity	Completed	Responsible Party
Key Activity 1.1.3: Prioritize and assign caseloads to first wave of attorneys.	PIP Quarter Completed: 1	Responsible Party: Permanency Attorney Unit Manager and Circuit Manager
Key Activity 1.1.4: First of monthly child-specific listing provided to supervising attorneys assigned to children in foster care for tracking their status until permanency is achieved.	PIP Quarter Completed: 2	Responsible Party: Permanency Attorney Unit Manager
Key Activity 1.1.5: Recruit and hire the second wave of attorneys and provide training. The second wave will include seven attorneys hired.	PIP Quarter Completed: 2	Responsible Party: Permanency Attorney Unit Manager
Key Activity 1.1.6: Prioritize and assign caseloads to second wave of attorneys.	PIP Quarter Completed: 2	Permanency Attorney Unit Manager and Circuit Manager
Key Activity 1.1.7: Recruit and hire third wave of attorneys and provide initial training. The third wave will include eight attorneys hired.	PIP Quarter Completed: 3	Responsible Party: Permanency Attorney Unit Manager
Key Activity 1.1.8: Prioritize and assign caseloads to third wave of attorneys.	PIP Quarter Completed: 3	Responsible Party: Permanency Attorney Unit Manager and Circuit Manager
Key Activity 1.1.9: Provide in-depth training to all attorneys.	PIP Quarter Completed: 4	Responsible Party: Permanency Attorney Unit Manager
Key Activity 1.1.10: Evaluation of the Permanency Attorney Initiative to be inclusive of outcome measures to show permanency trends in each selected circuit. Data will compare circuit performance prior to the entrance of attorneys with data since attorney assignments. Data examined will be time spent in foster care and rates to reunification, guardianship and adoption.	PIP Quarter Completed: 4	Responsible Party: Permanency Attorney Unit Manager

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

Key Activity	Completed	Responsible Party
Key Activity 1.2.1: Develop PCSW resource materials or "toolkit" and introduce statewide through five regional convenings, in partnership with the Office of State Courts Administrator. Both toolkit and convening presentation material to incorporate permanency data, as well as introduction to Family First Act.	PIP Quarter Completed: 2	Responsible Party: Court Engagement Coordinator

Key Activity	Completed	Responsible Party
Key Activity 1.2.2: Establish Court Technical Assistance (TA) teams (including judges, legal parties, and relevant community stakeholders) with in-person support from the Court Engagement Coordinator in at least five circuits. Teams will begin with monthly meetings for at least three months, to occur quarterly thereafter upon consensus of the team. Team members will examine permanency data, problem solve, set goals for improvement and implement strategies. Choice of circuits will be determined based on several factors: geographic diversity (to include at least one metro site and one rural site with low performance in permanency outcomes) as well as circuits with existing opportunity to improve time to permanency.	PIP Quarter Completed: 3	Responsible Party: Court Engagement Coordinator
Key Activity 1.2.3: First of quarterly data and "best practice" information distribution and site visits occur. At each interval, data updates will always include at least one permanency metric. Resource information will include updated TPR Referral packet and education around concurrent planning. Local teams will review data and additional best practice information as foundation for goal identification and strategy development.	PIP Quarter Completed: 3	Responsible Party: Court Engagement Coordinator
Key Activity 1.2.4: The statewide PCSW team will receive quarterly reports on the five targeted circuits and data updates about overall progress toward other PIP goals (time to permanency, concurrent planning, etc.). The Children's Division will provide updates, at least quarterly, about the strategies employed to address time to permanency in the five identified circuits.	PIP Quarter Completed: 4	Responsible Party: Court Engagement Coordinator
Key Activity 1.2.5: Assess permanency data and recommend additional five sites for targeted, in-person support. Data to be reviewed include, but not limited to, months to permanency, timeliness of reunification, guardianship and adoption. Choice of circuits will be determined based on same factors as above (see Key Activity 1.2.2).	PIP Quarter Completed: 5	Responsible Party: Court Engagement Coordinator
Key Activity 1.2.6: Evaluate Children's Division participation in TA teams and effectiveness of resource materials (toolkit) in several ways: 1) surveys of key participants (CD staff, judicial leader and juvenile officer); 2) annual narrative report back from Children's Division staff and 3) data review. Data review will focus on rate of youth in care and time to permanency for each permanency goal.	PIP Quarter Completed: 5	Responsible Party: Court Engagement Coordinator

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

Key Activity	Completed	Responsible Party
Key Activity 1.3.1: Implement Placement Change TDMs in Circuits 31 (Greene) and 29 (Jasper). TDM data application and fidelity to TDM model will be reviewed by the implementation teams in each circuit and at the larger quarterly hub meetings in consultation with Annie E. Casey Foundation (AECF) staff to determine ongoing practice improvement strategies and support needs.	PIP Quarter Completed: 1	Responsible Party: Program Development Specialist and SW Regional staff
Key Activity 1.3.2: Full implementation of Initial TDM meetings (before removal and within 72 hours of a removal) in Circuits 11 (St. Charles), 20 (Osage, Gasconade, Franklin), 23 (Jefferson) and 24 (Madison, Ste. Genevieve, St. Francois and Washington). Through an implementation team, and planning and strategy hub meetings with AECF staff, data will be reviewed at least quarterly to identify adjustments necessary for practice improvement.	PIP Quarter Completed: 1	Responsible Party: Program Development Specialist and SE and Northern Regional staff
Key Activity 1.3.3: Change of Placement TDMs will be fully implemented based on the fidelity of TDM implementation in Circuits 11 (St. Charles), 20 (Osage, Gasconade, Franklin), 23 (Jefferson) and 24 (Madison, Ste. Genevieve, St. Francois and Washington) by reviewing TDM data application and fidelity to TMD model for initial TDMs with AECF staff; data will be reviewed at least quarterly.	PIP Quarter Completed: 6	Responsible Party: Program Development Specialist and SE and Northern Regional staff
Key Activity 1.3.4: Data will be reviewed at least quarterly during local hub meetings and statewide TDM meetings where all involved circuits collaborate to identify practice improvement opportunities and develop strategies to address them.	PIP Quarter Completed: 6	Responsible Party: Program Development Specialist and Regional staff

Strategy 1.4: Implement Rapid Permanency Reviews (RPR) to address barriers to permanency as it relates to the goals of reunification, guardianship and adoption.

Key Activity	Completed	Responsible Party
Key Activity 1.4.1: Use data to identify the population to be reviewed in circuits 10, 24, 39 and 46. (See Linking Data to Strategies section of the Timely Permanency goal for identified target populations for each circuit.)	PIP Quarter Completed: 2	Responsible Party: Program Development Specialist, Regional staff and Quality Assurance Team
Key Activity 1.4.2: Hold an initial meeting with the circuit's judiciary and Foster Care Case Management contractors for circuits 10, 24, 39 and 46 to develop the review tool which will be used to identify bottlenecks and barriers in practice for their pre-identified population. The review tool details each step required from custody entry to permanency so the bottlenecks can be quickly identified.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialist and Regional Staff

Key Activity	Completed	Responsible Party
Key Activity 1.4.3: Each region will identify reviewers who will complete a reviewer training.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialist and Regional Staff
Key Activity 1.4.4: Conduct Rapid Permanency Reviews and develop follow up action plans for the case manager, supervisor or manager at the end of each review.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialist and Regional Staff
Key Activity 1.4.5: Collect follow up data monthly and present reports at least quarterly to the circuit management and the Children's Division executive team. The local judiciary will be provided data and results. If local PCSW team has been established, data will be made available for review by the team. Data will also be shared with the regional Field Support Teams.	PIP Quarter Completed: 5	Responsible Party: Quality Assurance Team and Regional Staff
Key Activity 1.4.6: Analyze data and use the Cadence of Accountability to address local and system level barriers including making changes to internal policy and practice, or engaging with the courts and other systems to address specific barriers to timely permanency. (See Context/Background section of the Timely Permanency goal for a description of the Cadence of Accountability.)	PIP Quarter Completed: 5	Responsible Party: Program Development Specialist and Regional Staff
Key Activity 1.4.7: Permanency data will be reviewed to identify an additional five circuits to participate in Rapid Permanency Reviews. In addition to the data points in Key Activity 1.2.5, an analysis of the foster care population will be completed. Priority for circuits selected will be those with Court TA and in-person support (see Key Activities 1.2.2 and 1.2.5).	PIP Quarter Completed: 7	Responsible Party: Program Development Specialist and Regional Staff
Key Activity 1.4.8: Conduct Rapid Permanency Reviews in an additional five circuits.	PIP Quarter Completed: 8	Responsible Party: Program Development Specialist and Regional Staff

Goal 2: Parent Engagement

Goal: Improve Parent Engagement through full implementation of Children's Division practice model. (Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Quality Assurance System)

Context/Background

Parental engagement with the child welfare system is crucial on a case-level as well as a system-level. The Child Welfare Information Gateway September 2016 Bulletin for Professionals describes family engagement as "a family-centered and strengths-based approach to making decisions, setting goals, and achieving desired outcomes for children and families. At its best, family engagement encourages and empowers families to be their own champions, working toward case goals that they have helped to develop based on their specific family strengths, resources, and needs."

Signs of Safety (SOS) is a holistic approach that brings professionals and family members to the table. Honoring parents is one of the quickest ways to gain their attention and respect. Constructive working relationships between professionals and family members are the heart and soul of effective practice in responding to situations of abuse or neglect. According to the 4th edition Signs of Safety Comprehensive Briefing Paper, a significant body of writing and research suggests that best outcomes for vulnerable children arise when constructive relationships exist. In addition, survey data from several countries across the nation and in the U.S. report that by using SOS:

- Families understood the plan and were able to help with decisions
- There was an increased use of solutions and strategies developed by the family
- Families were given more responsibility
- There was a strong relationship between the worker and the parents
- There was a focus on parent strengths instead of focusing on the problem

Based on this compelling information, it is believed that by continuing to implement the Missouri practice model, the state will see an increase in the frequency and quality of parent engagement.

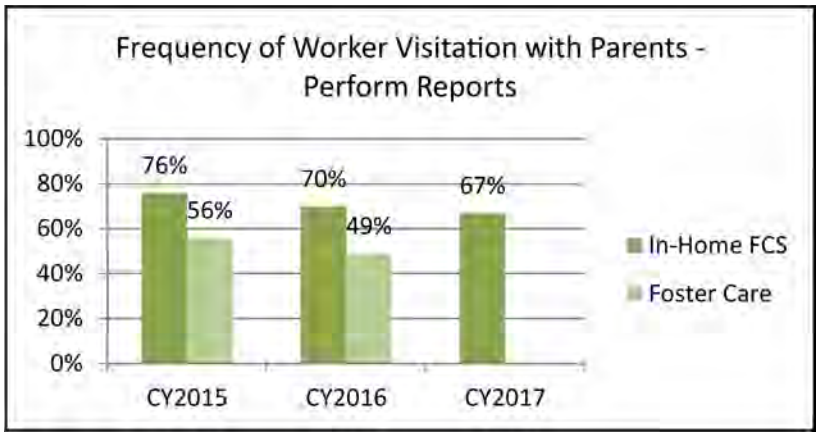
Parent cafés were developed by Be Strong Families/Strengthening Families Illinois. Parent cafés focus on engaging parents, developing parenting communities, building protective factors, and promoting peer-to-peer learning. They also create a space for dialog and collaboration among parents. Parent cafés have been utilized by three organizations in the city of St. Louis as well as eight agencies in Kansas City, Springfield, Joplin, Columbia, Jefferson City, Moberly, St. Joseph, and McDonald County.

Data to Inform the Problem

The following data elements were used to assess engagement with parents:

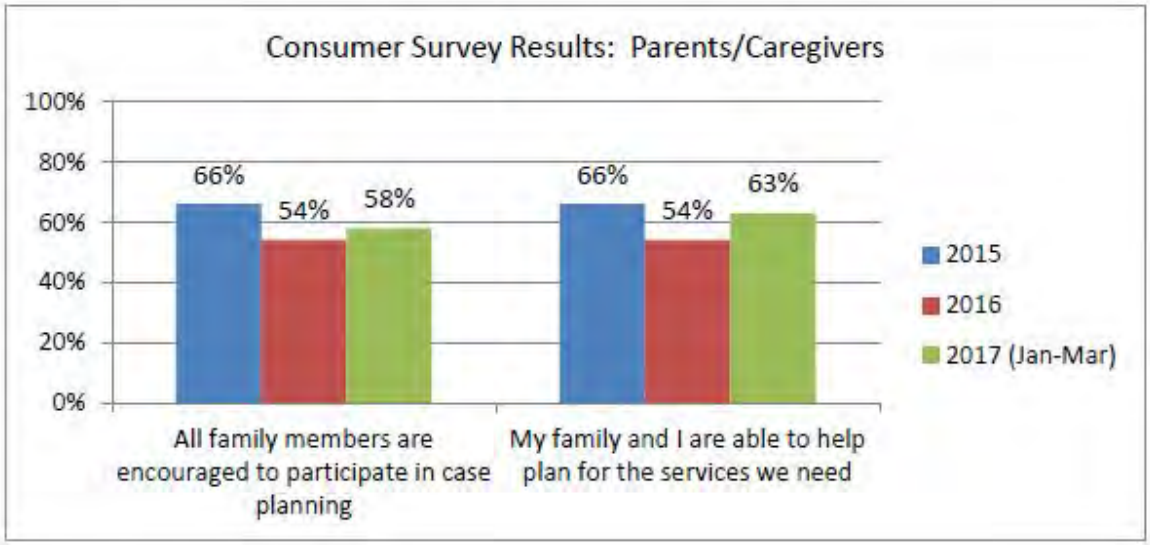
- Missouri Performance Reports for Worker Visitation with Parents of in-home and foster care cases
- Missouri CFSR Round Three Final Report
- Missouri Consumer Survey Data
- Focus groups with front-line workers

The Children's Division has monitored the frequency of worker visitation with parents for several years, with performance falling short of desired outcomes, as noted in this chart. Foster care data is not available for CY2017 due to system changes which impacted reporting.



From the CFSR, engagement in case planning and visitation was significantly lower for fathers than the same for mothers. The frequency and quality of visitation are both areas of concern. Lack of involvement by the non-custodial parent was noted as a concern as was engagement of incarcerated parents.

The more telling pieces of data come directly from parents who have received services from the Children's Division. Monthly consumer surveys are sent to parents with the opportunity to provide feedback on their experiences with the Children's Division. Results point to a clear need for enhanced efforts to engage parents in the work.



For the surveys completed in the first few months of FY18, 56% felt they were an important partner in the case planning process and 71% felt they contributed to case planning for their family. Data was examined by area throughout the state with no noticeable trend.

Root Cause Analysis

Focus groups were conducted with front-line workers throughout the state, as well as a group of supervisory leaders representing every region of Missouri, to further explore the reasons for lack of parental engagement. In addition, the Signs of Safety Trainer/Catalyst group was tasked with identifying what's working well and what they are worried about related to the practice. Trends from those conversations are listed below:

- Workforce – turnover of staff impacts as experiences with previous workers who have resigned make it more difficult to re-engage with parents. Lack of diversity in male employees may impact the engagement of fathers. Workers have less time to engage families because they have too many cases for which response is required. As turnover occurs, cases must be re-distributed, contributing to the increase in caseloads. (Please refer to the Strengthen Workforce section)
- Physical Safety – workers are fearful of the unknown regarding the situations into which they are entering, especially when mental health, domestic violence or substance abuse are areas of concern. (Please refer to the Strengthen Workforce section)
- Service Array – some areas of the state do not have enough resources for parents to begin services immediately, especially in the areas of substance abuse and mental health. Trauma-informed therapists are lacking. (Please refer to the Quality Safety and Needs Assessment section)
- Family Support Team Meetings - parent engagement is happening more in Family Support Team meetings with the implementation of the practice model. Community partners have heard families in a different way. Mapping with families has assisted in transparency and engagement. Parents are able to see what the worker is writing down thus allowing for a more open dialog.
- Work with Fathers – perception among focus group members is mothers are valued more than fathers. When the mother is cooperating, there does not seem to be a sense of urgency to work with fathers. While mothers are generally the primary caregiver, the non-custodial parents often have to go through the same services as the mother.

Linking Data to Strategies

Implement parent cafes in at least one circuit in all five regions: Parent cafés have been conducted in many parts of the state over the last several years. For those participating in the parent cafés, there was overwhelming enthusiasm toward the program with participants stating they felt encouraged, inspired, strengthened, and empowered. One study in 2016 conducted an analysis of change in caregiver resiliency, protective factors, hope, and well-being. The data showed a significant improvement in caregiver resiliency. There was also an increase in social support and concrete support. Because service array is a concern in the southeast part of the state, CD wants to target efforts and offer parent cafés in that region. As parent cafes or a similar model are implemented in a few areas of the state, the opportunity for parents to share resources ideas will expand the pool of known resources available for parents.

Circuit readiness assessment for participation in Parent Cafes will be determined through willingness of the community to engage in the process, including parent participants, trainers, and facilitators as well as lessons learned from current cafes being held throughout the state

Surveys will be conducted with parent café participants to assess overall satisfaction with the café as well as to provide feedback at the systems level. Outcome improvement in the areas of quality worker visits with parents and parent involvement in case planning is anticipated at the case level. These outcomes will be monitored through on-going case reviews and PIP reporting.

Implement a state Children's Division Parent Advisory Board to inform policy and practice: Missouri has an established Parent Advisory Council which is a group of family leaders from across the state. These leaders have experience in their own communities working with a variety of agencies who provide services to at-risk families. Children's Division convenes a board for foster and adoptive parents and a board for foster youth on a quarterly basis, but currently does not convene a board for parents. In order to focus on families receiving services from the Children's Division, the CD Parent Advisory Board will be comprised of parents recruited from the existing Parent Advisory Council and local parent cafes. Creation of this board will allow members to speak for the parents of Missouri and provide for parent advocacy within their communities. This will also allow parents to better understand what the Division is really about. The ultimate vision would be to create local boards as well as the state board. The boards could then be used to allow structured communication between local parent advisory boards and central office using the Family Empowerment Leadership Academy as a communications training tool to guide the work. The boards will allow parents to have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership and experiences for board members, and empower other parents. The boards will allow the Children's Division statewide leadership the opportunity to model parent engagement as a priority, setting the tone for parent engagement at the case-level.

Increase the involvement of non-custodial parents in Family Centered Services (FCS) cases:
Engagement and relationship building is of central importance in gathering meaningful information from families, children, and youth regarding their needs and strengths essential for achieving safety, permanence and well-being for children. Staff are to encourage and work with parents to be cooperative and engaging of the non-resident or non-custodial parent as appropriate in preserving the best interest and safety of their child/ren. Involving a non-custodial or non-resident parent may be beneficial as:

- A child's identity is strongly influenced by his or her family. Encouraging the engagement of a non-custodial or non-resident parent may introduce a child to members of his or her family previously unknown or uninvolved.
- A non-custodial or non-resident parent may provide valuable family history or health information.
- Essential family information will be gathered should the need for future alternative care placement arise, and
- The non-custodial or non-resident parent may have relatives who are willing to be involved in a supportive role to the family as part of the FCS case.

Children's Division staff have the responsibility to preserve confidentiality in these voluntary cases; however, for successful treatment services, families are to be encouraged to engage the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of their child/ren.

Direction was solicited from the Division of Legal Services (DLS) regarding contact the Children's Division may have with non-custodial and non-resident parents for in-home cases. The Children's Division was instructed by DLS that non-custodial and non-resident parents may be contacted without permission from the primary parent. Further instruction will be given to front-line practitioners and supervisors around engagement of non-custodial and non-resident parents. This will be completed through a memo call which allows supervisory staff the opportunity to provide input on new policies and procedures and request clarification of expectations within the policy. Following this call, the memorandum will be updated and distributed to all Children's Division and Foster Care Case Management staff. Supervisors will be expected to review the updated policy with all staff. Ongoing questions regarding new policies may be addressed through supervisory channels to staff in Children's Division administration responsible for creation of the policy.

Children's Division will develop a process to strengthen supervisor oversight to ensure assessments occur at meaningful moments during each case and to ensure all family members including non-custodial parents are engaged in initial and ongoing assessments and case planning. Supervisory consultation tools have been provided to the Children's Division through work with the practice model experts which will be incorporated into the supervision process. Ongoing work with Safe Generations is planned throughout the completion of the PIP. The Children's Division work with Full Frame Initiative, founders of the Five Domains of Wellbeing, continues as well.

The Supervision Advisory Committee (SAC) was established in 2009 with the following Vision statement: "We envision supervisors as skilled practice change agents who promote job satisfaction and retention among front-line workers through skill development, thereby improving achievement of outcomes with children and families they serve." The SAC is comprised of two leading supervisors from each region, three members from central office and a university representative. The functions of the SAC as outlined in the charter include:

- Monitoring developments in child welfare supervision across the country to identify emerging best practice
- Recommending to Division leadership strategies and activities for incorporation into a strategic plan for supporting and improving child welfare supervision, including strategies and activities addressing new expectations of supervisors inherent in new policies
- Monitoring the implementation and effects of the Division's strategic plan for supporting and improving child welfare supervision and reporting the results to Division leadership

This group of supervisors will be asked to provide feedback from peers across the state regarding the changes to the supervision process for continued improvements.

Promote and amplify the use of the Signs of Safety Three-Column mapping document with parents during visits: Engaging parents in the work of the Children's Division is paramount to achieving safety

and permanency for children. Use of the Signs of Safety three-columns mapping document provides parents with the opportunity to identify their strengths, worries and what they feel needs to happen next to achieve safety for their children. It allows Children's Division workers to meet parents where they are, understand and validate the feelings of the parents while acknowledging and addressing the concerns which brought the family to the attention of the agency. Mapping conversations during visitation with the parents provides documentation of the parents' perspectives and uses their words to describe their best hopes for the future of their family. Engagement with parents will be enhanced by using the three-columns mapping tools to identify needs and services and to develop a case plan which will address the family concerns. Improved data tracking for worker visitation with parents is needed, most notably for visitation with parents of children in foster care, as recent changes to the FACES system caused data collection errors in the current reporting methodology. Meaningful Measures within the Signs of Safety framework will be developed to more easily capture the quality of worker/parent interactions through use of the three-columns mapping document. Focused training and additional coaching tailored to individual needs will be provided to regions of the state with lower performance in quantity and quality of visitation with parents.

The Signs of Safety framework was developed and is supported by the organization Safe Generations. Children's Division meets with Safe Generations annually to discuss the training/support needs for each region for the subsequent calendar year. In addition, Children's Division meets with Safe Generations quarterly to adjust the plan for the year as appropriate. This will continue throughout the PIP implementation period. Foster Care Case Management staff at various levels participates in regional planning meetings with Safe Generations as well.

Strategies and Key Activities

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

Key Activity	Completed	Responsible Party
Key Activity 2.1.1: Develop readiness assessment tool based on experiences of previous parent cafes to determine circuit readiness for parent cafes.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialists
Key Activity 2.1.2: Utilizing the readiness tool, assess circuit readiness for parent cafes to be hosted by Children's Division. Data from report of worker-parent visits will be utilized to inform selection of sites (see Key Activity 2.4.1).	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists
Key Activity 2.1.3: Develop a targeted written plan for implementing parent cafes.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists
Key Activity 2.1.4: Implement parent cafes in the selected circuit(s).	PIP Quarter Completed: 5	Responsible Party: Program Development Specialists

Key Activity	Completed	Responsible Party
Key Activity 2.1.5: Develop survey to provide to parents who are involved in parent cafes to get their feedback on process. Process will be adjusted based on survey results.	PIP Quarter Completed: 5	Responsible Party: Program Development Specialists

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

Key Activity	Completed	Responsible Party
Key Activity 2.2.1: Recruit board members of the Parent Advisory Council to serve and mentor on local parent advisory boards.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists
Key Activity 2.2.2: Establish a local parent advisory board in each of the five regions. Boards will have similar structure and mission as outlined by CD with input from existing parent café membership. Goals for the groups may differ based on community resources and needs identified by the local advisory board.	PIP Quarter Completed: 5	Responsible Party: Program Development Specialists
Key Activity 2.2.3: Use leaders from parent cafes and local parent advisory boards to create the CD Parent Advisory Board. Evidence of completion will be through provision of meeting agendas.	PIP Quarter Completed: 7	Responsible Party: Program Development Specialists
Key Activity 2.2.4: Create communication/feedback loop between the CD Parent Advisory Board, local parent advisory boards and Children's Division.	PIP Quarter Completed: 8	Responsible Party: Program Development Specialists
Key Activity 2.2.5: Conduct focus group of local and state board members to determine satisfaction and achievement of goals	PIP Quarter Completed: 8	Responsible Party: Program Development Specialists

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

Key Activity	Completed	Responsible Party
Key Activity 2.3.1: Update policy and notify all Children's Division staff via memorandum to educate them on policy changes regarding contact with non-custodial and non-resident parents. Supervisors will be expected to share practice with existing staff and new frontline staff until embedded in Core curriculum (see workforce section)	PIP Quarter Completed: 1	Responsible Party: Program Development Specialists
Key Activity 2.3.2: Develop data report regarding frequency of visitation between the worker and non-custodial/non-resident parents. Reports will be provided to CD management personnel for on-going monitoring.	PIP Quarter Completed: 2	Responsible Party: Quality Assurance Team
Key Activity 2.3.3: Include updated policy/expectation in Core Child Welfare Practice Training statewide (skill development about engagement of non-custodial parent, documentation of concerted efforts). This includes classroom and on-the-job training experiences.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists and Leadership & Professional Development Unit

Key Activity	Completed	Responsible Party
Key Activity 2.3.4: Conduct a webinar for all staff regarding parent engagement. The updated policy and the reason for the update will be outlined in the webinar.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists and Leadership & Professional Development Unit
Key Activity 2.3.5: Following webinar, learning circles will be held with local teams to ensure transfer of learning occurs. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit and Regional Staff
Key Activity 2.3.6: Strengthen supervisor consultations by creating a bank of questions to allow for more in depth consultations and enhance critical thinking during supervisor consultations. The bank of questions will include Signs of Safety supervisor conversation tools and Five Domains Clinical Supervision tools to support more critical thinking skills around parent engagement. Expectations for use will be defined through a memo call and memo release.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists
Key Activity 2.3.7: Supervision Advisory Committee will solicit input from front line supervisors in each of their regions regarding the process for consultation to determine usage and effectiveness of the questions. Adjustments to the consultation process/expectation will be made based on supervisor's feedback.	PIP Quarter Completed: 6	Responsible Party: Program Development Specialists

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

Key Activity	Completed	Responsible Party
Key Activity 2.4.1: Develop a data report to capture quantity of worker with parent visitation for foster care cases. Provide report to supervisors, managers and the regional Field Support Teams on a monthly basis for on-going monitoring of worker/parent visitation.	PIP Quarter Completed: 1	Responsible Party: Quality Assurance Team
Key Activity 2.4.2: Develop meaningful measures to include the use and quality of Signs of Safety Three-Column mapping document to capture the parent's voice and perspective regarding safety and permanency planning.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialists and Quality Assurance Team
Key Activity 2.4.3: Develop a targeted case review tool to assess the use of Signs of Safety three-columns mapping tool and the quality of the visitation. Questions will be based on Meaningful Measures developed and components from the OSRI tool.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialists and Quality Assurance Team

Key Activity 2.4.4: Webinars on the importance of worker/parent visitation, to include identification of service needs and progress of permanency goals, will be developed and presented to existing staff.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit
Key Activity 2.4.5: Learning circles will be held with local teams to ensure transfer of learning occurs. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit and Regional Staff
Key Activity 2.4.6: Incorporate education and training around the benefits and improved case outcomes of worker with parent visitation into the core curriculum for initial staff training. Description of visitation quality will also be included.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit
Key Activity 2.4.7: Conduct case reviews using the targeted case review tool to verify whether staff are using the Signs of Safety three-columns tool to accurately capture the parent's strengths, worries and next steps. During the PIP period, case reviews will be conducted in the lowest performing counties based on data report described in Key Activity 2.4.1.	PIP Quarter Completed: 5	Responsible Party: Program Development Specialists and Quality Assurance Team
Key Activity 2.4.8: Based on data reports which assess quantity of worker visitation with parents and on-going case reviews which assess the quality of visitation, identify lower performing regions and provide training and targeted coaching for existing staff regarding the importance of worker with parent visitation and descriptions of quality visitation. Examination of curriculum will occur to ensure training is clear and understandable, leading to practice fidelity.	PIP Quarter Completed: 6	Responsible Party: Quality Assurance Team, Leadership & Professional Development Unit and Program Development Specialists

Goal 3: Quality Worker with Child Visitation

Goal: Strengthen the quality and quantity of interaction between the Child Welfare Practitioner and children who are being served through In-Home Family Centered Services or Foster Care so all children have visits which meet their needs. (Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-being Outcome 1, Well-being Outcome 2, Well-Being Outcome 3, Quality Assurance System)

Context/Background

A meaningful visit with a child should allow the case manager to assess whether any risk and safety concerns exist for the child; the child should be given opportunity to voice thoughts regarding permanency and case planning decisions; and wellbeing needs can be explored during visitation. Studies show quality and consistent visitation lead to better outcomes for children.

Missouri child welfare policy states children should be seen at least monthly with the majority of the visitation held in the placement setting. Additionally, a post-placement visit should be held within 24 hours of a change in placement for the child. Missouri Children's Division has recently adopted a new

integrated practice model with Signs of Safety, Five Domains of Well-Being and Trauma Informed-Care concepts at the foundation. The Signs of Safety implementation has been a staged process, beginning with the Kansas City Region in 2015 and finalizing the introductory training in the Northern Region at the end of 2017.

Within the Signs of Safety model, specific mapping tools are available to assist staff in engaging children in conversations around safety, permanency and well-being issues. These tools include:

- My Three Houses
- Fairy/Wizard tools
- Words and Pictures explanations
- Child relevant safety plans

By utilizing these tools, staff has the opportunity to elicit information from children in a thorough and thoughtful way consistent with their developmental levels.

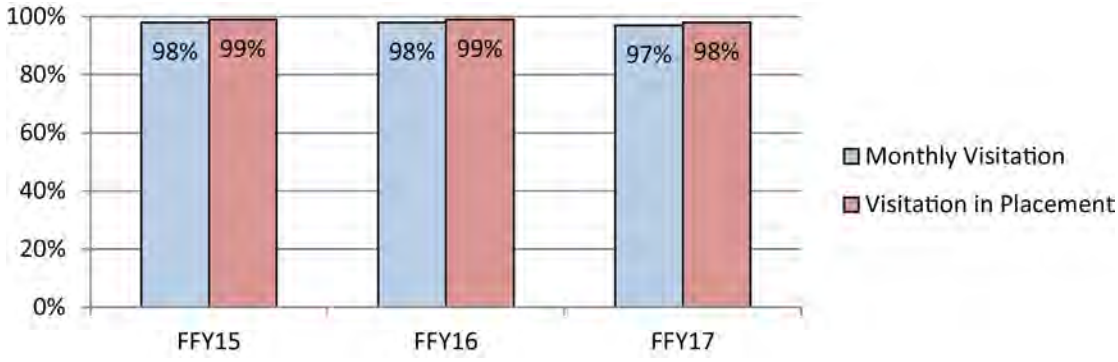
Data to Inform the Problem

The following data elements were used to assess worker visitation with children:

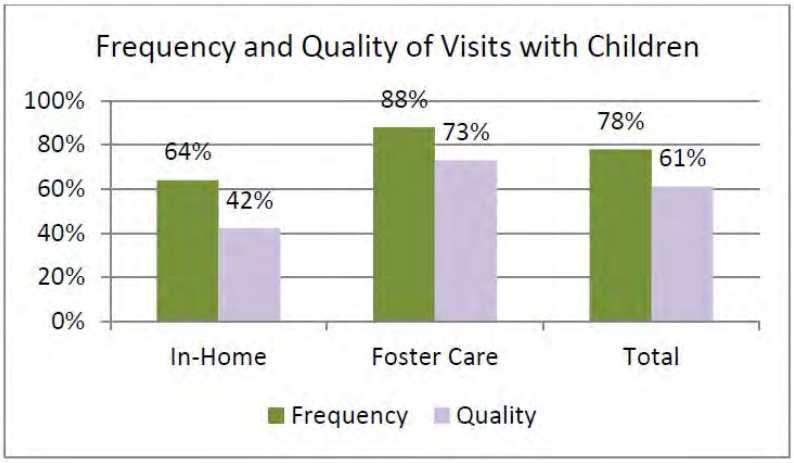
- Federal Monthly Caseworker visits with Children
- Missouri Performance reports for visitation with children in foster care
- Missouri CFSR Round Three Final Report
- Missouri Consumer Survey Data
- Focus groups with front-line workers

Missouri has historically performed well with the frequency of visitation with children in foster care. Children's Division data around monthly visitation with children in foster care has consistently remained high. Annual Federal Fiscal Year reporting has been above the 95% threshold for the past three years.

Monthly Caseworker Visits with Children in Foster Care



State-specific reporting is in place to inform both management and front-line staff of monthly visitation for each child in foster care. The frequency of child visits for in-home cases is not as consistent and there are no reporting functions currently available for staff use. Consistently assuring all children in the family are seen at least monthly has been identified as a problem in in-home cases.



From the CFSR, performance for the quality of visitation with children is notably lower than the frequency of visitation both with foster care and in-home cases. Lack of concerted efforts to visit with each child individually significantly impacts the quality of visits with children in Missouri.

Root Cause Analysis

In addition to quantitative data, focus groups with front-line staff were held throughout the state. Workers were asked to further explore the reasons these concerns exist. Several themes regarding worker/child visitation were noted.

- Parental permission – biological parents and foster/relative placement providers often do not understand the need for a private conversation with a child and can pose a barrier to seeing children alone. Requesting individual time with a child can shift the tone of an in-home case from supporting the entire family to being more interested only in the child, potentially alienating the parents.
- Lack of child engagement – difficulties building relationships with children of all ages. Staff pointed to a lack of confidence in their skills to engage with children. Numerous workers for the same child/family can negatively impact child's trust and engagement with new workers.
- Importance of private visit – the priority and importance of visiting a child individually was not able to be clearly articulated
- Lack of time – both for the worker and for the children. Work/life balance is important to staff who are encouraged to set boundaries around their work schedules. Children deserve normalcy and extra-curricular activities are important. It can be difficult to fit visits into their busyness during reasonable work hours. Families with large sibling groups pose similar challenges.
- Private location - it can be difficult to find a space to meet privately, especially in residential settings or in physically small homes.

Linking Data to Strategies

Promote and amplify the use of Signs of Safety mapping tools with youth during visits: The Signs of Safety tools listed above provide avenues to encourage open and creative conversations with children of all ages. There are mapping tools for younger children in the form of fairies and wizards. Words and pictures can be used to provide the story of the family circumstances and can be tailored to meet the child on his/her level of understanding. Staff is also encouraged to share the completed mapping tools with the child's family in a manner respectful of child safety. Hearing and seeing the child's voice can reassure the parents and foster parents that workers are being open with them about the private conversations held with the child, leading to enhanced cooperation and collaboration with parents and foster parents. Additional education and training around visitation with children and its impact on outcomes for children will help solidify for staff the importance of consistent, quality visitation, to include setting aside a portion of the visit to have a private conversation with each child. Currently each region has the flexibility to conduct initial staff training which results in a lack of consistency from region to region. Strategies will include the development of core curriculum training for new and existing staff which will be utilized in each region.

While the Children's Division has data reports in place for visitation with children in foster care, a monitoring mechanism for visitation with children who remain in their homes will be created. In addition to monitoring the frequency of visits with children, meaningful measures tied to Signs of Safety will be identified to help promote use of the child mapping tools as well as provide information about the quality of visitation with children, supplementing the quality measures found within the case reviews for PIP monitoring.

Develop and implement a supervisory support and coaching network to aid implementation of the integrated practice model: The Children's Division recognizes the importance and critical nature of front-line supervision to successful outcomes for children and families. Supervisors are instrumental in helping staff understand and incorporate the integrated practice model in their work with children and families. Coaching staff in the use of the Signs of Safety child mapping tools will further the use and effectiveness of the tools as well as enhance the quality of interactions with children. In addition, supervisors are key to helping staff manage their schedules and problem-solve. Supportive supervision will aid staff in developing time management and problem-solving skills to help ensure there is visitation which meets the needs of individual children on their caseloads, both in frequency and quality. Middle managers who provide support to front-line supervisors were provided overviews of Signs of Safety but have not been given the opportunity for consistent and ongoing learning. Additional interaction with practice model partners is planned to help middle managers apply the framework within their leadership roles. Articulate software will be used to assess knowledge and skill of practice model around worker visits with children. Articulate software brings the capability to test staff knowledge through online quizzes. Scores are available following the activity. If scores fall below threshold of 80%, targeted coaching will be provided by Circuit Managers.

As noted in the Parent Engagement section of the PIP, the support of and work with Safe Generations has been secured throughout implementation of the strategies involving Signs of Safety.

Strategies and Key Activities

Strategy 3.1: Promote and amplify the use of Signs of Safety mapping tools with youth during visits.

Key Activity	Completed	Responsible Party
Key Activity 3.1.1: Develop a data report to capture quantity of worker with child visitation for in-home cases. Provide report to supervisors and managers on a monthly basis for on-going monitoring of worker/child visitation.	PIP Quarter Completed: 1	Responsible Party: Quality Assurance Team
Key Activity 3.1.2: Develop meaningful measures to include the use and quality of Signs of Safety child mapping tools to capture the child's voice regarding safety and permanency planning.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialists and Quality Assurance Team
Key Activity 3.1.3: Develop a targeted case review tool to assess the use of Signs of Safety child mapping tools and the quality of the visitation. Questions will be based on Meaningful Measures developed in Quarter 3 and components from the OSRI tool.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialists and Quality Assurance Team
Key Activity 3.1.4: Webinars on the importance of worker/child visitation will be developed and provided to existing staff. One module will include talking to children alone as a topic.	PIP Quarter Completed: 3	Responsible Party: Leadership & Professional Development Unit
Key Activity 3.1.5: Following webinar, learning circles will be held with local teams to ensure transfer of learning occurs. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit and Regional Staff
Key Activity 3.1.6: Incorporate education and training around the importance of worker with child visitation into the core curriculum for initial staff training. Description of visitation quality will also be included.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit
Key Activity 3.1.7: Conduct case reviews using the targeted case review tool to verify whether staff are using the Signs of Safety mapping tools to accurately capture the child's voice. During the PIP period, case reviews will be conducted in the lowest performing counties based on data reports described in Key Activity 3.1.1.	PIP Quarter Completed: 5	Responsible Party: Program Development Specialists and Quality Assurance Team
Key Activity 3.1.8: Based on data reports which assess quantity of worker visitation with children and on-going case reviews which assess the quality of visitation, identify lower performing regions and provide refresher training and targeted coaching as needed for existing staff regarding the importance of worker with child visitation and descriptions of quality visitation. Examination of curriculum will occur to ensure training is clear and understandable, leading to practice fidelity.	PIP Quarter Completed: 6	Responsible Party: Quality Assurance Team, Leadership & Professional Development Unit and Program Development Specialists

Strategy 3.2: Develop and implement a supervisory support and coaching network to aid implementation of integrated practice model and to reinforce quality worker visits with children.

Key Activity	Completed	Responsible Party
Key Activity 3.2.1: Policy guidelines/expectations will be updated to require supervisors to observe at least one worker with child interaction per worker per quarter to assess workers' engagement strategies with children thereby elevating the child's voice and ensuring practice fidelity. Supervisors will be prepared for this expectation by participation in a memo call as well as through supervision by Circuit Managers.	PIP Quarter Completed: 1	Responsible Party: Program Development Specialists
Key Activity 3.2.2: Strengthen supervisor consultations by creating a bank of questions to allow for more in depth consultations and enhance critical thinking. The bank of questions will include Signs of Safety supervisor conversation tools and Five Domains Clinical Supervision tools to support child engagement techniques. Expectations for use will be defined through a memo call and memo release.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists
Key Activity 3.2.3: Strengthen middle manager knowledge of how to support the practice model through workshops specific to middle managers conducted by practice model partners. The focus of the already established middle managers workshops is to apply the Signs of Safety principles, skills and disciplines through the lens and in the role of leadership. Participants will leave with strategies and tools for building and supporting staff to complete quality visits with children.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists and Leadership & Professional Development Unit
Key Activity 3.2.4: Provide a manager coaching support network through at least quarterly coaching calls. Coaching calls and individualized support will be conducted by practice model partners and will assist managers in applying what they learned around completing quality visits with children in the middle manager workshops. The purpose of the coaching calls is to provide specific support to middle managers in applying Signs of Safety within their leadership role.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists and Leadership & Professional Development Unit
Key Activity 3.2.5: Supervisors' knowledge and skill of the practice model around worker visits with children will be assessed using Articulate software.	PIP Quarter Completed: 5	Responsible Party: Leadership & Professional Development Unit
Key Activity 3.2.6: Supervision Advisory Committee will solicit input from front line supervisors in each of their regions regarding the process for consultation to determine usage and effectiveness of the questions. Adjustments to the consultation process/expectation will be made based on supervisor's feedback.	PIP Quarter Completed: 6	Responsible Party: Program Development Specialists

Goal 4: Quality Safety and Needs Assessment

Goal: Increase the quality of risk and safety assessments of children and needs assessments for children and parents so that children are protected and families' needs are appropriately assessed and met (Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Quality Assurance System, Array of Services)

Context/Background

Signs of Safety (SOS) provides tools to thoroughly assess and document risk, safety and needs when applied in a skillful way. The Signs of Safety Family Assessment Map is the formal tool to be utilized for assessment of harm and danger to the child and for the identification of existing safety for the child. Front-line practitioners assess safety, risk and on-going needs by viewing the family through the Five Domains of Wellbeing lens while keeping their trauma history in mind as well.

The Children's Division practice model which includes The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety are the foundational elements and frameworks which are anchored in values and practices that focus on engagement and relationship building of custodial and non-custodial parents.

Supervisors are instrumental in ensuring SOS is applied consistently with all family members and with the frequency which makes the most sense for each family. It is important to demonstrate for staff and supervisors what appropriate supervision should look like thus the need to create a supervisory consultation protocol. The supervisor is responsible for:

- Assisting the Children's Service Worker in the identification of threats of danger to vulnerable children and the assessment of the caregiver's capacity to protect the child(ren) from significant harm.
- Assisting the Children's Services Worker in the development of effective safety interventions that control identified threats of danger to the child(ren).
- Modeling good practice, problem-solving techniques, and effective child protection intervention strategies for the Children's Service Worker and other professionals involved with the family.

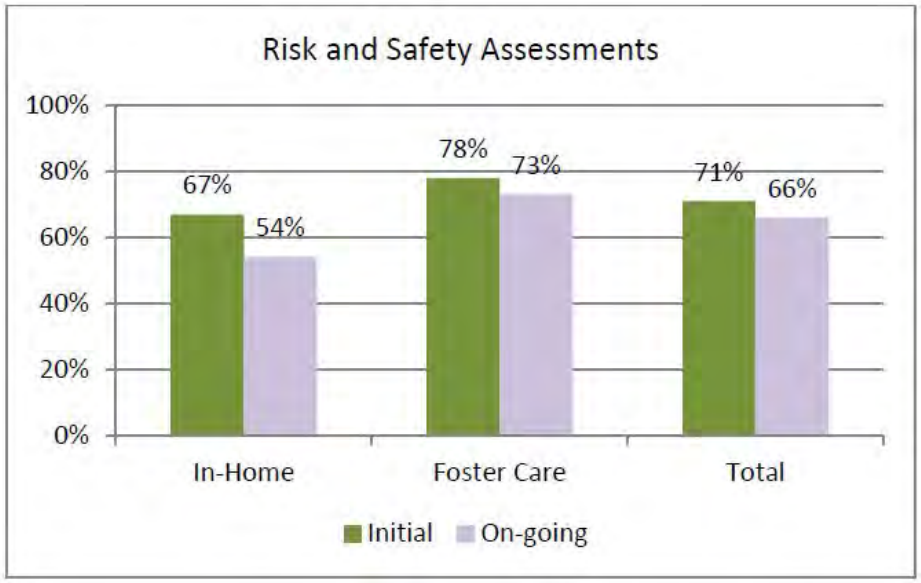
The Division wants to strengthen supervisor consults and ensure supervisors are trained, mentored, coached, and supported. In addition, middle managers need to know how to support the practice model work.

Data to Inform the Problem

The following data elements were used to assess quality safety and needs assessments:

- Missouri CFSR Round Three Final Report
- Focus groups with front-line staff
- Signs of Safety Trainer/Catalyst Group Discussion

Current quantitative data regarding quality safety and needs assessments is not available through Missouri's FACES system. With the implementation of the practice model, the structured assessments which were completed within the information system were discontinued and will be removed from the system. The Signs of Safety Family Assessment Maps and safety planning tools will be added to the information system. With the development of meaningful measures and on-going case reviews, the Children's Division will be better able to monitor the frequency and quality of safety and needs assessments.



The results of the CFSR noted initial risk and safety assessments occurred more frequently than ongoing risk and safety assessments. Also, assessments for risk and safety were more prevalent in foster care cases than in in-home cases. Often, assessments were not completed at critical moments in the case nor did they include all necessary family members.

Needs assessment and service provision data is at 43%. With mothers, 68% of cases were assessed for needs and services and with fathers, 40% of cases were assessed. Based on the data, it shows there is deficit in involving fathers, including non-custodial, in the assessment process.

Root Cause Analysis

Focus groups were conducted with staff from across the state. Workers were asked to provide guidance about why quality safety and needs assessments are a struggle. Several themes emerged.

- Documentation - Staff and supervisors expressed a theme of not knowing how to accurately document their assessment and re-assessment of risk and safety. Staff would like clarity on when and how to document the assessment of risk and safety. Policy needs to be better defined to provide structure to staff on how to use the practice model to assist staff with assessing and reassessing safety and risk.
- Inconsistent use of SOS tools -There is no clear guidance on the required usage of the mapping tools.
- Re-Assessment – Staff expressed confusion about the formal re-assessment requirement for risk and safety. Policy needs to be developed to prescribe the re-assessment process.

- Difficulties in engaging parents (Please refer to the Parent Engagement section).
- Safety and risk assessment of children becomes more challenging when substance use and mental illness are involved due to the unpredictable behavior of parents. Safety of workers was also mentioned when substance use and mental illness are present (Please refer to the Strengthening Workforce section).
- Supervisor consultations - Frontline staff and supervisors identified a need to strengthen supervisor consultations. Supervisors are at varying degrees of comfort with the new practice model. Additional support to supervisors in teaching and coaching their staff was expressed as a need.

Strategies/Linking Data to strategies

Increase front line staff and supervisors' knowledge and competencies to accurately document how child risk and safety were assessed and how the service needs of children and parents were identified and addressed based on the safety concern: Front-line staff needs instruction on how to use the tools and how to document the work. Some staff reported being uncomfortable using the family assessment map and the safety planning tools because they do not know how to use them. Written guidance has not been provided in the past in order to thoughtfully assess what instruction would be most beneficial to staff. CD will develop instructions for the tools and provide examples of their application in hopes this will increase staff usage. Developing meaningful measures and conducting case reviews will allow for a more thorough evaluation of data compared to the root cause analysis. Learning circles will be held within local teams to reinforce application in practice and increase staff skill and behavior change. The case reviews will also provide guidance for additional training needs. Through activities outlined in the PIP, Missouri will provide practitioners with further guidance and instruction on the Signs of Safety assessment and safety planning tools as well as identify measures to help managers understand the level of skill and support needed as staff members continue to implement the practice model.

Develop and implement a supervisory support and coaching network to aid implementation of integrated practice model and to reinforce quality of safety and needs assessments for children and parents: Advanced Signs of Safety training was provided to supervisors with the hope of supervisors modeling and coaching practitioners on the advancement of Signs of Safety in their casework. All practitioners have been introduced to the elements of the practice model but have varying levels of knowledge and competency creating an environment where some practitioners do not feel confident about assessing families. Supervision is a key component to effective work within child welfare. It is important to demonstrate appropriate supervision for staff and supervisors, resulting in the need to create a supervisory consultation protocol. As supervisors are trained, mentored, coached, and supported they are able do the same for their staff. Supervisor consultations will be strengthened through the introduction of the Signs of Safety supervisor conversation tools and Five Domains Clinical Supervision guides. Supervisors are instrumental in ensuring Signs of Safety tools and concepts are applied consistently with all family members and with the frequency that makes the most sense for each family.

Develop and Deploy a Substance Use Disorder (SUD) Intervention model by collaborating to develop SUD "Assertive Community Treatment Teams" with Department of Mental Health. This program will serve pregnant or post-partum mothers with co-occurring SUD and are diagnosed with or at risk of mental illness (MI): Through stakeholder interviews during the CFSR held in July, 2017, it was noted Missouri experiences service array gaps specifically in the areas of substance use services and mental health treatment. In an effort to develop additional resources in these areas, Children's Division is collaborating with Department of Mental Health (DMH) to expand their Assertive Community Treatment teams (ACT) program to serve pregnant or post-partum mothers with co-occurring substance use disorder (SUD) and mental illness (MI) or at risk of mental illness. DMH has committed to partnering with Children's Division and funding this project through the Community Block Grant and Comprehensive Psychiatric Rehabilitation (CPR) funds. The goal of this project is to prevent child abuse and neglect by providing direct services and support to assist the parent with SUD recovery and enhance their ability to provide safety, permanency and wellbeing for their children. The ACT approach is designed to provide persons with comprehensive, flexible, community-based psychiatric and SUD treatment, rehabilitation, and support. There are currently 20 ACT teams operating in Missouri that are funded through Community Psychiatric Rehabilitation dollars. Children's Division is collaborating with DMH to develop specialty ACT teams that serve pregnant and post-partum women with SUD and MI. This specialty ACT program will serve families at risk of child abuse and neglect or who are currently involved with the Children's Division. The ACT program delivers services directly into the home of the client, delivered by a multidisciplinary team available twenty four hours a day, seven days a week that include:

- Team Lead, Master's degree level with clinical and supervisory responsibility
- Case Manager
- Prescribing Psychiatrist
- Qualified Mental Health Professional (QMHP)
- Substance Use Disorder treatment specialist
- Peer specialists who has experience as a parent with SUD and MI
- Vocational/educational Specialist
- Additional members as needed such as housing specialists

Families will be served regardless of the living situation of the client; visits will be made with the client on a weekly/monthly basis based on the needs of the client. Frequent contact will allow the team to assess for risk and safety threats for the client and any children in the household. The team will be able to implement immediate interventions to mitigate those threats. In addition, assessment of ongoing needs for the parents and children will be reflected in the work of the service team.

Direct staff teams, with the exception of the psychiatrist will serve no more than 10 clients at a time, with approximately 50 clients served by each team. ACT will at a minimum provide assistance with co-occurring disorders, healthcare and medication including MAT treatment, parenting, activities of daily living, housing stability, family relationships, employment or education, navigating the legal system, counseling, and benefits and managing finance. Daily team meetings are held to review and plan

services. Referrals to the program will be made by local hospitals, medical providers and other community organizations that serve pregnant and post-partum women with SUD to prevent child abuse or neglect and child welfare involvement. Children's Division and or the Juvenile Court may also refer to this program as a resource for a plan of safe care to prevent removal of a child, as well as referrals for cases where the children are already in alternative care and the parent's co-occurring condition (MI +SUD) is a barrier to reunification.

An ACT Workgroup has been established to oversee this collaboration and move the initiative forward. Membership of the workgroup includes representatives from the Children's Division, the Department of Mental Health and the Department of Health and Senior Services. Other potential workgroup members include community partners and a parent in recovery from SUD and MI who has worked with ACT or a similar program.

Implementation steps/key activities

Strategy 4.1: Increase front line staff and supervisors' knowledge and competencies to accurately document how child risk and safety were assessed and how the service needs of children and parents were identified and addressed based on the safety concern.

Key Activity	Completed	Responsible Party
Key Activity 4.1.1: Provide instruction on documentation for Signs of Safety Family Assessment Maps and safety planning tools. A memo will be published to inform all staff of the detailed instructions.	PIP Quarter Completed: 1	Responsible Party: Program Development Specialists in the Safety Unit
Key Activity 4.1.2: Policy group will formalize policy, forms and instructions on the Signs of Safety framework and include in the Child Welfare Manual.	PIP Quarter Completed: 2	Responsible Party: Program Development Specialists in the Safety and Permanency Units
Key Activity 4.1.3: Develop Meaningful Measures around Signs of Safety implementation. Meaningful Measures will be identified to demonstrate how child risk and safety were assessed through the use of the Signs of Safety framework and tools.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialists in the Safety Unit and Quality Assurance Team
Key Activity 4.1.4: Develop a targeted case review tool to determine how child risk and safety were assessed through the usage of the Signs of Safety framework and tools. The targeted case review tool will include safety and risk questions from the OSRI and additional questions based on the identified Signs of Safety meaningful measures.	PIP Quarter Completed: 3	Responsible Party: Program Development Specialists in the Safety Unit and Quality Assurance Team
Key Activity 4.1.5: Learning Circles will be held to reinforce application in practice and increase staff skill and behavior change. Local Signs of Safety catalysts and trainers will facilitate the learning circles. Attendance will be tracked through the Employee Learning Center. (see Key Activity 2.3.5 in Parent Engagement section)	PIP Quarter Completed: 4	Responsible Party: Regional Staff

Key Activity	Completed	Responsible Party
Key Activity 4.1.6: Conduct statewide targeted case reviews using the targeted case review tool to verify staff are using the Signs of Safety framework and tools to adequately assess safety and risk. Policy and tools will be informed and adjusted based on the results of the targeted case reviews This will be combined with the targeted case reviews on quality visits (see Key Activity 2.4.7 in Parent Engagement and Key Activity 3.1.6 in Quality Worker Visits with Children)	PIP Quarter Completed: 5	Responsible Party: Program Development Specialists in the Safety and Permanency Units and Quality Assurance Team
Key Activity 4.1.7: Implement the Signs of Safety Family Assessment Maps and safety planning tools into the FACES information system. Upon completion, a memorandum will be shared with all staff with instructions for documentation in the information system.	PIP Quarter Completed: 6	Responsible Party: IT Staff and Program Development Specialists in the Safety Unit

Strategy 4.2: Develop and implement a supervisory support and coaching network to aid implementation of integrated practice model and to reinforce quality of safety and needs assessments for children and parents.

Key Activity	Completed	Responsible Party
Key Activity 4.2.1: Strengthen supervisor consultations by creating a bank of questions to allow for more in depth consultations and enhance critical thinking during supervisor consultations. The bank of questions will include Signs of Safety supervisor conversation tools and Five Domains Clinical Supervision tools to support more critical thinking skills around conducting quality risk and safety assessments. Expectations for use will be defined through a memo call and memo release.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists in the Safety and Permanency Units
Key Activity 4.2.2: Strengthen middle manager knowledge of how to support the practice model through workshops specific to middle managers conducted by practice model partners. The focus of the already established middle manager workshops is to apply the Signs of Safety principles, skills and disciplines through the lens and in the role of leadership. Participants will leave with strategies and tools for building and supporting staff to complete quality safety and needs assessments.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialists in the Safety Unit and Leadership & Professional Development Unit
Key Activity 4.2.3: Provide a manager coaching support network through coaching calls. Coaching calls will be conducted by practice model partners. The coaching calls will provide individualized support to managers in applying what they learned around completing quality safety and needs assessments in the middle managers workshops. The purpose of the coaching calls is to provide specific support to middle managers in applying Signs of Safety within their leadership role.	PIP Quarter Completed: 4	Responsible Party: Program Development Specialist in the Safety Unit and Leadership & Professional Development Unit

Key Activity	Completed	Responsible Party
Key Activity 4.2.4: Supervision Advisory Committee will solicit input from front line supervisors in each of their regions regarding the process for consultation to determine usage and effectiveness of the questions. Adjustments to the consultation process/expectation will be made based on supervisor's feedback.	PIP Quarter Completed: 6	Responsible Party: Program Development Specialists

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

Key Activity	Completed	Responsible Party
Key Activity 4.3.1: Identify potential launch sites by organizing and analyzing circuit level data such as data for number of Children's Division referrals for newborns (children <1 year) and substance use exposure, and data for the number of findings for infant or mother drug exposure. Data will also be reviewed for open alternative care (foster care) cases with SUD as a contributing factor for removal of the child. Data and outcomes for the current 20 ACT resources already available in Missouri will also be reviewed. Data from Department of Health and Senior Services will be solicited and reviewed as well.	PIP Quarter Completed: 1	Responsible Party: ACT Workgroup
Key Activity 4.3.2: In an effort to narrow circuit selection, data will be reviewed and a circuit will be selected to engage and interview community partners to assess readiness based on perception of needs, service gaps and circuit interest. Partners will include child welfare agencies, hospital associations and other medical providers who serve pregnant or post-partum mothers.	PIP Quarter Completed: 1	Responsible Party: ACT Workgroup
Key Activity 4.3.3: Secure an initial circuit for implementation and identify target population, based on information, interest, and support obtained from Key Activity 4.3.2.	PIP Quarter Completed: 2	Responsible Party: ACT Workgroup
Key Activity 4.3.4: Revise current ACT program Admission tool, ACT fidelity tool, client assessment tools to align safety and risk definitions, and monthly and quarterly report forms in collaboration with DMH to develop and assess a specialty ACT team that can support pregnancy and post-partum needs of the mother as well as SUD and mental health needs.	PIP Quarter Completed: 3	Responsible Party: ACT Workgroup
Key Activity 4.3.5: Develop local protocols for referrals from agencies that serve pregnant and post-partum women with SUD and mental illness. Children's Division and Juvenile Office referrals will receive priority. Local protocols will include ongoing updates on treatment goals to CD staff.	PIP Quarter Completed: 3	Responsible Party: ACT Workgroup

Key Activity	Completed	Responsible Party
Key Activity 4.3.6: Protocols and program awareness will be shared with the community referral agencies through an initial community outreach meeting.	PIP Quarter Completed: 4	Responsible Party: ACT Workgroup
Key Activity 4.3.7: Implement initial SUD ACT team. The SUD ACT team will submit monthly reports on participant census and model fidelity to the CD/DMH state office collaborative team. Quarterly report forms with client level outcomes data will also be submitted by the SUD ACT team.	PIP Quarter Completed: 4	Responsible Party: ACT Workgroup
Key Activity 4.3.8: Review data submitted by the SUD ACT team at least quarterly; Data may be reviewed more frequently after initial launch. Target population may be adjusted due to number of referrals received and capacity of the ACT team.	PIP Quarter Completed: 6	Responsible Party: ACT Workgroup
Key Activity 4.3.9: Potential expansion of the program will be explored by review of outcome data such as number of referrals, number of participants who successfully complete the program, and survey of program participants.	PIP Quarter Completed: 7	Responsible Party: ACT Workgroup

Goal 5: Strengthen Workforce

Goal: Strengthen the Children's Division workforce through training and professional development of frontline practitioners and supervisors. (Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Well-Being Outcome 1, Initial Staff Training, Ongoing Staff Training)

Context/Background

Professional development begins upon employment with the Children's Division and continues throughout the employees' tenure. The first year of a new employee's professional development is comprised of formal, classroom training combined with on-the-job (OJT) training experiences. The formal, classroom training is provided by Children's Division trainers housed in each region. On-the-job training is provided by local supervisors or specialists in the employee's own area. The OJT experiences are often unique and individually tailored to the professional development needs of the employee, creating an individualized training plan. Introduction of the foundational integrated practice model is woven throughout each region's initial training package.

The Children's Division continues to focus professional development on changing the culture of the agency through implementation and integration of the practice model, including the foundational practice initiatives of Five Domains of Wellbeing, trauma-informed care, and Signs of Safety, while at the same time promoting leadership at every level of the agency through High Performance Transformational Coaching and the National Child Welfare Workforce Institute's (NCWWI) Workforce Excellence intervention and leadership development.

Leadership of all staff is also encouraged through participation in the Continuous Quality Improvement (CQI) process. All staff at all levels throughout the agency is given the opportunity to participate in quarterly meetings within their offices to bring service delivery concerns and ideas for improvement to the table for consideration. Resolution occurs at the local level if possible. However, if not possible, the issue is forwarded to circuit and/or regional level meetings for discussion and resolution. When necessary, issues are brought to the state level quarterly meeting for discussion and resolution. Feedback loops are in place at each level to ensure staff receives notification about the outcome of the issues they present. The InFocus Newsletter is published quarterly and distributed to all staff to guide discussions around a specific theme or data topic, focusing all members of the agency toward a common goal.

The recruitment and retention of staff within the agency has been a continual challenge for the child welfare system in Missouri. Dedicated resources in the form of a full-time employee to focus on staff recruitment and retention were put in place several years ago. This position continues to attend to the need for employees who will maintain employment with the Children's Division. Turnover among staff impacts the agency in numerous ways but most importantly in the ability to assure positive outcomes for children and families.

Recently, the agency aggressively addressed a backlog of overdue hotlines by "pausing" as many activities as possible; including trainings, meetings, policy initiatives, memo calls, and CQI meetings; for a period of two months. During this two month pause all hands were on deck to assist in the elimination of the backlog. Regional teams assisted one another and almost 20 central office staff members were deployed to the field to work on the backlog alongside staff in the regions. Staff who normally did not participate in field work spent weeks assisting regions. After the two month pause, incredible progress was made towards the goal of reducing the number of overdue hotlines. This organizational experience highlighted what was possible when central office and the regions came together as a team focused on a common goal and outcome.

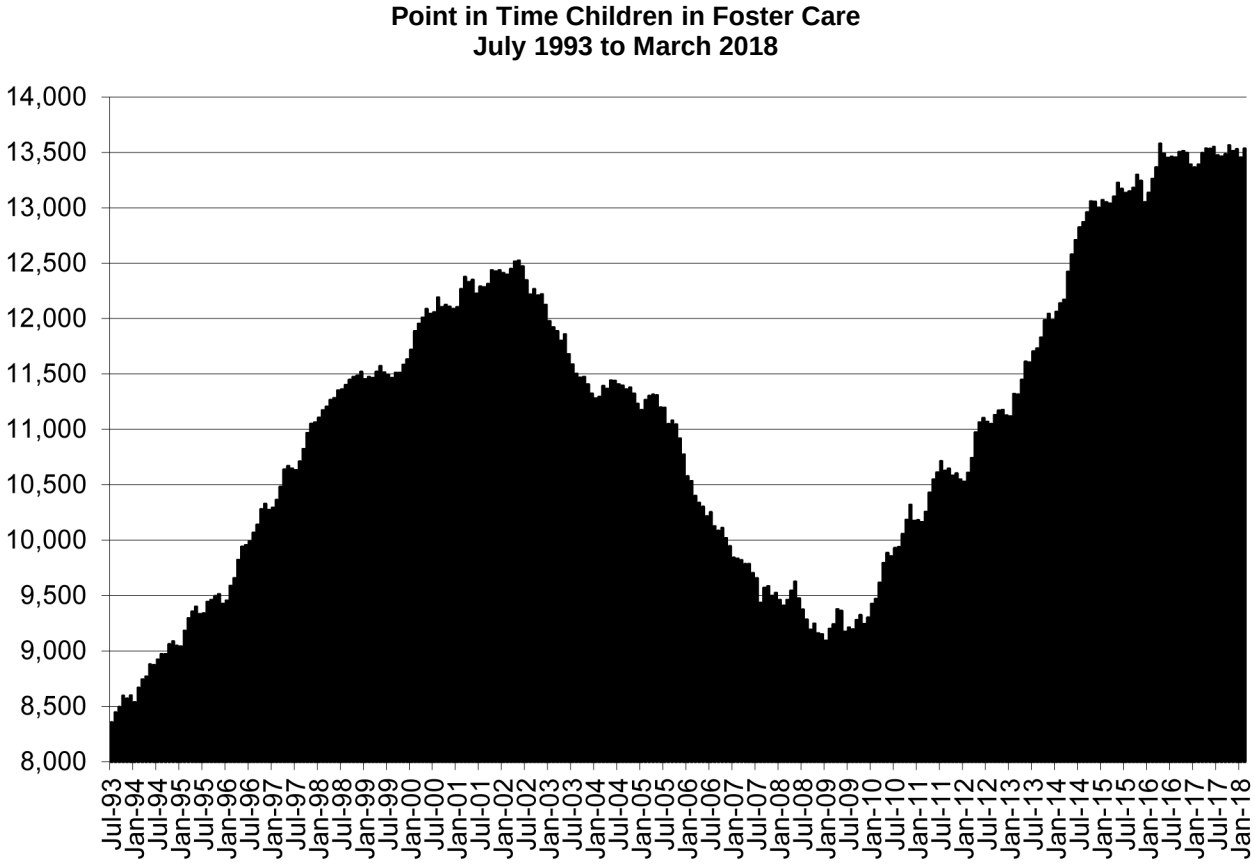
Data to Inform the Problem

The following data elements were used to assess the status of the Children's Division workforce:

- Foster Care population count
- Supervisor and worker turnover data
- Missouri CFSR Round Three Final Report
- Comprehensive Organizational Health Assessment (COHA)
- Focus groups with front-line workers and supervisors

Historically, the structure of Quality Assurance and Quality Improvement has been QA/QI staff working within the regions to monitor outcomes and work with the regional staff to develop strategies for improvement. While this has been the structure for almost 14 years, the division is not seeing the desired outcomes. The agency has experienced a dramatic increase in the foster care population over the last ten years. As of the end of March, 2018, there are 13,535 children in foster care in Missouri. This is up from a low point of 9,149 in December of 2008.

Over time the agency has gone to great lengths to examine data and determine the root cause for the continued increase. However, the foster care population continued to steadily increase. Since May 2016 the foster care population in Missouri has plateaued at around 13,500 children in care.



Additionally, since 2010, the agency has experienced a significant increase in frontline staff turnover. Turnover in Child Welfare Practitioner positions has gone from 18% in SFY10 to 34% in SFY17. As of July, 2018, frontline staff stays onboard an average of 5.88 years. Supervisory staff stays onboard an average of 11.31 years. Turnover for Children's Services Supervisors has fluctuated a bit over the years, however has remained relatively stable over time.

State Fiscal Year	Child Welfare Practitioner	Children's Services Supervisor
SFY10	18%	11%
SFY11	20%	10%
SFY12	27%	11%
SFY13	29%	17%
SFY14	28%	14%
SFY15	28%	10%
SFY16	31%	8%
SFY17	34%	11%

Data analysis suggests that turnover for front-line practitioners have risen as the foster care population increases. Once caseloads are out of alignment with Council on Accreditation (COA) best practice standards due to the increase in the foster care population, staff becomes overwhelmed and leaves the agency. As turnover increases, caseloads become higher and staff turnover increases in a vicious cycle.

Missouri has had the opportunity to be a National Child Welfare Workforce Institute (NCWWI) site for several years. Four sites were chosen for the initial work with the institute and a Comprehensive Organizational Health Assessment (COHA) was conducted at each site to provide a baseline of understanding within the Children's Division. The following are excerpts from the initial COHA report which reinforces the cycle described above.

"One of the most critical workforce challenges is the high turnover rate of child welfare service workers. A constellation of factors contribute to the high turnover rates with low pay, high caseloads, and the stressful nature of the job being foremost among them."

"Caseworkers spoke eloquently about how turnover negatively affects service delivery. They described the difficulty engaging families and establishing rapport with families who are exhausted from working with so many different staff. One caseworker described "losing ground" in their work with a child and family when a new worker is assigned and suddenly there are new plans and permanency goals."

"Most staff disagreed that the training they received when they were hired prepared them for the job."

A follow-up Comprehensive Organizational Health Assessment was performed by NCWWI staff in April of 2018. All staff within the Children's Division had the opportunity to participate in the survey, with a 60% response rate. In addition to the survey, focus groups and interviews were held with all levels of staff in the four initial NCWWI sites and Central Office. The report from the follow-up COHA was received in July, 2018.

The results showed statistically significant positive change in several organizational health factors, including:

- Improved readiness for change by all staff
- Improved role clarify and job autonomy for workers and supervisors
- Reduced time pressure and job stress for workers
- Increased job satisfaction and organizational climate for all staff

Despite positive gains, the report identified continued struggles with critical workforce challenges.

"Workers struggle with too many cases, which contribute to high client- and work-related burnout. Increasing challenges to recruitment of qualified staff means positions are still vacant for too long or filled with staff who are not a good fit for the job."

Root Cause Analysis

Focus groups were conducted with front-line staff throughout the state, as well as a group of supervisory leaders representing every region in Missouri, to further explore the challenges within the Children's Division workforce. Themes which emerged from those discussions are outlined below:

- Lack of adequate training – Staff reported initial training is not comprehensive and expressed the desire for additional OJT experiences; additional training on the practice model, specifically Signs of Safety and trauma-informed care topics for all staff. They indicated receiving mixed messages from different trainers, i.e. regional CD trainers and trainers representing the foundational elements of the practice model.
- Supervisors underprepared to support and coach frontline staff – Newer supervisors may have missed training opportunities on the practice model but are still expected to train staff. There is a lack of training for supervisors on how to supervise and a lack of confidence by supervisors to coach staff.
- Worker safety - Workers are scared to have some of the hard conversations, both physically and emotionally. Workers are facing unknown situations, frequently involving mental health and substance abuse issues. De-escalation techniques and skills are not included in curriculum.
- High turnover and inadequate hiring practices – Workers are not aware of the job they are getting into upon hiring which contributes to turnover. They become easily overwhelmed and leave. Impact is seen in parent engagement and timely permanency. Families do not want to repeat what they have already told previous workers and it takes additional time for new workers to become familiar when established cases must be transferred.

Linking Data to Strategies

Implement Field Support Teams: The Field Support Team concept encourages open flow of strategies, support and communication using transformational coaching between Quality Assurance/ Quality Improvement, Regional Leadership, the Court TA Team and Central office as they work together to provide direct support to the field. The primary goals of the field support team are to enhance staff support and satisfaction across each region of the State and to resolve issues at the local level. This fosters mutual accountability for outcomes and practice between the field and central office.

A Field Support Team will be developed in each of the six sub regions: St. Louis, Southwest, Southeast, Kansas City, Northwest, and Northeast. A designated Central Office lead and a Court TA Lead is assigned to each Regional Field Support Team. Other members of the field support team include QA/QI specialists, designated regional staff, Court TA Team staff and Central Office staff.

Field support teams are comprised of 10 to 15 central office staff members across all program areas. This includes program development specialists, unit managers, quality assurance staff, and divisional leadership. A designed central office lead is assigned to each regional team.

The work of the field support teams will be guided by the following principles of engagement:

- **WE** are ALL leaders with something to contribute
- **WE** share a common vision
- **WE** build trusting working relationships and are stronger together
- **WE** are interdependent
- **WE** are mutually accountable
- **WE** don't blame or make statements, instead we ask learning questions

The success of the Field Support Team relies on strong trusting relationships between the Field Support Teams and field practitioners through the use of Transformational Coaching. Focus is on developing and maintaining relationships through regular contact and meetings with the regions. Opportunities for contact with field practitioners should occur through already existing meetings and activities whenever possible. Examples might include but should not be limited to:

- Case Reviews
- Regional CQI meetings
- Quarterly COA Maintenance meetings
- Regional Rapid Permanency Reviews
- Practice Model Implementation meetings and gatherings
- Foster Parent Appreciation activities
- Other local/regional activities

Evaluation of Field Support Teams will be accomplished through focus groups with Regional Directors and an all staff survey. Results of the focus groups and survey will be analyzed and any necessary revisions will be made to the Field Support Team practice.

Expand NCWWI Leadership Academy to additional cohorts: Strengthening the workforce also includes strategies to provide the National Child Welfare Workforce Institute (NCWWI) Leadership Academy to field and central office leadership teams. As feedback from staff focus groups and the initial Comprehensive Organizational Health Assessment (COHA) have shown, there is a need to support supervisor and management professional development; to support environments ready for creating and cultivating sustainable models of peer support; and to support the development of leadership skills. Incorporating High Performance Transformational Coaching within the Leadership Academy aims to effectively create leadership at every level, nurture and enhance professional sharing and peer support. On-going peer support would include all leadership cohort members and front-line staff of the leadership academy membership to attend High Performance Transformational Coaching. Supporting each other through coaching will lead to improved individual practice and better outcomes. Embracing coaching at every level and in every direction will result in a shared responsibility throughout the organization to develop and nurture the individual's skills and the skills of co-workers. As Children's Division moves into full implementation of the leadership academy, it should support frontline, supervisor and manager growth and development, creating innovative, adaptable, critically thinking teams who will have the knowledge and skills to implement the practice model and more successfully overcome challenges.

The support of the National Child Welfare Workforce Institute has been critical to the success of the Leadership Academy. While the formal grant with NCWWI has ended, the Children's Division has built internal capacity within the Leadership and Professional Development Unit to continue offering the Leadership Academy as outlined in the strategy below. Additional staff members within the Children's Division are also certified trainers of High Performance Transformational Coaching and will assist with this element of the Leadership Academy.

Develop core curriculum for initial staff training: Development of a competency-based training program is an important step in the continuous quality improvement of Children's Division Leadership and Professional Development. A core curriculum team has been established within the Children's Division training team. Foster Care Case Management (FCCM) contracted staff will be invited to join the curriculum team to help achieve consistency in training materials between the state agency and partners who perform like-duties. The core curriculum team's mandate is to establish core competencies for every training and provide or assure every training course has knowledge, skills and objectives tied to those competencies. Once every training course can be cataloged with description of knowledge, skills and objectives it can then be mapped to the competencies it is intended to build or enhance. These competencies will be tracked to specific job classifications and documented in the Department of Social Services Employee Learning Center (ELC). The specific employees within those job classifications can then receive specific training plans about the training course they should take, when they should have it in their career and how often they should take the course. This will create a pathway or trajectory for each employee, based on their job classification, to build their competencies. As trajectories are automated into employee training plans within the ELC, a data report, by job classification, with the percentage of training courses completed can be produced.

A consistent and competency-based training program is important to meet the varying levels (each job classification – frontline through administration) and degrees of staff education and experience (higher-level trainings that address complex issues and skills). Because the majority of CD staff (61%) do not have professional social work education or child welfare training when they are hired, it is imperative to train new workers with the complex set of knowledge and skills necessary to conduct quality child welfare practice.

Develop Frontline Staff Safety Training: A need for a comprehensive training package on how to be safe as a practitioner was expressed through staff focus groups. Workers need to have further development in de-escalation skills and self-defense techniques. Safety also includes adequate awareness of the trauma a family or child may have experienced and the use of language and conversation that are trauma sensitive in order to better meet children and families where they are, both physically and emotionally. It is believed that by giving staff the adequate skills needed to do their job safely they can then have their primary need for safety met and be able to focus on the family and children's needs. Through adequate training on how to be trauma-responsive and proper de-escalation skills child welfare practitioners can enhance their engagement with families, attend to the wellbeing of children and families, and achieve greater success and outcomes. This will be achieved by including the principles of trauma-informed care, Five Domains of Well-Being and Signs of Safety into each portion of the training package.

The Children's Division will collaborate with the Department of Mental Health to bring a personal safety training opportunity to all Children's Division front-line workers with at least one year of tenure. Both physical and emotional safety is crucial to the wellbeing of staff and the Children's Division is committed to offering the opportunity across all regions of Missouri. Because of the large undertaking, the PIP completion date is extended through quarter seven.

Train and Implement "Staying Power" Selection and Hiring Process: "Staying Power" is an evidence-based hiring model from the Jordan Institute for Families at the University of North Carolina, to select qualified applicants who are a good fit for frontline work. Children's Division became familiar with "Staying Power" through the partnership with NCWWI. "Staying Power" supports efforts to decrease turnover through better practices of selecting and hiring. Specific attention is given to systematic selection. Employing effective selection strategies requires job analyses, selection testing and a competency-based interviewing approach. By applying a competency-based selection process supervisors and managers can select the best candidate for the job through screening candidates, looking for transferable skills, utilizing realistic job previews to give the candidates insights and selecting the person who is the best fit. This process will begin to address the concerns around rigid and restrictive hiring practices that have not resulted in qualified staff. The impact is to improve retention by frontloading with a more accurate hiring process.

"Staying Power" has been introduced to and is being utilized in limited fashion in several circuits within Missouri. Kansas City, Springfield and a few circuits in the Northern Region have been using elements of "Staying Power" in their hiring processes. A Workforce Recruitment and Retention Workgroup, which includes field representation from every region, has been developed to continue the implementation process of "Staying Power" as the Division's staff recruitment and retention model.

Strategies and Key Activities

Strategy 5.1: Implement Field Support Teams.

Key Activity	Completed	Responsible Party
Key Activity 5.1.1: Determine central office Field Support Team assignments.	PIP Quarter Completed: 1	Responsible Party: Deputy Director
Key Activity 5.1.2: Produce video from Deputy Director introducing field support team concept to all staff.	PIP Quarter Completed: 1	Responsible Party: Deputy Director
Key Activity 5.1.3: Develop and distribute memo introducing intranet landing page with Field Support Team description and membership for each region.	PIP Quarter Completed: 1	Responsible Party: Deputy Director
Key Activity 5.1.4: Field Support Team leads engage each Regional Director to determine opportunities for field involvement. Hold the first of quarterly feedback sessions to receive input from Regional Directors and Field Support Team leads on how Field Support Teams are impacting practice.	PIP Quarter Completed: 1	Responsible Party: Deputy Director

Key Activity	Completed	Responsible Party
Key Activity 5.1.5: For Field Support Team members who have not already had the opportunity to attend, provide Transformational Coaching training.	PIP Quarter Completed: 2	Responsible Party: Deputy Director and Leadership & Professional Development Unit
Key Activity 5.1.6: Evaluate Field Support Teams by reviewing circuit and regional outcome data, conducting Regional Director focus groups, and surveying staff to determine if process revisions are needed.	PIP Quarter Completed: 4	Responsible Party: Deputy Director

Strategy 5.2: Expand NCWWI Leadership Academy to additional cohorts.

Key Activity	Completed	Responsible Party
Key Activity 5.2.1: Establish an Application & Nomination Process for teams to request involvement in The Missouri Leadership Academy.	PIP Quarter Completed: 2	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.2.2: Select Teams for phased implementation, one team each quarter in FY19 (3 teams selected).	PIP Quarter Completed: 3	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.2.3: Select Teams for phased implementation, one team each quarter in FY20 (4 teams selected).	PIP Quarter Completed: 5	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.2.4: Implement transformational coaching training as a component of Leadership Academy which will connect every staff member participating in the Leadership Academy with a learning coach and create ongoing coaching conversations to promote and enhance communication between staff and professional development support for all staff.	PIP Quarter Completed: 8	Responsible Party: Leadership & Professional Development Unit

Strategy 5.3: Develop core curriculum for initial staff training.

Key Activity	Completed	Responsible Party
Key Activity 5.3.1: Establish consistency with Foster Care Case Management (FCCM) contractors through engaging FCCM training representatives in core curriculum development team.	PIP Quarter Completed: 1	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.3.2: Develop a competency-based training program, to include on-the-job training opportunities, which would provide detailed competencies and identified training knowledge, skills and objectives for all initial training.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.3.3: Core curriculum team will share curriculum components and competencies with regional directors and regional training staff for implementation.	PIP Quarter Completed: 4	Responsible Party: Leadership & Professional Development Unit

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

Strategy 5.4: Develop frontline staff safety training.

Key Activity	Completed	Responsible Party
Key Activity 5.4.1: Co-collaborate with Department of Mental Health to develop staff safety training. Training will include the principles of trauma-informed care, Five Domains of Wellbeing and Signs of Safety, so it is a training which enhances staff safety and supports child/family engagement and wellbeing. This training package will include a blended learning approach of e-learning, classroom and peer-supported learning.	PIP Quarter Completed: 2	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.4.2: Create and deliver e-learning on de-escalation training to identified group of frontline staff, supervisors and managers for feedback prior to statewide roll-out.	PIP Quarter Completed: 3	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.4.3: Establish implementation plan and deliver e-learning to all staff as a pre-requisite to attendance in classroom self-defense training.	PIP Quarter Completed: 3	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.4.4: Deliver self-defense training with expert provider to all frontline workers with at least one year of field experience.	PIP Quarter Completed: 7	Responsible Party: Leadership & Professional Development Unit
Key Activity 5.4.5: Survey staff following each training session for evaluation and feedback via Survey Monkey.	PIP Quarter Completed: 7	Responsible Party: Leadership & Professional Development Unit

Strategy 5.5: Train and implement "Staying Power" selection and hiring process.

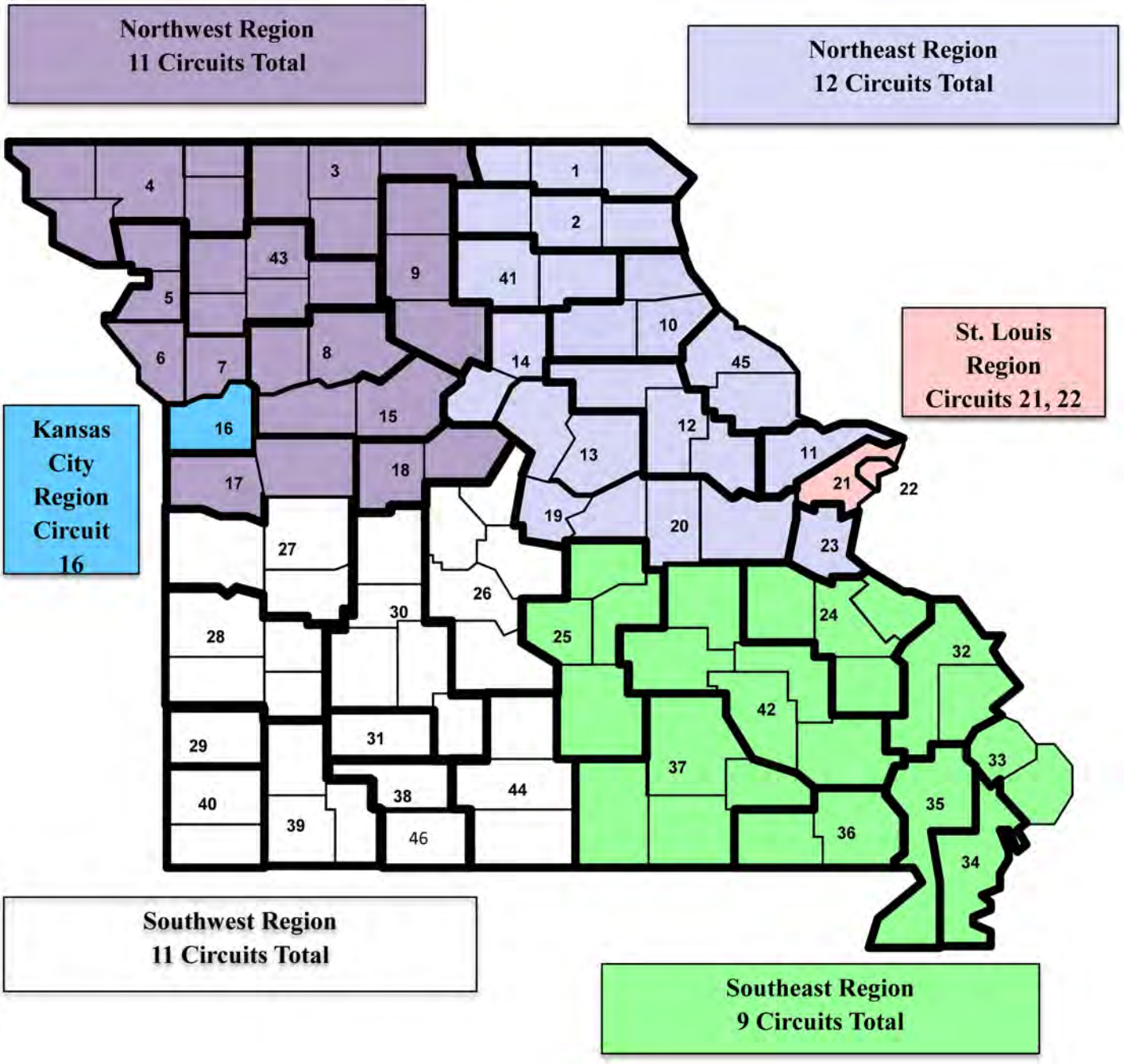
Key Activity	Completed	Responsible Party
Key Activity 5.5.1: Implement "Staying Power", including training and the use of the section process, in the Northern Region. Training will involve participants involved in the hiring process, which typically include circuit managers, specialists, supervisors and Children's Service Workers III and IV.	PIP Quarter Completed: 1	Responsible Party: Recruitment and Retention Specialist
Key Activity 5.5.2: Recruitment and Retention Specialist will review personnel files to ensure fidelity to the model.	PIP Quarter Completed: 2	Responsible Party: Recruitment and Retention Specialist
Key Activity 5.5.3: The already established Recruitment and Retention Workgroup will assess and review fidelity to the "Staying Power" model. Implementation will be modified as needed.	PIP Quarter Completed: 2	Responsible Party: Recruitment and Retention Specialist and Workgroup
Key Activity 5.5.4: Recruitment and Retention Specialist will develop a schedule to provide coaching and support to circuits not implementing "Staying Power" to fidelity.	PIP Quarter Completed: 3	Responsible Party: Recruitment and Retention Specialist and Workgroup
Key Activity 5.5.5: Obtain feedback on the "Staying Power" process through ongoing solicitation of opinions from Recruitment and Retention Workgroup members. Members will bring information from the field to regular workgroup meetings to continually evaluate the selection process. This feedback and "Staying Power" process will be shared in the CQI "In Focus" newsletter to advise other areas of the initiative and gauge interest for expansion.	PIP Quarter Completed: 4	Responsible Party: Recruitment and Retention Specialist
Key Activity 5.5.6: Evaluation of "Staying Power" impact on turnover through review and data analysis to include positive and negative turnover, years of service, and comparison of circuits utilizing the selection process to those not involved.	PIP Quarter Completed: 7	Responsible Party: Recruitment and Retention Specialist

Conclusion

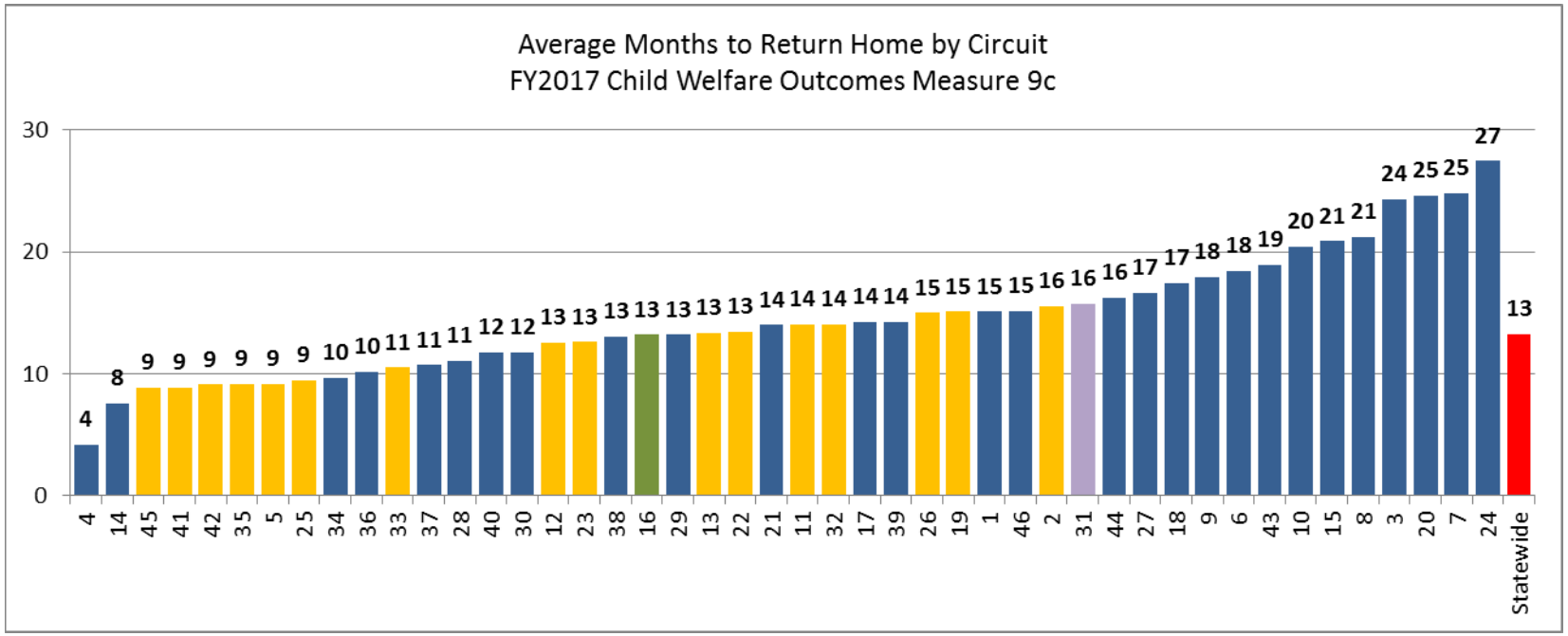
The Children's Division is dedicated to practice improvements outlined in this plan which will positively impact the children and families in Missouri. Upon final approval of the PIP, the plan will be posted on the Department of Social Services' website for public viewing. The strategies and key activities within the document will be communicated to staff and partners, including court and FCCM agencies, through the InFocus Newsletter and a variety of community meetings such as the CFSR advisory committee.

Appendix A

Missouri's Judicial Circuits



Appendix B


Average Months to Return Home by Circuit
FY2017 Child Welfare Outcomes Measure 9c
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