

Child and Family Services Review (CFSR) Advisory Committee
November 20, 2013; GOB Room 316
10:00 a.m. – 3:00 p.m.

Meeting Notes

Introductions

The meeting commenced at 10:05 a.m. with a welcome by Christine DeTienne and introductions:

Christine DeTienne - Children's Division	Tricia Phillips - Children's Division
Meliny Staysa - Children's Division	Amy Martin – Children's Division
Sally Gaines - Children's Division	Christy Collins - Children's Division
Kimberly Abbott – OSCA	Janet Braker – Cornerstones of Care
Dale Fitch – University of Missouri	Laura Malzner – Children's Trust Fund
Keith Noble – Alternative Opportunities	Beth Dessem - MO CASA Association
Monica Hogue – Children's Division	Wade McDonald - Children's Division
Daphne Maupin - Children's Division	
Theresa Hayner- Good Shepherd Children and Family Services	

Children's Division Update

Amy Martin, CD - Recruitment and Retention

Amy has been working with Cornerstones of Care in Jackson County on privatizing the Recruitment and Retention and Placement of Foster Care Children. As of January 2, 2014, Cornerstones of Care will be fully responsible for Recruitment, Retention, and Placement. Two new staff have been hired in Jackson County to help oversee this transition, Beth Brooks and Susan Taylor. COC has developed an 800 number and website for those families interested in becoming foster care providers. Over 200 new providers have shown interest since these have been active.

Cornerstones of Care has sub-contracted with MO Baptist Home and MO Foster Care and Adoption. COC is tracking how many cases go to COC, MO Baptist and MFCAA. COC does not do case management; they are managing resources to the families. Child specific services stay with CD as Case Management. Service to families will be tracked electronically by COC. No plans to map this process to FACES. COC will make any electronic case information available to CD for review.

Tricia Phillips, CD – COA Reaccreditation

Tricia provided an update on the progress of the COA Reaccreditation that CD has been going through over the past 6 months. Nine of Fifteen sites have been completed, set to finish June 2014. So far, five of the nine have been in compliance, two are in the PCR (Pre-Commission Report) phase with areas to improve and still waiting to hear about remaining two sites results.

The patterns of concern that CD are seeing are:

- 1) BSW & MSW degrees / Experience - Need to continue hiring employees with and focus more on the Social Work experience of new employees
- 2) Turnover issue with staff – Need to work on recruitment practices
- 3) Retention of staff – Need to work on keeping workers

Susan Savage is working on some new ideas for the MSW IV-E program that she is continuing after Marta Halter's retirement.

Christine DeTienne, CD – PIP Update

Christine states that CD is getting close to exiting PIP. They have passed two more PIP goals, though they are still working on those items because the baseline was so low. Still have two more items on PIP to pass:

- 1) Case planning involvement including parents
- 2) Worker visit with parents

Meliny Staysa and Tricia Phillips, CD – Continuous Quality Improvement

CD CQI Program is working on monitoring and implementing change and improvements within each area of CD. CQI is setting up meetings with contractors to assist and support QI matters. COC does conduct QI meetings and sometimes meet with CD.

Sally Gaines, CD – Older Youth

The question was asked if there has been a good response from older youth wanting to come back into care. Sally states that there are still some kinks to work out with this process. Older Youth Transition Specialist are informally tracking these older youth requests. The question was asked whether the Affordable Care Act navigators were aware of this change for older youth.

General CD Information

There will be a new Children's Division Director as of 11/25/2013, Tim Decker.

CFSR Information

June 2014 IV-B Plan is due. This year, in addition to the IV-B plan, also need a 5 year plan. Christine asked for thoughts and input. Any thoughts on the process of what gaps need to be filled over the next few years? It was suggested to divide up the pieces and areas to work on and to link up the people topically to develop workgroups to work toward areas of improvement.

Sub-Committee Updates

Ryan Dowis agreed at the previous meeting to chair a sub-committee looking for ways to hire better, more quality supervisors. Internally the HR team is developing a questionnaire for hiring supervisors. Ryan will be sending information to the sub-committee members. Please add Monica Hogue to the sub-committee list.

Parent Engagement Discussion

Workers are not doing a good job engaging the parents in the needs and care of the children. Much of the discussion focused on the father's role in the engagement process. It was suggested that maybe there should be more focus on getting fathers more involved in the continuing care of their children.

Why isn't dad involved? How is dad invited to the conversation of engagement?

There was also discussion on culture and gender issues possibly causing barriers in the engagement process. Ideas were discussed on how to approach important culture and gender barriers. Importance emphasized on training the workers on gender/culture differences and on the necessity of engaging both parents and the family as a whole in the engagement process. It was even suggested to involve close family members participate in meetings. Leaning more toward "Family Engagement" instead of just "Parent Engagement" as it is often extended family members involved in the upbringing of youth. It is easier on the caseworker and the families of these extended family connections are made in the beginning of the case. Who in the family will know where a parent might be if they cannot be located? The children feel more comfortable with the process if there is positive contact and communication with parents and family members.

Healthcare Coordination

Christy Collins, CD

(See attached Power Point) Christy provided a power point presentation including some statistics on required Health Care screenings for youth in foster care.

What things can we do to improve the number of children in care getting the necessary health screenings?

- Improve communication between foster parents and case managers.

Why aren't these basic health care screenings being done in a timely manner? Is there a way to educate foster parents on the importance of these screenings?

Suggestions: Newsletter, Training, Support Group

Stakeholder Involvement in Continuous Quality Improvement Process

Tricia Phillips, CD

Tricia Phillips asked if CD is utilizing stakeholder members, making it worthwhile for their time.

Theresa commented that OA/OI folks present and provide stakeholders with extreme amount of data.

CQI infuses into every aspect of Children's Division. Level one starts in the counties, meetings are held to discuss issues that arise. Issues that can't be resolved in a level one meeting will be taken to the level two meetings and so on, all the way to level four - state level, if necessary. CFSR Advisory is considered a level four CQI meeting.

The idea was brought up to have CQA/CQI people to be involved in community (stakeholders) meetings and vice versa. Is it purposeful for "outsiders" to be at CQI meetings? The response was "yes." It could be a positive idea to get feedback from both sides.

Wrap Up

Next Meeting Dates:

February 19, 2014	Governors Office Building - Room 315
May 21, 2014	Truman Building - Room 400
August 20, 2014	Governors Office Building - Room 315
November 19, 2014	Governors Office Building - Room 315

Meeting Adjourned at 2:05pm