Missouri Department of Social Services, Children's Division

TITLE IV-B

ANNUAL PROGRESS AND SERVICE REPORT

FINAL REPORT

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Title IV-B Child and Family Services Plan
2014 Annual Progress and Services Report

State of Missouri

Department of Social Services

Children's Division

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In the 2012 Annual Progress and Services Report, Missouri merged the Program Improvement Plan (PIP) with the five-year plan, developed in 2009. This merging was an effort to streamline improvement efforts and reflect a renewed focus and alignment.

Missouri's second year of the PIP concluded on September 30, 2013. An annual meeting with Region VII partners was held on January 29, 2014 to review progress. Several external stakeholders from the CFSR/PIP Advisory Committee participated in the annual meeting. In addition to stakeholders, several Quality Assurance (QA) and Quality Improvement (QI) Specialists attended and shared details about the Continuous Quality Improvement (CQI) process Missouri built into the PIP. This CQI process has proven successful in improving outcomes, such as more frequent worker visits with children and improved initial timely contact for hotline reports. Additionally the coaching provided by QA/QI Specialists to field staff has been essential in furthering support and training to improve practice in other key areas.

Missouri met all of the benchmarks within the four identified strategies of the PIP. As of the end of the ninth quarter (December 31, 2013), all of the item-specific measurements have been met, with the exception of Item 20 Caseworker Visits with Parents.

ASSESSMENT OF PROGRESS ON GOALS, OBJECTIVES AND SERVICE ARRAY

Stephanie Tubbs Jones Child Welfare Service Program
Title IV-B, Subpart I

Child Abuse and Neglect Hotline Unit

Missouri statute charges the Children's Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Children's Service Workers, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY09 - SFY13:

Fiscal Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non CA/N Referral	Documented Calls
2009	128,507	21,058	107,449	52% (55,318)	33% (35,822)	15% (16,309)
2010	131,418	20,178	111,240	52% (58,077)	33% (36,510)	15% (16,653)
2011	131,666	21,730	109,936	60% (66,003)	15% (16,607)	25% (27,326)
2012	138,582	22,685	115,897	60% (69,102)	16% (18,402)	24% (28,393)
2013	134,619	20,804	113,815	60% (67,691)	16% (18,423)	24% (27,701)

Source: FACES Report for FY09-FY13

Administrative Functions are defined as:

- Requests for prior checks from medical examiners/coroners on child fatalities

- County call-outs after hours

- Questions about CA/N

- Request for a county office number

- Request for follow-up on a report the caller made previously

- Request for another state's hotline number

- Call transfers (from one county to another)

As the chart above illustrates, the total number of calls received at the CA/N Hotline Unit since 2010 continues to be in the range of 130,000. During 2009 and 2010, the percentage of calls falling into three classifications (CA/N report, non-CA/N referral, Documented Call) was the very same (52/33/15). In July 2010, a major policy change was implemented to discontinue one of the non-CA/N Referral categories (mandated reporter referral - see NOTE below), resulting in a decrease in non-CA/N Referrals and an increase in both CA/N reports and Documented Calls for FY11 and continuing for the next two fiscal years. For FY11-FY13 the percentage of calls falling into the three classifications was virtually the same (60/15/25 for FY11 and 60/16/24 for FY12 and FY13). There have been no significant CA/N intake policy changes since July 2010 and the statistics reflect this. Even though the total call volume fluctuated up and then back down during these three fiscal years, the breakdown in call classifications remained virtually the same.

NOTE ON THE JULY 2010 POLICY CHANGE: Prior to July 2010, calls from Missouri mandated reporters, when acting in their professional capacity, were classified as mandated reporter referrals when the allegations did not meet the requirements for a CA/N report (or another "referral" category) but involved a concerning family situation. These mandated reporter referrals were not required by state statute, but rather were a "courtesy" to mandated reporters. They required, at minimum, a contact from a field staff within three working days. The policy change eliminating these referrals was due to significant field staff cuts in the state budget. With this policy change, hotline staff were trained to provide a direct resource to the mandated reporter for the child or family. This new procedure ensured that field staff could focus on the investigations and assessments that keep children safe from harm, which is the Division's primary goal and responsibility.

Child Abuse and Neglect Call Management System Technology

The CA/N hotline uses Call Management System technology which provides real-time call data and management reports. This allows management the opportunity to adjust work schedules for optimum coverage. The chart below provides the percentage of incoming calls answered and the average number of busy signals received each month.

Calls Answered Table

Year	Total Calls	Percent Answered	Avg # Busy Signals Monthly
2009	128,507	96%	120
2010	131,418	95%	140
2011	131,666	95%	213
2012	138,582	90%	1785
2013	134,619	89%	3066

Source: Information extracted from the Call Management System Technology Reports

The percentage of answered calls and the average number of busy signals remained relatively stable during 2009-2011. In 2012, the significant increase in call volume (increase of 6,916 calls over 2011), along with high staff turnover, resulted in an increase in the average monthly busy signals (from 213 to 1,785) along with a decrease in the percentage of calls answered from 95% to 90%. In 2013, the percentage of calls answered decreased by only 1%. The increase in average monthly busy signals from 1,785 in 2012 to 3,066 in 2013 was likely due to continued staff turnover in addition to a statutory change effective August 28, 2013 that required each mandated reporter to make a separate hotline call on each incident of abuse/neglect. Previously a designated mandated reporter was allowed to make one call for all mandated reporters with knowledge of the incident at the school, facility, etc.

Factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children's Division field office. This has been addressed by the CD Director's decision to over-allocate CANHU staff in 2012 with two extra Children's Service Worker positions to help offset the high staff turnover. Still, attaining full staffing has been a challenge, and in September 2013 the CD Director approved the hiring of temporary hourly staff with previous hotline experience to fill coverage gaps while newly hired staff gain experience and speed in taking calls.

Child Abuse and Neglect Hotline Unit Oversight

Peer Record Reviews (PRR) are conducted at the CA/N hotline to determine the quality of the screening, assessing, and classification process by those manning the phones using a structured decision-making method. The number of calls selected quarterly is based on a percentage of total number of calls received and classified as CA/N reports. These reviews are randomly selected by Research and Evaluation. Over the past five years, the number of peer record reviews completed each year has increased from 5,513 in 2009 to 6,793 in 2013. The following chart is the PRR results from the past five years:

PRR CALENDAR YEAR	2009	2010	2011	2012	2013
TOTAL CALLS REVIEWED	**5,513**	**6,080**	**6,553**	**6,419**	**6,793**
Was the answer to ENTRY question #11 summarized clearly?	100%	100%	100%	100%	100%
Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?	99%	99%	99%	99%	99%
Was the call correctly classified as a CA/N Report?	99%	99%	99%	99%	100%
Was the correct Response Priority chosen?	99%	99%	99%	99%	99%
Was the correct Track assignment chosen?	98%	99%	98%	99%	99%
Was the county of assignment correct?	100%	100%	100%	100%	100%

Source: Lotus Notes CANHU Peer Record Review Reports

As the chart above shows, there has been little change in peer review results (with accuracy in the 98%-100% range) over the past five years, with 2013 results the best year of all. The performance of the workers at the CA/N hotline unit held steady over time indicating processes, such as training and supervision, are consistent.

Non-Child Abuse and Neglect Referrals

Non-Child Abuse and Neglect (CA/N) Referrals include calls made to the CANHU which do not meet the statutory requirement for a CA/N Investigation or Family Assessment response, yet present a concern which requires a policy-based response by field personnel. A Children's Service Worker's response to a referral may range from a single contact with the reporter to the actual removal of a child. Supervisory consultation is obtained as needed. Non-CA/N referrals alerted to the field include:

- Newborn Crisis Assessment Referrals received on a child less than one year old (as defined in Section 2 Chapter 1 Subsection 3 in the Child Welfare Manual)

- Non-Caretaker (N) Referrals (as defined in Section 2 Chapter 1.2.2)

- Non-CA/N Fatality Referrals (as defined in Section 2 Chapter 1.2.3)

- Preventative Services Referrals (see Section 2 Chapter 1.2.1)

Newborn Crisis Assessment Referrals and Services

CD is required by statute to respond to calls in which a home assessment is requested by a physician or other medical personnel when they have serious reservations about releasing an infant from the

hospital who may be sent home to a potentially dangerous situation. An assessment of the home situation is needed prior to, or at the time of the infant's release from the hospital. CD is also required to respond to calls of a similar concern for children under the age of one year, which would include an assessment of the home situation.

The purpose of the newborn crisis assessment is to discuss

- The safety and well-being of child(ren)

- The family's resources

- The family's possible need for services

If the newborn crisis assessment indicates the family could benefit from services, the Children's Service Worker and family will develop an individualized plan to meet the family's specific needs. By working together, CD has the best opportunity to understand what types of assistance or support is needed, which services are most appropriate and whether those services may be provided by CD or other agencies in the community.

In SFY13, the hotline received 3,464 calls for newborn crisis assessments compared to 3,533 for CY12 and 3,317 in CY11. There is fluctuation in the total newborn crisis assessments from year to year, with the highest experienced in CY12.

Non-Caretaker Referrals

Children's Division continues to collaborate with other community responders regarding non-caretaker referrals. Non-Caretaker Referrals ("N" referrals) include allegations of a child or adolescent youth as the victim of a sexual or physical assault, or someone has made a serious threat to commit sexual or physical harm to a child or adolescent youth. These referrals may also include allegations of inappropriate sexual behavior between younger children who have not yet reached an age of criminal intent.

All "N" referrals are screened by CANHU and alerted to the county office. These referrals are not considered a CA/N report, and do not result in a determination of child abuse or neglect. All "N" referrals involve an alleged perpetrator who did not have care, custody, or control of the alleged victim child or adolescent youth at the time of the alleged incident.

Preventive Service Referrals

All Preventive Service Referrals ("P" Referrals) involve concerns related to the safety or well-being of children. These referrals are screened by CANHU and alerted to the county office, but are not considered a CA/N report, and do not result in a determination of child abuse or neglect.

The following is a list of non-CA/N referrals that will be alerted to field personnel:

- A child is 18 years or older and is in the custody of CD

- Request for placement of a newborn as outlined in the "Safe Place for Newborns Act"

- A Child has no caretaker due to caretaker's incarceration, illness, hospitalization or death, and no other appropriate childcare plan is in place

- A person other than child's parent has the child in his/her care and is requesting immediate removal of the child

- A parent is requesting immediate placement of child solely because child is in need of mental health services the parent can't access or afford, and parent is not threatening to harm or abandon child. (Voluntary Placement Agreement per House Bill 1453)

- There is an open Family-Centered Service (FCS) or Family-Centered-Out-of-Home Care (FCOOHC) case and the Division receives a call of concern involving a child in the case that does not meet the statutory guidelines to constitute a child abuse/neglect report

- Any call regarding a child placed in a residential facility licensed by CD.

Documented Calls

Documented calls are those not forwarded to a CD field office because the calls do not meet either statutory requirements or CD policy. Below are some of the reasons for documented calls:

- The child is 18 years or older and not in CD custody

- The child/family cannot be located because of insufficient information

- All subjects identified in the call reside and are located out of state and the reporter is not a Missouri mandated reporter

- There is no child abuse/neglect allegation

Child Abuse and Neglect Reports

The Children's Division (CD) captures a significant amount of data related to child abuse and neglect. The information contained herein highlights the data which tells a story or data being examined to develop strategies for improvement. Over the past year, the Children's Division (CD) completed 61,765 reports of child abuse/neglect, involving 91,812 children. This is slightly less than last year, but reflects approximately 20% more reports and children than five years ago. The continued increase in total reports screened in as a Child Abuse/Neglect (CA/N) Investigation or Family Assessment may be due in part to the following:

- Ongoing efforts to make mandated reporter guidelines and training available to all mandated reporters, who constitute approximately 60% of all reporters;

- Continued media coverage within local, state and national levels following high profile CA/N related matters and subsequent attempts by the Missouri General Assembly to make every adult citizen a mandated reporter;

- Increased number of reported concerns being screened in on the basis of the reported safety concerns within the context of the Framework for Safety model; and

- Ongoing environmental and economic factors within the state.

Incidents and Children Reported to the Child Abuse/Neglect Hotline

Year	Total Reports	Annual Change	Total Children	Annual Change
2009	51,896		75,544	
2010	56,897	9.6%	83,503	10.5%
2011	61,083	7.4%	90,709	8.6%
2012	62,460	2.3%	92,593	2.1%
2013	61,765	-1.1%	91,812	-0.8%

Source: Child Abuse and Neglect Annual Report, SFY13, Page 2
Note: All counts of children are duplicated because a child may be reported more than once during the year.

The Children's Division utilizes protocols based on Structured Decision Making (SDM) principles to classify all CA/N hotline reports received by CD's centralized Child Abuse/Neglect Hotline Unit (CANHU). The protocols provide a mechanism by which CANHU obtains and organizes information while giving priority to ensuring the safety and well-being of the child(ren) involved in hotline reports.

Reporters and Hotline Classification

CANHU receives reported concerns from both "mandated" and "permissive" reporters. Mandated reporters are required by state statute (RSMo 210.115) to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Mandated reporters include health and education professionals, social workers, ministers and foster parents, among others. Permissive reporters are those people not required to report suspected abuse/neglect, such as relatives or neighbors. The percentage of reports made by mandated reports has remained consistent over the last three years with 60% of the reports made by mandated reporters in SFY13, 60% in CY12, and 59% in CY11.

According to the CAN Annual Report, the most common mandated reporters were school officials (principals, school counselors and teachers), followed by social workers, and law enforcement officers.

CD administration is better able to provide relevant and effective multi-disciplinary and mandated reporter trainings by knowing the primary reporters of CA/N hotlines.

The initial classification of hotline reports is based upon the reported safety, risk and injury to the child pursuant to Chapter 210 RSMo and as outlined in 13 CSR 35-20.010.

The calls identified as incidents or referrals were alerted to a field office for completion.

Hotline Calls Received by Call Type, SFY13	
Call Type	Percent
D = Documented Call	20.56%
I = Incident (CA/N Investigation or Family Assessment)	50.3%
O = Other (Unable to Locate, Located Out of State, Inappropriate Report and/or Home Schooling)	15.45%
R = Referral (Newborn Crisis Assessment Referral, Non-CA/N Fatality Referral, Non-Caretaker Referral, Preventive Referral)	13.69%

Source: http://dss.mo.gov/cd/pdf/cansummary2013.pdf

As illustrated above, CD completed Child Abuse/Neglect (CA/N) Investigations and/or Family Assessments in 50.3% of all calls processed by CANHU staff during SFY13. According to Appendix B of the SFY13 CAN Annual Report, 45.1% were completed as Investigations and 50.6% as Family Assessments.

CA/N Investigations

An Investigation is a classification of response by CD to a report of abuse or neglect when there is an identified need to collect physical and verbal evidence to determine if a child has been abused or neglected. The determination to utilize the investigation track to a hotline report is based upon structured decision making protocols.

Investigations will include:

- All reports of child fatality;

- All reports of sexual abuse;

- Reports of serious physical injury;

- Reports of serious neglect;

- Reports which if true would constitute a suspected violation of §210.145 enumerated felonies or other crimes pursuant to Chapter 566, if the victim is a child and the alleged perpetrator is twenty-one (21) years of age or older;

- Reports alleging a child is in danger at the time of the report and law enforcement is needed;

- Reports in which the alleged perpetrator is not a member of the family/household;

- Reports which may not fall into any of the above categories, but include factors such as age, location or seriousness of allegation(s) which result in a substantial risk to the life, body, or health of the child or an alleged attempt to kill or cause serious injury to a child;

- All reports referred to the Out-Of-Home Investigation (OHI) Unit or non-relative/non-household member caretaker(s) reports which are investigated by local office personnel; or

- Reports where the acts of the alleged perpetrator, if true, would constitute a suspected violation of the criminal violations listed in statutes 565, 566, 567, 568, and 573.

The following is a list of the findings which may be reached at the conclusion of the CA/N Investigation:

- **Preponderance of Evidence** - There are four general categories in which CD may reach a determination of child abuse or neglect by a POE in accordance with the law (Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect).

- **Unsubstantiated-Preventive Services Indicated** - This investigative conclusion is appropriate when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence; however, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services to be provided to the family.

- **Unsubstantiated** - This investigative conclusion is appropriate in the absence of sufficient evidence to determine that child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.

- **Unable to locate** - The "Unable to Locate" conclusion may be used only after all three of the following criteria have been met:
  - When not one single child or any parent/caretaker included in the report is located
  - After the Children's Service Worker has searched all available resources that can help to locate the family and children

- Only after the supervisor agrees that sufficient attempts have been made and the Children's Service Worker has exhausted all available resources to locate the family

- **Located out of state** - The "Located out of State" conclusion may be used only after the Children's Service Worker has verified the location of the alleged victim child(ren) as residing in another state.

- **Home Schooling** - This investigative conclusion is appropriate when the parent has stated to the investigator that he/she is providing for his/her child's education, and the Division has sent the report to the Superintendent of Schools of the appropriate school district.

- **Inappropriate report** - An "Inappropriate Report" is defined as any report received for investigation that does not contain allegations of abuse or neglect specified in Missouri State Child Abuse and Neglect statute (Section 210, RSMo.). If during an Investigation the worker discovers the report does not fall within the state statute, it must be concluded as an Inappropriate Report.

The total percent of substantiations are illustrated in the table below.

Substantiated CA/N Investigations by Category

Category	2013	2012	2011	2010	2009
Neglect	60.8%	57.8%	58.1%	55.5%	51.8%
Physical Abuse	32.0%	30.2%	27.6%	27.8%	31.8%
Sexual Abuse	23.7%	22.0%	21.4%	24.5%	26.4%
Emotional Abuse	4.0%	3.3%	3.9%	3.9%	4.0%
Medical Neglect	3.7%	3.1%	2.8%	3.3%	2.4%
Educational Neglect	1.6%	1.5%	1.3%	1.5%	0.8%

Neglect accounted for the highest percentage of total substantiated reports. The category of neglect encompasses concerns such as abandonment, lack of compulsory education, lack of supervision, non-sexual exploitation, and other concerns related to inadequate basic care (e.g., food, clothing, shelter, medical, dental, mental health, etc.). The identified omission of parent/caretaker responsibility to provide the necessary care or support for his/her child often represents a surface level symptom related to deeper individual, familial or environmental contributing factors. The table above illustrates a relatively stable substantiation rate over the last five years. The categories of neglect, and physical and sexual abuse show some slight fluctuations which is attributed to additional training provided over the

last few years. Staff has a better understanding of the evidence required to make a preponderance of evidence (substantiated) finding.

Demographics of Alleged Victim Children Involved in CA/N Investigations

The CA/N Program is the portal through which most of the agency's continuum of care begins. As such, efforts are continually made to remain cognizant of and improve upon the service array at the point of intake. Child-specific, family-centered engagement utilized to ensure child safety and well-being can be enhanced and improved by reviewing the demographics of victim children and/or those children otherwise determined to present a need for services.

The context of subsequent sections which reflect Family-Centered Services, Family-Centered Out-of-Home, Disparity and Disproportionality, etc. are enriched when viewed in light of the connectivity of factors present during intake. The following tables are derived from the Child Abuse and Neglect Annual Report, SFY13.

Substantiated Categories of Child Abuse/Neglect by Alleged Victim Race

| Child's Race	Type of Conclusion					
	Physical Abuse	**Neglect**	**Emotional Abuse**	**Medical Neglect**	**Educational Neglect**	**Sexual Abuse**
White	79.1%	81.6%	76.7%	78.4%	75.0%	83.5%
Black	15.7%	13.7%	19.2%	17.6%	24.0%	12.6%
American Indian/Alaskan Native	.2%	.3%	0.0%	0.0%	0.0%	.34%
Asian	.15%	.1%	0.0%	0.0%	0.0%	.63%
Native Hawaiian/Pacific Islander	.15%	.05%	0.0%	0.0%	0.0%	.06%
Multi-racial	1.6%	1.6%	2.9%	1.8%	0.0%	1.3%
Unable to determine	3.0%	2.6%	1.3%	2.2%	1.0%	1.5%
Total	1940	3678	240	227	100	1440

Source: Child Abuse and Neglect Annual Report, SFY13, Page 9

As discussed in the Workgroup for Racial Equity section of the report, the workgroup is reviewing data and looking for ways to reduce disproportionality and disparity in the child welfare system. The U.S. Census Bureau's State and County Quick Facts (http://quickfacts.census.gov/qfd/states/29000.html) was accessed on March 7, 2014. According to estimates, the White population constitutes approximately 83.9% of the state's population, while African-Americans make up 11.7%, and those who self-describe as

being two or more races account for 2.0%. In comparison, according to the data, African American children constitute 19.2% of all alleged victim children, and 15% of all substantiated victims abuse and neglect.

The census data cited above does not include a breakdown of Missouri's population by race specific to children (under the age of 18 years). However, African-Americans would appear to be disproportionately represented by both their involvement in all CA/N reports (19.2%: 11.7%) and substantiation rates (15%: 11.7%).

Substantiated Victim Children by Age
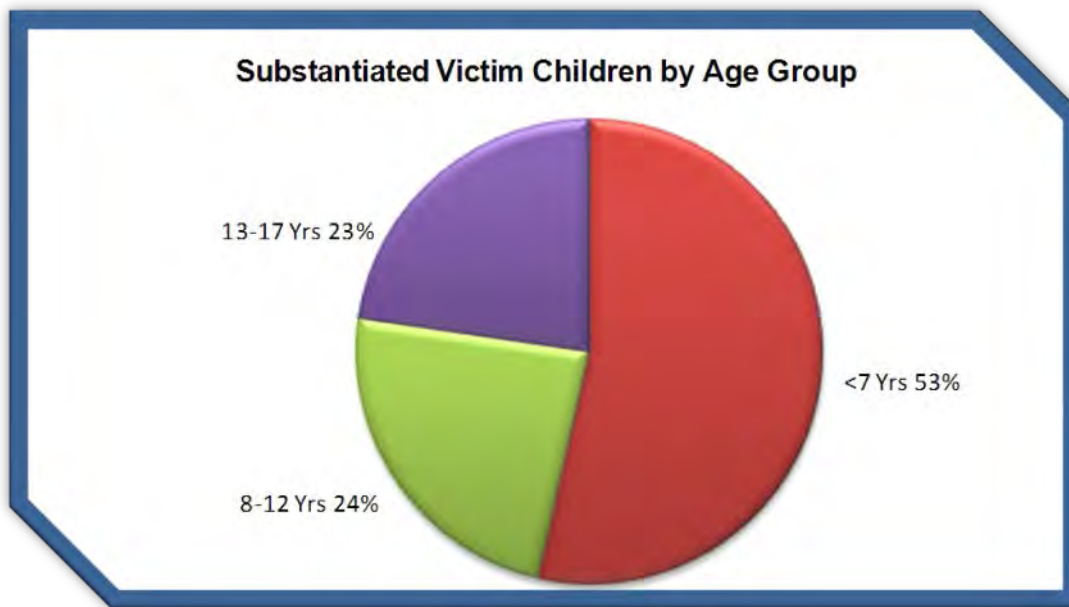
Source: Child Abuse and Neglect Annual Report, SFY13, Page 12

Based on the information above:

- Children birth to seven years old constituted approximately 53% of all children involved in substantiated investigations

- Children birth to five years old constituted 41.1% of all substantiated victims

- Over half of the neglect (53.6%) and medical neglect (50.6%) findings involved children birth to five years old

The data supports the hypothesis that those at greatest risk of maltreatment are children under the age of seven.

Alleged Perpetrator Demographics

The alleged perpetrator demographics illustrated below are compiled throughout the intake process. The following themes emerged during the SFY13 reporting period:

- Parents (66.4%), Step-Parents (6.1%) and Parent's Paramours (8.0%) were reported as alleged perpetrators in about four out of every five (80.5%) CA/N Investigations.

- Natural Parents (63.7%) constituted almost two-thirds of all substantiated alleged perpetrators.
- Parent's Paramours (7.5%), Step-Parents (6.7%), Grandparents (6.2%), Siblings (7.8%), and other relatives (13%) were substantiated at a higher rate than Natural Parents (5.9%).

- Over two-thirds (67.7%) of all substantiated alleged perpetrators were between the ages of 20 and 39 years-old;

- The majority of alleged perpetrators (53.7%) were women, and

- African Americans were disproportionately represented (15.3%: 11.7%) as alleged perpetrators when compared to U.S. Census data for the same time period.
      (Source: Children's Division Child Abuse and Neglect Annual Report, FY 13, Page 14)

Perpetrators by Relationship to Child during FY 2013

Alleged Perpetrator Type	Alleged Perpetrators	Substantiated Alleged Perpetrators	Substantiated Percentage by Alleged Perpetrator Type
Natural Parent	84,575	5,014	5.9%
Parent's Paramour	10,129	763	7.5%
Other	4,056	554	13.7%
Step-Parent	7,764	518	6.7%
Grandparent	5,270	326	6.2%
Unknown	7,478	310	4.1%
Sibling	1,505	117	7.8%
Adoptive Parent	1,676	55	3.3%
Child Care Provider	1,101	47	4.3%
Institutional Staff	1,207	45	3.7%

Foster Parent	997	35	3.5%
School Personnel	1,148	34	3.0%
Other Relative	215	28	13.0%
Spouse/Paramour	257	20	7.8%

Source: Child Abuse and Neglect Annual Report, SFY13, Page 14

Family Assessments

A Family Assessment is a classification of response by CD to assess a child who has been reported as a victim of abuse or neglect by a person responsible for that child's care, custody, or control and to assess the child's family. If necessary, this process allows for the provision of community-based services to reduce the risk and support the family. Family Assessment reports will generally include:

- Mild, moderate or first-time non-criminal reports of physical abuse or neglect (including medical neglect)

- Mild or moderate reports of emotional abuse

- Educational neglect reports

- Reported incidents of abuse or neglect which occurred or likely occurred one year or more prior to the report date, except for the following:
  - Sexual Abuse
  - Serious Physical Abuse
  - Serious Neglect

The following is a list of the determinations which may be reached at the end of the family assessment period:

- **Family Assessment-Services Needed** - The family needs Family-Centered Services beyond the 30 day assessment period.

- **Family Assessment-No Services Needed** - The family does not need Family-Centered Services from CD or the community.

- **Family Assessment-Family Uncooperative- Child Safe** - The family refused to cooperate during the Family Assessment process. The worker has been able to document the child is safe, therefore a case will not be opened for Family-Centered Services.

- **Family Assessment-Services Needed-Linked in Initial 30 days** - The family received services during the thirty (30) day assessment period (either by the Division's Children's Service Worker or by a community resource/support system), and the family no longer needs services provided by CD.

- **Family Assessment-Services Needed-Family Declined** - CD offered to provide Family-Centered Services, but the family refused services. The worker has been able to document that the child is safe.

- **Unable to locate** - The "Unable to Locate" conclusion may be used only after all three of the following criteria have been met:
  - When not one single child or any parent/caretaker included in the report is located
  - After the Children's Service Worker has searched all available resources that can help to locate the family and children
  - Only after the supervisor agrees sufficient attempts have been made and the Children's Service Worker has exhausted all available resources to locate the family

- **Located out of state** - The "Located out of State" conclusion may be used only after the Children's Service Worker has verified the location of the alleged victim child(ren) as residing in another state.

- **Home Schooling** - This investigative conclusion is appropriate when the parent has stated to the investigator that he/she is providing for his/her child's education, and CD has sent the report to the superintendent of the appropriate school district.

- **Inappropriate report** - An "Inappropriate Report" is defined as any report received for investigation that does not contain allegations of abuse or neglect as specified in statute (Section 210, RSMo). If during a Family Assessment the worker discovers the report does not fall within the statute, it must be concluded as an inappropriate report.

The data below illustrates the various conclusions determined by the assigned worker. The majority of family assessments result in no services needed (71%). The family assessment and services approach was utilized in 51.0% of all screened in hotline reports during SFY13. Data from the SFY13 CAN Annual Report indicates the following:

- Services were identified and/or offered to around one-fourth (26.3%) of all families served in this track.

- Families were over six (6.5) times more likely to receive services than to decline, which would appear to indicate a positive trend in family engagement and empowerment with the family assessment and services approach.

- Male children were more often involved in family assessments.

- Slightly less than half (49.0%) of all children involved in a family assessment were less than eight (8) years old.

- African-Americans were disproportionately represented in all family assessments (18.0%: 11.7%) when compared to U.S. Census data for the same time period.

- There was an additional indicator of disparity with regard to African-Americans within the determination of Uncooperative – Child Safe (30.8%).

Family Assessment Determination at a Glance

Family Assessment Determination	Services Needed	Services Not Needed	Family Uncooperative - Child Safe	Services Needed - Linked to 30 Days	Services Needed - Family Declined
Percentage	14.5%	71.0%	2.7%	8.3%	3.5%

Source: Child Abuse and Neglect Annual Report, SFY13, Page 23

Demographics of Children Receiving the Family Assessment Approach

Children Receiving the Family Assessment and Services Approach by Race

Other, 5%
Black, 18%
White, 77%
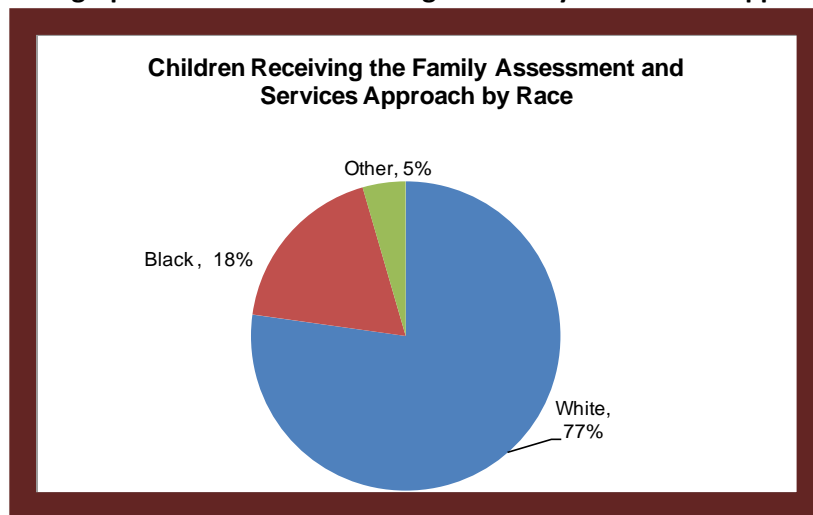
Family Assessment Determinations by Child Race

Race	Family Assessment Determination				
	Services Needed	Services Not Needed	Family Uncooperative, Child Safe	Services Needed – Linked to Initial 30 Days	Services Needed – Family Declined
White	79.9%	76.9%	63.8%	79.2%	78.6%
African-American	16.4%	18.5%	30.8%	15.8%	17.6%
American Indian/Alaskan Native	0.1%	0.3%	0.2%	0.5%	0.2%
Asian	0.2%	0.4%	0.5%	0.4%	0.2%
Native Hawaiian/Pacific Islander	0.0%	0.1%	0.2%	0.2%	0.0%
Multiracial	1.5%	1.5%	1.7%	1.6%	1.7%
Unable to Determine	1.8%	2.4%	2.8%	2.2%	1.7%

Source: Child Abuse and Neglect Annual Report, SFY13, Page 20

Children Receiving the Family Assessment and Services Approach by Age Group

13 -<18 Years, 22%
<8 Years, 49%
8-12 Years, 29%

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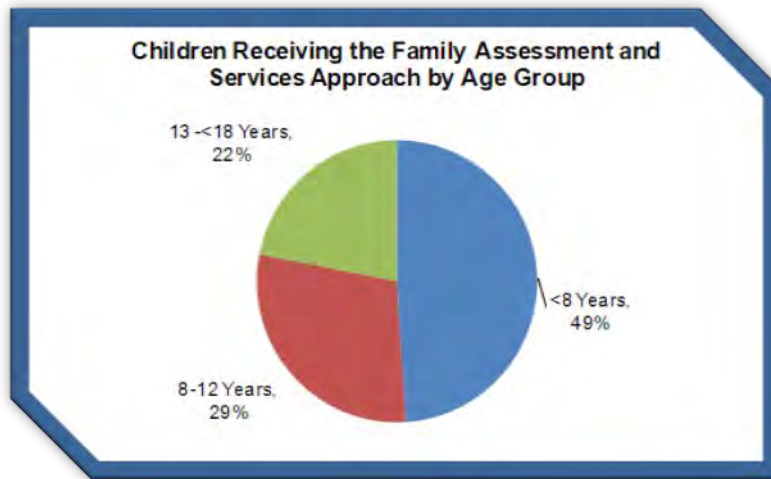
Family Assessment Conclusions by Age

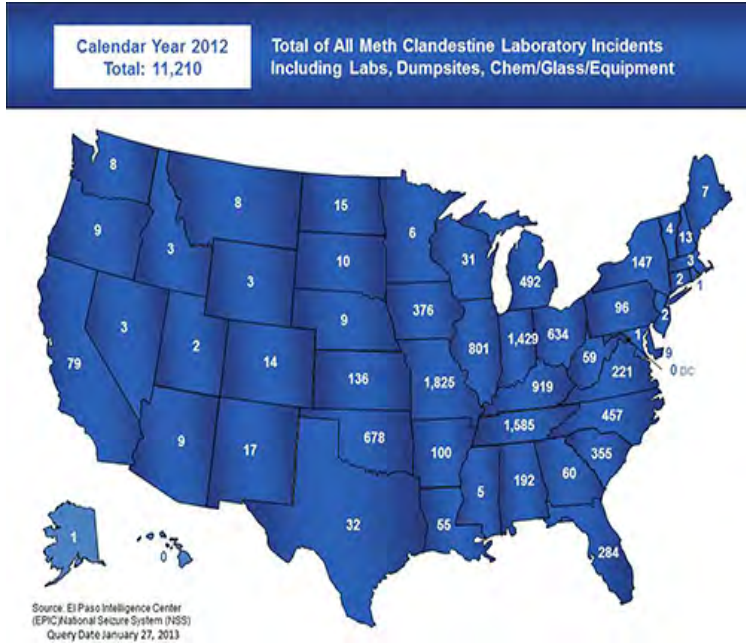| Child's Age	Services Needed	Services Not Needed	Family Uncooperative - Child Safe	Services Needed - Linked to 30 Days	Services Needed - Family Declined
<1 to 2	9.4%	8.2%	7.7%	6.9%	7.8%
3 to 5	10.4%	10.3%	8.8%	7.7%	9.2%
6 to 8	10.6%	11.5%	11.5%	10.3%	10.9%
9 to 11	9.0%	9.3%	8.8%	9.7%	9.1%
12 to 14	8.1%	7.8%	8.9%	11.0%	9.1%
15 to <18	4.9%	5.9%	8.7%	8.8%	7.8%

Source: Child Abuse and Neglect Annual Report, SFY13, Page 23

The data above illustrates the need to focus on children birth to age eight as they are the most likely to be involved in a family assessment and most likely to have a conclusion type of services needed. This information will be discussed further in the greatest risk of maltreatment section.

Ecological and Environmental Considerations

Family characteristics are gathered during the completion of CA/N Investigations and Family Assessments. Children's Service Workers may designate up to four observed family characteristics for each report. These factors, in addition to the completion of a thorough assessment of the family's strengths, needs, and risk help guide the provision of preventive and/or family preservation-based services to reduce the recurrence of abuse/neglect. It is important to note some family characteristics are discovered over a longer period of time, and as such, become of a greater consideration during the provision of case management services.

Staff assess environmental factors which impact their clientele. Families are empowered by this information to make determinations based on their family's identified need for services. Services provided by the Division or another source are intended to address the family system to overcome contributing factors, such as underemployment, substance abuse, poverty, acquisition of accessible and available resources, etc.

Calendar Year 2012
Total: 11,210

Total of All Meth Clandestine Laboratory Incidents
Including Labs, Dumpsites, Chem/Glass/Equipment

Source: El Paso Intelligence Center
(EPIC)National Seizure System (NSS)
Query Date January 27, 2013

Missouri ranks as the highest state at 16.2% of all Meth Clandestine Laboratory Incidents in the nation, followed by Tennessee and Indiana. The prevalence of drug related incidents has remained a significant factor in Missouri for several years. Trust for America's Health has indicated a rising concern for the misuse of prescription drugs in Missouri, specifically opiate-based medications.

According to, "A Multiple Indicator Analysis of Heroin and Opiate Use in Missouri: 2001 to 2011," both heroin and other opiate-based drugs have increased significantly during the past decade. Much like methamphetamine, heroin use creates a significant health concern. As a result, the Children's Division participates in the Missouri Alliance for Drug Endangered Children which serves as a state-level umbrella of organizations and agencies concerned with the plight of children who are exposed to environments where abuse, manufacturing, or sales of drugs occur. The approach is designed to provide a coordinated response to increase the safety and well-being of children.

During SFY13, Missouri's unemployment rate fluctuated around 6% to 7%, according to the United States Department of Labor - Bureau of Labor Statistics. The Alternative Measures of Labor Underutilization for States, 2013 Annual Averages, indicated a statewide range from 3.6% to 11.6% underemployment.

The following chart depicts U.S. Census Bureau estimates for both Missouri and the nation. This data was used as a reference point with regard to aforementioned considerations of per capita representation as it would relate to various forms of disproportionality and subsequent indicators of racial disparity.

People Quick Facts	Missouri	USA
Population, 2013 estimate	6,044,171	316,128,839
Population, 2010 (April 1) estimates base	5,988,923	308,747,716

Population, percent change, April 1, 2010 to July 1, 2013	0.9%	2.4%
Population, 2010	5,988,927	308,745,538
Persons under 5 years, percent, 2012	6.3%	6.4%
Persons under 18 years, percent, 2012	23.3%	23.5%
Female persons, percent, 2012	51.0%	50.8%
White alone, percent, 2012 (a)	83.9%	77.9%
Black alone, percent, 2012 (a)	11.7%	13.1%
American Indian and Alaska Native alone, percent, 2012 (a)	0.5%	1.2%
Asian alone, percent, 2012 (a)	1.8%	5.1%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.2%
Two or More Races, percent, 2012	2.0%	2.4%
Hispanic or Latino, percent, 2012 (b)	3.7%	16.9%
White alone, not Hispanic or Latino, percent, 2012	80.6%	63.0%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	25.8%	28.5%
Per capita money income in past 12 months (2012 dollars), 2008-2012	$25,546	$28,051
Median household income, 2008-2012	$47,333	$53,046
Persons below poverty level, percent, 2008-2012	15.0%	14.9%

Source: US Census Bureau State & County QuickFacts accessed March 7, 2014.
(a) Includes persons reporting only one race.
(b)Hispanics may be of any race, so also are included in applicable race categories.

CA/N Program Related Policy Development in CY13

CD launched a CA/N program-based Workgroup in CY12. The workgroup includes representatives from Central Office, Regional and/or Local Offices, CANHU, Out of Home Investigation Unit, Training and Workforce Development, and the Department's Division of Legal Services. The CA/N workgroup has focused efforts to engage and receive input from multiple levels and program lines within CD to affect positive advances in policy and programmatic development. As a result, drafted policy and programmatic enhancements are sent out to field-based administrators such as Circuit Managers and Children's Service Supervisors in order to obtain a broader lens of impact and functionality, which works to deepen our combined efforts toward a common goal of developing best practices in balance with considerations of application.

The following are highlighted policies published throughout CY13. Some have a direct impact on the CA/N Program only, while others touch multiple program lines. It may be worthwhile to note, though not necessarily quantifiable, many of these policy and programmatic advancements play a significant role in supporting the implementation, assurance, and improvement of best practice in vital areas such as children's safety, family engagement, and service delivery.

Memorandum Number	Summary
CD13-01	Informs staff of revisions to the Child Welfare Manual and the Newborn Crisis Assessment Tool (NCAT) which emphasize the importance of engaging with both fathers and other familial caretakers during the completion of the newborn crisis assessment process.
CD13-18	Introduces the new Investigation & Assessment (I/A) Monitoring screen in FACES. This enhancement is the result of a system change requested, processed, and prioritized by the Change Control Board.
CD13-38	Informs staff the reporter description Z code (Other) will no longer be used in Child Abuse/Neglect (CA/N) Investigation or Family Assessment reports.
CD13-42	Informs staff a new Personal Home Page has been created for specific users which will display worker alerts deemed as "Critical", as well as other helpful information.
CD13-57	Introduces the screening protocol for the medical response to child sexual abuse, developed by the SAFE-CARE Advisory Council to guide professionals responsible for conducting medical examinations of children; all Children's Division staff involved in child sexual abuse investigations should be familiar with the protocol.
CD13-70	Introduces legislation passed in the 2013 legislative session. These changes which impact child abuse and neglect will go into effect August 28th, 2013, except for one emergency clause, which goes into effect immediately after the bill is signed by Governor Nixon.
CD13-86	Advises staff of revisions made to clarify the parameters of the differential response used by the Children's Division when receiving and responding to various types of Child Abuse/Neglect (CA/N) hotline reports.
CD13-85	Informs staff revisions have been made to the De Novo Judicial Review policy and procedures in the Child Welfare Manual. These revisions were made to enhance the Division's capacity to ensure the Central Registry reflects the Court's ruling specific to Circuit and/or Appellate Court trials.

Other CA/N Related Programs and Contracts

The Child Abuse and Neglect Review Board(s)

The Child Abuse/Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Preponderance of Evidence" finding of the Children's Division. At the conclusion of each investigation, CD notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

The alleged perpetrator can seek administrative review if:

- He or she submits a request for an Administrative Review no later than sixty (60) days from the date he or she received the CA/N Disposition Form Letter for Parents, Non-Custodial Parents, and Alleged Perpetrators, CS-21; or

- He or she submits a request for an Administrative Review within 60 days from the resolution of pending criminal charges.

The Administrative Review Process involves a local Administrative Review, and if CD's preliminary finding is upheld, the case is referred to the CANRB, and may proceed from there to a De Novo Judicial Review at the Circuit Court. If the alleged perpetrator files a timely request, CD cannot list the alleged perpetrator's name in the Central Registry until the finding is upheld by the CANRB.

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (http://www.moga.mo.gov/statutes/c200-299/2100000153.htm). Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are five boards meeting monthly. Three boards meet in Jefferson City, one in St. Louis, and the fifth board meets in Kansas City.

Each board conducts approximately eight administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Division's findings. During the CANRB review, the board hears testimony from the Children's Division, the child's representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed and cross examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses with the exception of the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

Outcome of CANRB Reviews 2009-2013

CANRB REVIEWS	2009	2010	2011	2012	2013
UPHELD	188	263	273	272	269

REVERSED	145	142	143	142	137
TOTAL	333	405	416	414	406
PERCENTAGE UPHELD	56%	65%	66%	66%	66%

Source: CANRB CY09-CY13 Reports Produced by the Child Abuse/Neglect Hotline Unit

As illustrated above, CD's preliminary findings of child abuse/neglect by a preponderance of evidence have been upheld in approximately two out of every three CANRB reviews since CY10. Children's Division's effort to provide Legal Aspects for Investigations training to front-line staff and supervisors, as well as management coaching, practice points, policy changes and memo instructions, has contributed to this improved outcome. The division does not have specific data regarding the reversed findings, as each Board's reason for reversal is case-specific. On each reversed finding, the Board chair is asked to document the Board's reason for reversal for direct feedback to the Children's Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter of the Board's decision to reverse.

Background Screening and Investigation Unit

The Background Screening and Investigation Unit (BSIU) continues to conduct background checks for Missouri employers for their current or prospective employees/volunteers who have responsibility for child care or supervision. These screenings assist the employers in assessing if the employee is an appropriate child caretaker. Additionally, there are requests by parents/legal guardians for prospective child care providers for their children. An online background screening system was implemented in August 2008. This new system allows background screening requestors to input identifying information into an electronic application form. The online screening procedure has significantly improved response time, and in most cases the screening results are received by the next working day.

Over the past five year period, BSIU processed over 100,000 background screenings each year. As noted in the chart below, screening requests remained steadily in the range of 102,000 to 110,000 annually.

ANNUAL BSIU SCREENINGS	2009	2010	2011	2012	2013
	110,422	108,484	102,697	106,766	103,009

Source: BSIU CY09-CY-13 Reports Produced by the Child Abuse/Neglect Hotline Unit

Yearly fluctuations are possibly attributed to an increased or decreased use of the Family Care Safety Registry (FCSR). State statute requires employees of licensed day care facilities, residential care facilities/ child placing agencies licensed by DSS, and foster or group homes licensed by DSS, to register with FCSR for their screenings. Although school employees are not required to register with FCSR, more schools may choose the FCSR service because it provides background screening information from the Missouri State Highway Patrol, Department of Mental Health, and the Department of Health and Senior

Services in addition to the child/abuse and neglect screening provided by BSIU. Thus, the overall decrease in BSIU screening requests since 2009 is possibly connected to a decrease in school screenings.

Child Assessment Centers

Child Assessment Centers (CACs) are a safe and neutral place where children can go to receive specialized forensic, medical, and therapeutic services necessary to investigate and respond to the effects of physical, sexual, emotional, and psychological trauma caused by abuse. Child Assessment Centers are safe and child-friendly facilities where law enforcement, prosecutors, and CD investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs bring together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. Child Assessment Centers also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

Child Assessment Centers in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has fifteen regional assessment centers with the main offices located in St. Louis (two locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Desoto, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are also located in Union, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 22 fully accredited locations around the state.

All CACs in Missouri are accredited by the National Children's Alliance. Child Assessment Centers go through an extensive accreditation process which requires they meet eleven areas of criteria for providing services. All CACs are reaccredited every five years.

According to data collected by Missouri KidsFirst, during FY13, 6,707 children received full forensic services compared to 6,409 children in FY12, 6,213 in FY11, 6,458 in FY10, and 6,010 in FY09.

Sexual Assault Forensic Examination - Child Abuse Resource and Education Network

The Sexual Assault Forensic Examination – Child Abuse Resource and Education (SAFE-CARE) program is administered by the Department of Health and Senior Services (DHSS). The program provides education and support to SAFE-CARE medical providers. These are physicians, physician assistants, and nurse practitioners who conduct forensic medical evaluations of children who may have been abused or neglected. Most of the evaluations are conducted in children's hospitals or Child Assessment Centers (CAC), where the forensic interview and medical exam occur in the same location. This prevents multiple interviews and minimizes trauma to the child and family.

Department of Health and Senior Services collaborates with Missouri KidsFirst and three Child Abuse Medical Resource Centers to provide a tiered system of care consisting of primary care providers, SAFE-CARE providers, and Child Abuse Medical Resource Centers. The Resource Centers are located within the state's three largest children's hospitals. Each Resource Center has a Director who is board certified

in Child Abuse Pediatrics. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers.

In SFY13, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. *A Medically Based Screening Protocol for the Medical Response to Child Sexual Abuse/Assault* was developed and distributed to hospital emergency departments, urgent care centers, CACs, and pediatricians statewide. The purpose of the protocol is to guide health providers in determining whether a child requires an immediate medical examination by an emergency health care provider, mental health provider, or social worker. In SFY13 the number of SAFE–CARE providers declined from 54 to 31. This was due to attrition and changes in training requirements. According to the Department of Public Safety's SAFE payment program, there were 2,032 child SAFE exams in SFY13. This data is from a different source than the SFY12 data reported to DHSS (1,391 exams). Providers are no longer required to report exam numbers to DHSS, and very few reported in SFY13. Therefore, the Department of Public Safety data is the most accurate available at this time.

The Task Force on the Prevention of Sexual Abuse of Children

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with identifying strategies for preventing child sexual abuse. In 2012, the Task Force published recommendations to the Governor, General Assembly, and the State Board of Education which included community-based child sexual abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, awareness, funding, statutory changes, and issues for further study. The following represents some of those recommendations:

- Create and implement standardized training for all mandated reporters;

- Establish discipline-specific best practices or standards for multi-disciplinary teams, law enforcement, prosecutors and medical providers;

- Fund the creation and implementation of standardized, discipline-specific training for members of the multidisciplinary team (MDT) and judges;

- Identify and fund discipline-specific expert technical assistance for MDT members;

- Establish mechanisms for addressing the secondary trauma experienced by individuals who work to address and prevent child sexual abuse;

- Assess for and address domestic violence when investigating child sexual abuse and providing services to victims and caregivers;

- Identify and fund evidence-based early intervention and treatment for youth with illegal/inappropriate sexual behaviors, and

- Identify and fund the expansion of mental health services to children who have been sexually abused.

Multi-agency collaborations have continued among public, private, and governmental partners, stakeholders and constituents. There are currently four subcommittees assembled to craft solutions to some of the recommendations above to offer to the Task Force members.

Children's Treatment Services (CTS) Contracts

Children's Treatment Services (CTS) contracts are used in order to provide family support services across the Division's continuum of care. All children and families served through CTS must have open involvement with the Division, such as an active CA/N Investigation, Family Assessment, Family-Centered Services case, foster care case, adoption, or guardianship. Children's Treatment Services are used, as a payer of last resort, with children and families to prevent child abuse and neglect. Contracted services to an individual or family shall be provided based on the goals developed by the Children's Service Worker and family. Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered. These services are administered by community-based third party providers, which may include the provision of mental health services including counseling and therapy, parent aide and education services, family reunification, and intensive in-home services (family preservation). Services are provided in order to keep children from entering foster care, to return children safely to their homes, or to achieve another permanency plan.

Promoting Safe and Stable Families
Title IV-B, Subpart 2

The following section is a summary of programs promoting safe and stable families regardless if the child is in the home or removed and placed in an alternate setting. This section addresses family preservation, permanency (including time limited reunification), and adoption promotion and support. Not all programs outlined below are funded through Title IV-B funds, but are included as a point of interest. See the Financial Information section for more information regarding the specific breakdown of services funded through each of the four areas under the Promoting Safe and Stable Families Program.

Family Preservation

Family-Centered Services

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment and

promoting health and appropriate parenting skills. Family-Centered Services seek to empower the family and minimize their dependence upon the social service system.

In SFY13, there were 19,835 active FCS cases compared to 19,721 during SFY12, 18,791 in SFY11, 17,671 in SFY10, and 17,816 in SFY09 (Source: CD Annual Report, Table #9). Children's Division policy requires an open FCS case for each family with a child in foster care. The number of children in out-of-home care increased by 2,915 children from SFY09 to SFY13, which is contributing to the increase in FCS cases during the same time period. In addition, the number of hotline reports received by the Division has also increased in the last five years contributing to the increase in the number of active FCS cases.

Family-Centered Services Cases Active SFY09 - SFY13

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY 2009	17,816	
SFY 2010	17,674	-0.8%
SFY 2011	18,791	6.3%
SFY 2012	19,721	4.9%
SFY 2013	19,835	0.6%

The majority of persons served through the FCS program in SFY13 were children, with 39,167 out of 75,609 total FCS recipients (Source: CD Annual Report, Table 10). From SFY09 to SFY13 the majority of persons served through FCS have been children.

In SFY13, approximately 9% of FCS families were served as a result of substantiated child abuse/neglect reports (868 out of 9,968; Source: CD Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 18% of the total served. Almost 4% of the families' cases were opened due to court order. The remaining 69% of families were served as a result of a Family Assessment or Newborn Crisis Assessment.
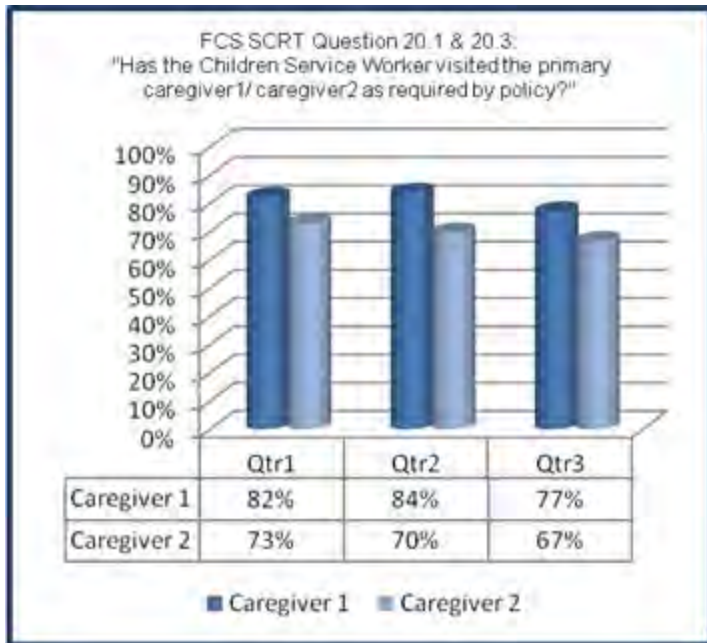
Family-Centered Services Case Opened during SFY09-SFY13 by Reason for Opening
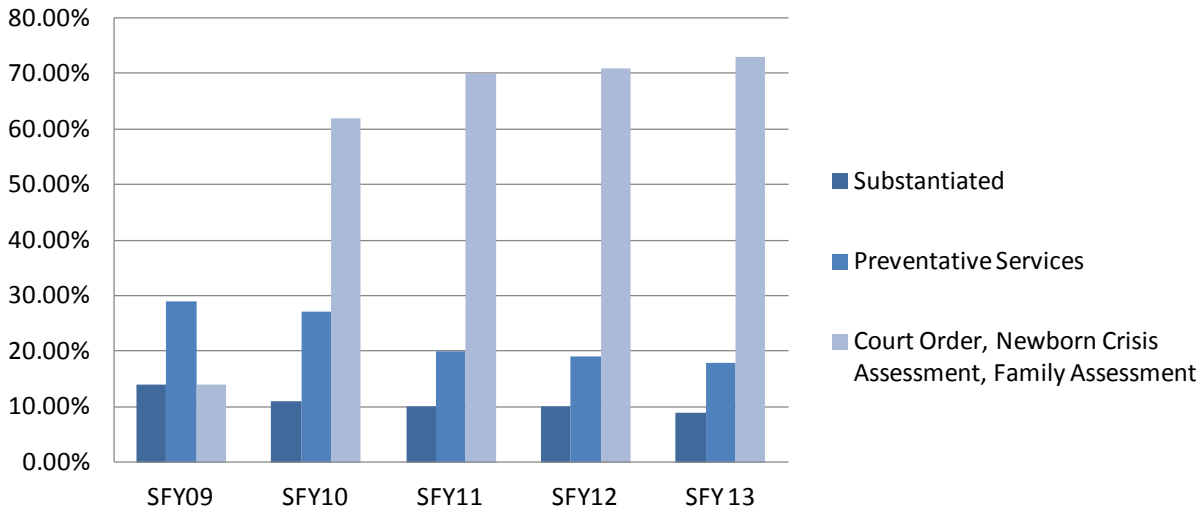
In January 2012, Family-Centered Services performance measures tied to desired practice outcomes were developed for individual staff performance expectations. The performance measure tied to Family-Centered Services evaluates whether workers are visiting with parents (at least one time per month). The data source for this measure is the Quarterly FCS Analysis Report provided by the Research and Evaluation Unit. One or more visits per month are the "pass" for this measure. The statewide goal for this measure was 80% in 2012 and 2013. The 80% goal was determined by the CD Executive Team after discussion and reviewing the initial baseline during report development. Staff utilize the risk assessment to determine the number of visits with the parents each month with a minimum of one visit per month required.

During CY13, progress was made on this measure due to attention paid to practices related to this performance measure. The 2013 statewide performance for this goal was 71%. While that does not meet the 80% statewide goal, an improvement of 2% was realized over the course of the year.

Central Office staff are taking steps to understand the challenges involved with visiting parents. The data below, from Supervisor Case Reviews for the last three quarters of 2013, shows staff need to develop improvement strategies aimed at increasing worker/parent visits with the second caregiver.

FCS SCRT Question 20.1 & 20.3:
"Has the Children Service Worker visited the primary caregiver1/ caregiver2 as required by policy?"

	Qtr1	Qtr2	Qtr3
Caregiver 1	82%	84%	77%
Caregiver 2	73%	70%	67%

Having good family engagement practice strengthens the Children Division's mission and increases success for the children and families served. In October 2010, the Division implemented a poster campaign to improve worker visits with foster children. This campaign helped heighten awareness and provided an increased focus on visits. Because of the success of the campaign with worker/child visits, the Division decided to develop a campaign for worker visits with parents. In 2013, staff was asked to craft a slogan by being mindful of activities and actions associated with family engagement, such as parent's visits, parent's involvement, etc.

The slogan selected was Involved Families = Successful Children. The slogan was chosen because it gives credence to the opportunity to support parents through partnering and aligns with the agency's vision statement. Staff should focus on the end result—preventing foster care and reaching permanency. By focusing on a future vision, the statement brings a sense of hope that the division's work does have an impact. In addition, the slogan suggests "team effort" is essential. To promote the campaign in 2013, the In-Focus Newsletter was centered on family engagement. The newsletter provided staff with strategies to promote real and meaningful family engagement.

In response to feedback from field staff and stakeholders, a new assessment tool is being utilized to improve family engagement and enhance practice. The North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R) was trained and implemented statewide in the fall of 2013. This tool for engaging and assessing families is research-based and has been found to be valid and reliable. The NCFAS G+R assists staff in identifying areas of need, leading to the development of a written service agreement.

The following are highlights of the tool which support why the workgroup chose the NCFAS-G+R as the new assessment tool to be used with FCS and foster care cases:

- The NCFAS G+R is strength based and utilizes a six-point scale which ranges from clear strength to serious problem.

- An overall domain score is assigned to each domain. Staff can easily review the 10 domains to see where the needs are and develop a WSA based on those domains needing improvement.

- There is a readiness for reunification scale for foster care cases to help workers determine whether a family is ready to be reunified.

- The tool also allows staff to choose whether the item is not applicable or unknown.

- The Intensive In-Home Services program utilizes a version of this tool called the NCFAS which is already in FACES. This will allow continuity between programs and allows programmers to have a starting point to put the assessment tool in FACES.

All foster care and Family-Centered Services staff and supervisors, including contracted staff were trained by the end of December 2013. Once staff were trained to use the tool, they were to begin utilizing it in the field. Central office staff attended several of the trainings to ensure effective communication and instruction for use of the new tool. Central office staff were available for technical assistance and offered additional training to staff when needed.

A Family Support Team meeting is a vehicle for family engagement. In August of 2013, the 72-Hour Plan (FST-2) and FST Template (FST-3) were introduced to staff to improve family engagement and shared decision making. A workgroup comprised of contracted and Children's Division staff from each of the regions made recommendations to improve family engagement by developing the FST-2 and the FST-3 for use during Family Support Team Meetings.

Intensive In-Home Services

Intensive In-Home Services (IIS) is a short-term, intensive, home-based, crisis intervention program which offers families in crisis an alternative to out-of-home placement through the enhancement of family capabilities. Intensive In-Home Services are typically provided to families with a significant risk of maltreatment.

The IIS program is delivered in conjunction with Family-Centered Services. If there is an open IIS case, the local office must have an open FCS case. The FCS case manager works with the IIS specialist during the intervention to ensure the FCS case manager is aware of the service plan and to ensure a seamless transition at the end of the IIS intervention.

This program is provided through purchased services by vendors contracted with the state. Intensive In-Home Services are available to all 45 circuits within the State of Missouri. According to the CD Annual Report, Table 38, in SFY13, 1,893 families and 4,888 at-risk children were accepted into the IIS program.

This is an increase from SFY12 when 1,742 families and 3,549 children were served. In SFY11 there were 1,766 families and 3,351 children served, and in SFY10, 1,875 families and 3,733 at-risk children were accepted into the IIS program. In SFY09, 1,662 families and 4,210 children were accepted. The increase in the number of children served in the IIS program between SFY11 and SFY13 is related to the increase in CA/N reports and the increased number of children in foster care. Intensive In-Home Services is recognized statewide as being a program which diverts children from entering foster care and allows them to remain safely with family, thus it is important for the program to serve as many children and families as possible.

There was a decrease in utilization of the IIS service between SFY10 and SFY11 as the transfer to total service privatization occurred and the in-house staff positions were eliminated. Where needed, contractors hired additional staff which slowed the ability to accept cases until staff completed training. The decrease of the IIS referrals could also be attributed to under-utilization as identified in a foster care case review conducted in several areas during 2011 and 2012. Because of the case review, better education regarding the IIS program is an intentional focus. In the review, IIS was cited as an important practice to preventing out-of-home placement. According to the CD Annual Report for SFY13, all the regions except the Southwest region had a decline in referrals made and fewer Intensive In-Home cases accepted. Training has been offered to sites with a decline in referrals to emphasize the importance of the program. In addition, contractors have been encouraged to attend CD staff meetings to educate staff about the services they provide and to remind staff of the importance of referring families to the program.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY13 42% of the children served by IIS were age five and under. In SFY12, SFY11, SFY10 and SFY09, the percentage of children five and under was 40%, 41%, 40%, and 39% respectively.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the CD Annual Report, Table 39, in SFY13, 77% of the families remained intact at the end of the IIS intervention and avoided child placement into foster care compared to 79% in SFY12, 78% in SFY11, 79% in SFY10, and 80% in SFY09. IIS specialists continue to self report the increasing needs and severity level of families served. As a result, the IIS trainers will be meeting with the Division to strengthen the IIS curriculums to ensure specialists are better equipped with the knowledge necessary to serve these families.

In addition to monitoring the outcomes discussed within, the IIS Program Development Specialist participates in the Peer Record Review (PRR) process, which is also used to measure program outcomes. These reviews are conducted quarterly and a sample of cases is reviewed in each region. The Division and the contractors for the region partner to review cases to ensure contract compliance and help identify barriers to providing quality services. The review typically includes, but is not limited to, IIS specialists, IIS supervisor(s), site coordinator(s), regional site coordinator, and the Central Office program development specialist. During SFY13 a new peer record tool was introduced and utilized for cases reviewed. A workgroup comprised of contracted and Children's Division (CD) staff from each of

the regions made recommendations for changes to the new review tool. These changes better align the tool with the current contract language.

The IIS Annual Report is produced once a year however CD and contracted staff from each circuit are encouraged to request data for their particular site on an ongoing basis to continuously improve practice. The IIS Annual Report includes various data elements collected at the end of the intervention and at 3, 6, and 12 month intervals following the intervention. Staff interested in reviewing data outside those timeframes may request the data through supervisory channels.

The overarching goal of IIS is to protect children through the enhancement of family capabilities. As a result, the agency tracks the number of substantiated reports three months following the IIS intervention. According to the IIS contract, 85% of families who have received IIS intervention shall not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention. For the last five years, contractors and state staff have exceeded this requirement with only .06% of families having a substantiated report within 3 months for SFY13, and .12% for SFY12 and SFY11, .05% for SFY10 and 0% for SYF09 per the Child Welfare Outcomes Report, Measure #7.

This data demonstrates success of the program mission to protect children from abuse and neglect. The data also supports the efficacy of the program to teach families skills to improve family functioning and allow them to remain intact.

Child Care and Development Fund

As part of the prevention efforts, CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both CD and the Family Support Division (FSD). Child care subsidies helped support approximately 35,895 low income children with about 6,165 children served through protective services in SFY13.   In SFY13 low income children served decreased by 15% while protective children served increased by 3%.

The FAMIS/FACES Interface system assists child welfare workers in determining eligibility and authorizing child care for children receiving services through the child welfare system. This interface streamlines the child care system by allowing eligibility, authorizations, and child care providers to be paid through one system, thus improving the accountability of the child care program.

Child care subsidy provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The child care subsidy program assists in supporting the safety and well-being of children in low income families by providing parents with choices for safe environments for their children. Maximizing funding for child care subsidy ensures Department of Social Services (DSS) is able to serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

Crisis Care

In SFY12 Crisis Nursery and Teen Crisis were combined into one contract entitled Crisis Care. Crisis Care provides temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short term care, and without this care the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Care serves children age birth through 17 years of age.

Care for children age birth to 12 years is typically due to an immediate emergency where the parent has no other support systems to provide care and the child is too young to be left alone. Immediate emergencies include parental incarceration, another sick child in the household, homelessness, domestic violence, parental illness, etc.

Care for children age 13 and older is often necessary due to the lack of a safe haven which may lead to participation in risky behaviors in order to survive. As a result, they sometimes fall prey to predators, drug addiction, prostitution, and/or experience serious injury or, in the extreme, death. Older youth may seek crisis care services due to an altercation with a parent, being kicked out of their home, parental substance abuse or mental health issues, homelessness, or because of situations that place them at risk of emotional, physical, or sexual abuse. Most often these situations are because of issues which build over a period of time and typically cannot be immediately resolved. As a result, in addition to providing a safe place for a "cooling off period", teens likely require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referrals within the community for permanent supports or living arrangements.

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid process which was rebid in 2012. Currently there are eleven (11) crisis care facilities across the state.

In SFY13, 2,136 children age 12 and under were served, which was a decrease of .6% from SFY12.

In SFY13, 491 children ages 13 to 18 were served, which is a decrease of .9% from SFY12.

Admission data has been collected for the past four years. Accuracy of the data is dependent on the crisis care facilities categorizing the reason for admission within the report to the state agency. Prior to SFY12 the data had been reported separately for Crisis Nursery and Teen Crisis. With the merging of the two crisis care contracts into one, the data was merged into one report. The primary reason for admission in SFY12 was hospitalization of a sibling (55%), followed by overwhelming parental stress (47%). The primary reason for admission in SFY13 was also hospitalization of a sibling (72%), followed by overwhelming parental stress (56%) and homeless or unsafe housing (35%). Hospitalization of a sibling increased during SFY13 by 17% from SFY12. Overwhelming parental stress showed an increase from 47% in SFY12 to 56% in SFY13. The third highest reason for admission in SFY13 is homeless and unsafe housing (35%), which increased by 17% from SFY12. Since this is a contracted service, other unknown

variables could have impacted the number of children receiving crisis care such as staffing issues or capacity changes.

Permanency

Intensive Family Reunification Services

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. Intensive Family Reunification Services is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and to develop a plan with the family which will maintain the child(ren) safely in the home following the intervention. Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care, and there is regular visitation between parents and their children.

Contracted staff provide intense, time-limited family reunification services to families. Staff meet with families within 72 hours of the IFRS referral. The child(ren) is typically returned to the family within two to four weeks of referral in order for the specialist to be able to work with the entire family. An IFRS specialist carries no more than three families at any given time and a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS Specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days. The IFRS specialist and the foster care case manager work closely together throughout the intervention. The level of involvement will depend on the local protocol and the needs of each family.

The North Carolina Family Assessment Scale for Reunification (NCFAS-R) is used statewide by contractors in the assessment of families. In addition, the NCFAS-R allows the specialist to measure changes in family functioning during an IFRS intervention. Depending on the needs of the family, the specialist delivers both therapeutic and concrete services. Flexible funds are available for treatment enhancement and client needs. Some of the services include:

- Resolving child abuse/neglect

- Parenting education

- Mentoring and modeling for families

- Child development training

- Counseling

- Communication and negotiation skills

- Home maintenance/housekeeping skills

- Developing linkages with community resources

- Other individualized services meeting specific needs of the family

There are 13 contracted IFRS specialists in Missouri. There is interest in expanding this program, however budget constraints rule out any expansions at this time. Sites offering IFRS include:

Site #941: Jackson County

Site #942: St. Louis City, St. Louis County, St. Charles and Jefferson Counties

Site #943: Boone, Callaway and Cole Counties

Site #944: Audrain, Montgomery, Warren, Pike, and Lincoln Counties

Site #947: Crawford, Dent, Iron, Reynolds and Wayne Counties

Site #948: Perry, Bollinger, Cape Girardeau, Scott, Mississippi, New Madrid, Pemiscot, Stoddard, and Dunklin Counties

Site #949: Camden, Laclede, Miller, Moniteau and Morgan Counties

Site #950: Christian and Taney Counties

The program is mostly utilized by CD staff comprising approximately 78% of the referrals, with contracted case management providers making 22% of the referrals. Efforts should be made to provide education to contracted case management agencies to ensure they are informed about this valuable service.

As promised in the last report, CD partnered with contracted providers to rewrite the IFRS contract in a way which would allow more families to be able to access services. The current contract is confusing and staff have difficulty determining which families are good candidates for the program. In addition, the Division reconfigured the project sites to ensure this service was available in the circuits with the largest foster care population in an effort to reduce the number of children in foster care. The new contract award is currently pending.

IFRS does not have a stand-alone outcomes report, thus all FACES data must be retrieved through ad hoc requests made to the Research and Evaluation Unit. According to an ad hoc report produced in January of 2014, there were 132 families and 366 children served in SFY13 compared to SFY12 with 243 families and 647 children served and SFY11 with 211 families and 451 children served. The cause of the significant decrease can be contributed to a number of factors including: worker turnover, under-

utilization, lack of understanding about the program, and a decreased service need in certain circuits. The increase from SFY11 to SFY12 is attributed to the foster care case review conducted in several areas during 2011 and 2012 which highlighted the benefits of the program to support families upon a child's return home. Staff were encouraged to make referrals to the program. The reconfiguration of sites and the improved contract language is projected to increase referrals to the program.

Since conversion to the FACES system, data entry issues have impacted all IFRS data collection, particularly follow-up data which provides insight into the effectiveness of this program. The Division relies on contracted staff to enter the follow up status into FACES for each child served. Follow up data was first available in SFY11. The table below illustrates the percentage of children remaining intact and percentage of children in foster care at three, six, and twelve months following the intervention.   Some of the other follow up statuses include: unable to locate family, child ran away, information not available, and other. The percentages for each of the other exit statuses were statistically insignificant and will not be listed and compared in this report. Between SFY11 and SFY12, there was a decrease in the percentage of children remaining intact at six months following the intervention. During SFY12, at six months following the intervention, there was an increase in the amount of children in foster care compared to SFY11. When comparing outcomes at 12 months following the intervention, a higher percentage of children remained with family in SFY12 compared to SFY11. The data from SFY13 shows a significant decrease in intact families compared to SFY11 and SFY12. One contributing factor is the lack of information contained in FACES. At three month following the intervention, 68% of the children in the program were missing a follow up status and 60% were missing a follow up status at 6 months following the intervention. For the 12 month follow up status, many of the cases have not yet been closed long enough to report on for SFY13. Although the missing data is concerning, the percentage of children in foster care at each of the succeeding intervals is less susceptible to data entry issues.

For SFY13, the percentage of children in foster care at 3, 6, and 12 months following the IFRS intervention is significantly less than the previous two fiscal years. There are a couple contributing factors for this decline including a smaller number of children being referred to the program and an increased emphasis on foster care prevention. The results of the foster care review in CY11 and CY12 revealed a need to focus on family-centered practice. As discussed in the foster care section, the state also focused efforts on improving engagement with families which leads to a reduction of removals and better permanency outcomes for children.

Fiscal Year	Intact 3 months	Foster Care 3 months	Intact 6 months	Foster Care 6 months	Intact 12 months	Foster Care 12 months
2011	68%	19%	64%	22%	50%	25%
2012	68%	22%	54%	28%	57%	22%
2013	47%	16%	45%	19%	47%	17%

Comparing outcome data for this program should be considered lightly as there are many factors which determine whether a child is returned home including the court and the family support team. While a

family is working with an IFRS specialist, the family is also working with a foster care case manager and potentially several other service providers. Thus, it is difficult to determine the efficacy of the IFRS program in isolation. The other services provided to the family have an impact on the family's status. In addition, it is important to remember a child placed outside of the home may have a positive outcome depending on the situation. If the child needs to be out of the home due to a mental health reason or to protect the safety of the other children in the home, the intervention may still be considered a success.

Foster Care

Foster care is temporary care for a child who has been removed from his or her home due to dependency, abuse, or neglect. Foster care is intended to be short term until permanency can be achieved. The goal for most children in foster care is to return to their caregiver(s) when circumstances which led to out-of-home placement have been resolved. However, sometimes children are not able to return home and need a permanent family. Placement shall be in the least restrictive setting needed which serves the child's best interest and special needs. Out-of-home placements provide secure, nurturing, and homelike settings for children.

Out-of-home placements include:

- **Emergency care placements**—A foster home which has been specifically licensed to care for six or fewer children in CD custody on an emergency basis only. These foster homes are available to receive children on a 24 hour basis. These foster homes are used on a short term basis only not to exceed 30 days.

- **Foster care placements** —Foster homes are a licensed home caring for six or fewer children and are licensed by CD. Care includes the provision of food, lodging, clothing, transportation, recreation and training appropriate for the child's age and mental and physical capacity.

- **Relative care placements**—Placement of a child in the home of an adult who is an extended family member. Relative placement providers must complete training and a licensure process to care for a relative child.

- **Kinship care placements**—A placement of child in a non-relative kinship home in which licensing and training have been completed. The non-related child is in the custody of the Division and there is a relationship between the child and placement provider.

- **Elevated Needs Care (Level A and Level B) placements**—A specified placement for a child in foster care with elevated challenges and receives specialized care. These foster care homes must meet all licensing requirements as a traditional foster home plus receive specialized training for behaviorally and mentally challenged children. In addition, these foster homes must demonstrate a willingness to obtain any specialized training to meet individualized needs of the child.

- **Medical care placements**—A foster care placement for a child with specific medical conditions where additional medical training is necessary for his/her care.

- **Transitional living placements**—These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and have successfully completed the independent living life skills classes.

- **Independent living arrangements placements**—Placement for a youth living on his/her own, usually in an apartment or college campus setting, with supervision from the case manager.

- **Residential treatment facilities placement**—A residential child care agency licensed by CD and compliance is monitored by the Residential Program Unit to provide residential treatment services for children and youth.

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year. Duplicate counts may occur between placement types. For example, a child placed in a foster home on an emergency basis will count as a foster home and an emergency placement. The data illustrates a decrease in the number of children in residential treatment and a significant increase in the use of relative and kinship care which has been a CD focus over the last several years. The Division recognizes the importance of keeping children with family.

Foster Care Placements

Placement Type	Coding Categories	SFY09	SFY10	SFY11	SFY12	SFY13
Emergency	FHE	326	294	371	265	194
Foster Care	FAH, FGB, FGH, FGM, FHB, FHE, FHM, FHO	5,477	5,537	5,758	5,685	5,690
Relative Care	RHB, RHM, RHO, RHU	3,705	4,176	4,881	5,508	5,927
Kinship Care	KHB, KHM, KHO, KHU	805	887	1,001	1,194	1,459
Elevated Needs	FGB, CFP, FHB, KHB, RHB	1,066	865	821	886	909
Medical Care	KHM, FHM, RHM	196	212	237	269	308
Transitional Living	TLA, TLG, TLS	355	389	347	335	326
Independent Living	ILA	379	372	343	331	292
Residential Treatment	RFA	1,778	1,500	1,597	1,527	1,632
Total Children		14,256	14,776	15,738	16,487	17,154

Source: CD Annual Report Table 19; Data based upon last known placement at end of fiscal year

All licensed out-of-home resource providers are required to pass a child abuse/neglect background screening and a criminal background check. The electronic fingerprint live scan systems are designed for ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information. The prints are submitted for processing to State and Federal Automated Fingerprint Identification Systems. Employees of group homes and residential treatment centers are also required to submit to the background screenings and criminal background checks.

Foster Care Population Increase

For over a decade, the Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. However, since that time, the Division has experienced a continual growth of children in foster care. Steps are being taken to understand the growth in the foster care population and if possible, make changes to safely curtail the growth.

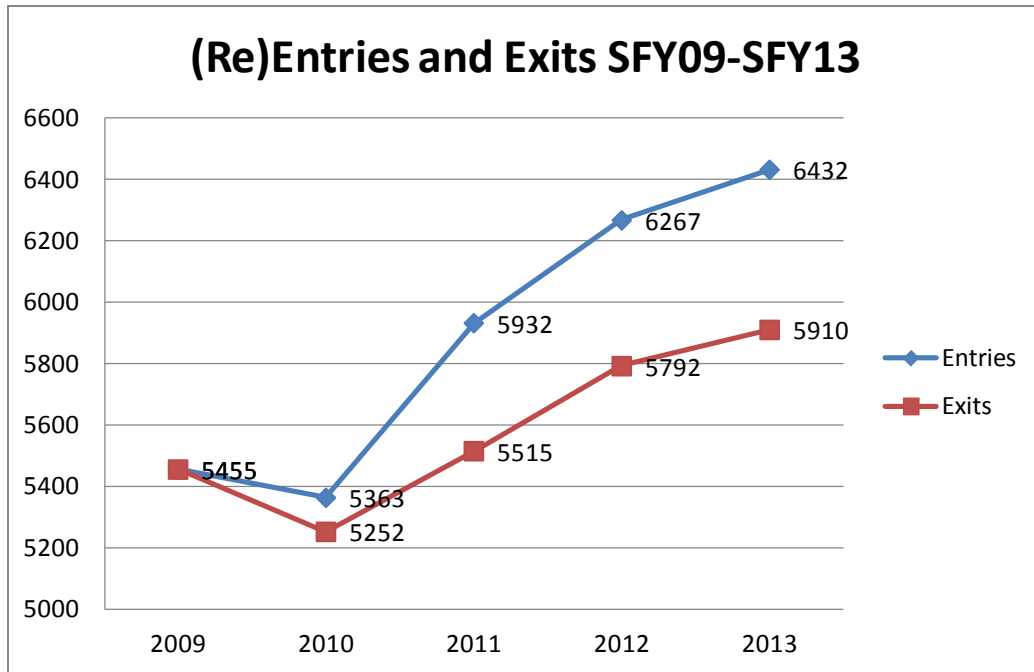The chart below illustrates the changes in foster care population in past years.

Children Active in CD Custody SFY07 - 13

Fiscal Year	Number of Children	Change from Prior Year
SFY07	15,182	
SFY08	14,499	-4.50%
SFY09	14,241	-1.78%
SFY10	14,771	3.72%
SFY11	15,738	6.55%
SFY12	16,487	4.77%
SFY13	17,154	4.00%

Source: CD Annual Report, Table #35

In addition to the active population as shown above, the CD Annual Report, Table 35 indicates the number of children *entering* care rose by almost 600 children between SFY09 and SFY10. However the number of children entering care has been relatively stable in the last three years increasing slightly from 5,932 entries in SFY10 to 6,432 in SFY13. In addition, contributing to the increase in the foster care population is the reduction in the number of children *exiting* care. According to Table 35 of the CD Annual Report, the number of children exiting foster care declined each year from SFY08 to SFY10; however since SFY10 the number of children exiting foster care has increased. While the number of

exits has increased from the prior year, the exit rate has not surpassed the rate of entries. Therefore, the total number of children in care continues to rise.

(Re)Entries and Exits SFY09-SFY13

Year	Entries	Exits
2009	5455	5455
2010	5363	5252
2011	5932	5515
2012	6267	5792
2013	6432	5910

Source: CD Annual Report Table 35 1

In an effort to find explanations for the increase in foster care population growth, a number of factors varying by circuit were explored including foster care entries by age and circuit; foster care exits by circuit, length of stay and last placement type; identifying trial home visits lasting longer than 180 days; specific demographics relating to CA/N reports as well as other events in the case practice continuum.

Previous information obtained from surveys of circuit managers revealed common trends including: increases in substance abuse including alcohol, methamphetamines, cocaine, heroin and prescription medicine; fewer community resources available to assist families than in the past; worker turnover; and increased entry versus decreased exits. While these identified trends were not substantiated with evidence, they were considered valuable. However, the Division needed further exploration and assistance from Casey Family Programs (CFP) was sought.

One of the key strategies was to conduct an in-depth case review of five circuits which had seen a significant increase in the foster care population and five circuits which had seen stabilization or a decrease in the foster care population. The reviews were held from September 2011 through February 2012. To supplement the case review process, focus groups and interviews were held with external and internal stakeholders. Information was compiled and an analysis report was developed by CFP. The report was shared with participating circuit and state managers. Key themes seen during the case review included:

1) Family-centered practice
2) Collaboration and relationship-building with external partners

3) Staff retention and workforce development
4) Service array

These key themes, tied to the foster care increase or stabilization, were strengths in some circuits and areas of need in others. Strategies were developed to improve practice in these areas. Some of the themes were addressed through PIP action steps.

Strategies addressing the key themes, and associated action steps which have been completed, are as follows:

1. Expand Family-Centered practices as a way to keep families intact and achieve permanency
   - Distributed a policy memorandum to inform staff of the process and requirements for state searches and introduce the Federal Parent Locator Search protocol
   - Coordinated with Office of State Courts Administrator (OSCA) to plan and hold permanency summits to include multi-disciplinary teams
   - Revised Supervisory Case Review Tools (SCRT) based on feedback received from the NRC to include qualitative question around family engagement
   - Implemented staff PERforM measures to ensure staff visits with foster children and visits with parents in intact FCS cases are monitored
   - Convened a placement stability workgroup for providing recommendations on increasing relative/kinship placements
   - Partnered with Department of Corrections to improve support to incarcerated parents and their children
   - Increased monitoring of initial contacts with children during CA/N responses and developed improvement plans
   - Expanded Team Decision Making (TDM) meetings to St Louis County
   - Adopted a Memorandum of Understanding with Head Start to increase engagement with families

2. Improve relationship with the courts and external stakeholders and align goals regarding safety and risk
   - Conducted Permanency Summits consisting of multi-disciplinary members
   - Expanded Fostering Court Improvement (FCI) projects to additional circuits
   - Held statewide FCI meetings twice a year

3. Build organizational development capacity with the Children's Division
   - Developed a comprehensive strategic plan designed to attend to those areas over which the division has control and which will result in improved recruitment of new staff and retention of existing valuable resources. These primary strategies were drawn from information gathered from the field through case reviews and interviews as well as from field workgroup recommendations. The plan is divided into seven primary strategies:
     o Enhancement of training

- o   Leadership development
- o   Supervisory support
- o   Staffing
- o   Reducing administrative burden
- o   Staff recruitment
- o   Further data analysis
- Sought input from Supervision Advisory Committee on usability of OJT guide
- Supervision Advisory Committee reviewed all existing regional tools and provided recommendations for standardized statewide case consultation guide
- Piloted a case consultation guide for supervisors on how to incorporate outcome data into the case consultation process
- Implemented a FACES newsletter
- Developed staff PERforM outcome measures to monitor benchmarks and desired outcomes tied to safety, permanency and child well-being
- Revised SCRT tool using feedback from various workgroups and introduced for use with a memorandum to all staff
- Supervision Advisory Committee reviewed various data including exit survey information and Survey of Employee Engagement (SEE) results and provided recommendations to the CD Director

4. Increase service delivery capacity and align funding stream for preventative and reunification services
    - Sought assistance from NRC to facilitate service array pilot project with St Louis and Southern Region
    - Held interagency collaborative meetings to create new avenues to access health information for children in foster care

Children's Division continues to find explanations for the increase in foster care population growth. Circuits continue to explore local trends, data outcomes and best practice results to serve families in the community, both in and out of foster care.

Strategies addressing the key themes, and associated action steps which have been continued or completed for the current year, are as follows:

1. Expand Family-Centered practices as a way to keep families intact and achieve permanency
    - Continued staff PERforM measures to ensure staff visits with foster children and visits with parents in intact FCS cases are monitored
    - Partnered with Department of Corrections to improve support to incarcerated parents and their children
    - Increased monitoring of initial contacts with children during CA/N responses and developed improvement plans
    - Continue Team Decision Making (TDM) meetings in the St. Louis Region. There is exploration of expanding TDM to Jackson County in the future. There are further

discussions of expansion statewide if funding allowed, but currently there is not financial means to do so.

2. Improve relationship with the courts and external stakeholders and align goals regarding safety and risk
   - Expanded Fostering Court Improvement (FCI) projects to additional circuits
   - Held statewide FCI meetings twice a year

3. Build organizational development capacity with the Children's Division
   - Implementing a case consultation guide for supervisors on how to incorporate outcome data into the case consultation process; there are plans to go statewide with this guide in SFY14
   - Developed staff PERforM outcome measures to monitor benchmarks and desired outcomes tied to safety, permanency and child well-being
   - Revised SCRT tool using feedback from various workgroups and introduced for use with a memorandum to all staff
   - To improve family engagement and shared decision making, FST templates were developed for use during Family Support Team Meetings
   - Implemented the North Carolina Family Assessment Scale General + Reunification (NCFAS G+R) as a family assessment tool. These tools are designed to assist staff in conducting a thorough and comprehensive assessment of family's history, structure and functioning, identifying protective capacities and child vulnerabilities.
   - Developed improved Best Practice Review Tools to further assess and improve practice.
   - Enhancements to FACES, to include ability to decrease duplication of entry between siblings on Child Assessment and Service Plan (CS-1). More improvements and enhancements to FACES are planned for SFY14.
   - The Supervision Advisory Committee (SAC) focused on several improvements throughout 2013 including, duplication of work, turnover and retention, and supervision of supervisors. They continued to review and discuss Survey of Employee Engagement (SEE) results and data.

4. Increase service delivery capacity and align funding stream for preventative and reunification services
   - Held interagency collaborative meetings to create new avenues to access health information for children in foster care

On August 28, 2013, SB 205 and SB 208 went into effect, which allows children who left foster care after the age of 18 but are still under the age of 21 to come back into care. If it is deemed to be in the best interest of the youth, the youth may have his or her custody returned to the Children's Division through a petition to the court from the youth, Children's Division, or Juvenile Officer. This has only been in effect a short time and there have not been many re-entries, however, this could contribute to an increased foster care population in the future.

Other Foster Care Contributing Data

Worker Visits with Children

The Division continues to maintain in the area of frequency of worker visits with children. Missouri achieved 76% in FFY09, 82% in FFY10, 87% in FFY11 and 91% in FFY12 using the previous year's methodology. As explained in ACYF-CB-PI-12-01, the reporting methodology was modified to be consistent with the changes in the law (P.L. 112-34). Using the new calculation method, the Division achieved 98% in both FFY12 and FFY13. An "Every Child, Every Month" visit poster campaign was put into action during November 2010, complemented with monthly visit frequency reports positioned beside the posters in local offices to focus attention on the importance of visiting children. In addition, beginning in CY2012, worker visits with children were added to the foster care case managers' performance appraisal which requires staff to be measured on how well they perform for the measure. The measures are specific to each job classification and program area and are intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in meeting with the children on their caseload each month. The measures are used by supervisors to identify practice issues and develop plans for improvement with staff as needed, as well as to focus on the value of visits with children in achieving permanency.

In CY2013, FACES enhancements were added that gave workers and supervisors a personal home page. This personal home page displays information for the worker and supervisor indicating which children are still in need of a worker visit during that month.   This real time information gives workers and supervisors current information about visits completed and documented, allowing for better accountability.

Length of Stay

Since SFY09 the average length of stay for children in the foster care system has decreased from 25.1 months to 21.9 months in SFY13. In addition, according to outcome measure 9c from the Child Welfare Outcomes Report, children who reunified had an average length of stay of 12.38 months whereas children who exited to guardianship stayed in care an average of 19.81 months and children exiting to adoption had an average length of stay of 28.41 months. One strategy to reduce the length of stay is striving for consistent improvement in the frequency of worker visits.

To continue the focus on reducing the length of stay in foster care, current strategies include enhancing supervisory oversight through reinforced training and development of the Clinical Supervision Process and Guide. This strategy was intended to focus supervisors to thoroughly review a child's progress towards the case goal, create better collaboration with the court in monitoring child progress towards permanency, and develop local processes for reviewing older youth who have a goal of Another Planned Permanent Living Arrangement (APPLA). The Children's Division continues to emphasize timely achievement of permanency with staff, managers, Quality Assurance and Quality Improvement Specialists and the Courts.

In SFY13, a Clinical Supervision Process and Guide was introduced to staff and piloted in several areas of the state. The Clinical Supervision Process and Guide were developed to provide supervisors with a framework and tool for evaluating the depth and completeness of information collected as well as the worker's practical application toward treatment planning and provision of services. Enhanced treatment planning and provision of services can have a direct impact on a child's length of stay in foster care.

To explore decreasing length of stay in foster care, family engagement efforts became an important factor. Family engagement is a key factor in service planning and permanency. Over the past five years, family engagement has been an increased area of focus. The Division continues to develop strategies and guides to aid staff in increasing family engagement. Some of the new information presented in CY13 were diligent search tools provided to staff to include Federal Parent Locator Service, Missouri Automated Child Support System (MACSS) and Family Assistance Management Information System (FAMIS). These tools can assist staff in locating and engaging both parents as well as locating relatives and kin for potential placement resources.

Placement Stability

As a result of the CFSR, the Division also developed a workgroup to develop strategies to increase placement stability. According to Outcome Measure 13a from the Child Welfare Outcomes Report, the percentage of children with two or fewer placements in the last three years, regardless of length of time in care, has remained relatively stable with 82.17% in SFY10, 83.18% in SFY11, 82.60% in SFY12 and 81.84% in SFY13. Case review results and AFCARS composite data indicate outcomes have improved from 2010 to 2013. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included:

- **Making Connections -** The purpose of this sub-committee is to further explore the "30 Days to Family" program, which uses an intensive process to locate family members for children. A data analysis conducted within this workgroup demonstrated children placed with relatives or kin had greater placement stability when compared to children placed in foster homes.

- **Relative/Kinship Provider Education -** This sub-committee was responsible for developing a strategy to improve education to relative and kinship providers who do not always understand the behaviors and the trauma experienced by the child. This sub-committee developed a letter, brochure, and talking points to help educate relative and kinship providers. These are currently in draft form and will be distributed to staff upon completion.

- **Placement Stability Family Support Team (FST) Meetings -** This sub-committee is exploring the utilization of Placement Stability FSTs and determining if the policy can be improved. This sub-committee is also examining the use of training DVDs to teach staff how to conduct effective placement stability FSTs.

- **Seamless Transition between Programs** - The transition from one program to the next has been identified as an important component of placement stability. When a child enters foster care, it

is important for the investigator or Family-Centered Services worker to place the child in an appropriate placement which matches their needs. This sub-committee is exploring strategies to enhance communication between the various program lines. The sub-committee is also reviewing the policy on matching children to placements and determining if any enhancements can be made.

- **Expanded Utilization of IIS Consultation** - Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services. A Practice Point was posted for staff to encourage the use of this consultation. The IIS specialists can provide additional support to resource providers and family support team members during times of placement instability by attending team meetings and/or providing strategies to help families.

In SFY13 there was introduction of policy and memorandums intended to strengthen placement stability for children in foster care. One recommendation of the Recruitment and Retention Task Force was implementation of a Placement Exception Form and process, which also corresponds to the COA Standard on Child Placement and CFSR Placement with Siblings. This form and process allows documentation of placement exceptions to enable children to have continuity of care with a previous provider and accommodate a sibling group or minor mother and child family group. In addition, the Sibling Administrative Review process was enhanced and explained more thoroughly, encouraging a more concrete review of why siblings are not placed together, ensure efforts are being made to place siblings together if possible, and to ensure the siblings are maintaining contact with one another on a regular basis. It is expected that these reviews should occur every 30 days until the siblings are placed together. The review of sibling placement should occur at many levels to include worker, family support team, supervisor and circuit manager.

In addition to monitoring the data provided in the foster care section, the foster care Program Development Specialist (PDS) attends Best Practice Reviews across the state to compare practice from circuit to circuit and to use the results to inform policy and practice statewide. The PDS also travels to all parts of the state to provide field support to staff when requested.   In 2013 PDS staff partnered with Office of State Courts Administrator to conduct in depth case reviews for crossover youth, who had both Children's Division and Juvenile Justice history. These case reads compiled data, information and trends to help aid in future ideas to better serve and decrease the prevalence of crossover youth (discussed also on page 128). PDS staff also assisted Jackson County offices with licensing and relicensing foster and adoptive homes, worker child visits, record maintenance, and Permanency Planning Review Team (PPRT) meetings.

Kinship and Relative Care

Placing with relatives and kin continues to be a priority of the Division. Research (Hurley, 2008) shows placing with relatives:

- Minimizes trauma to the child;

- Results in fewer behavioral problems;

- Decreases likelihood of children re-entering care;

- Increases placement stability; and

- Results in faster, safer permanency.

Kin and Relative Placement Statistics

Fiscal Year	Total Relative Placements	Relative Placement % of Total In Care Population	Total Kinship Placements	Kinship Placement % of Total In Care Population
2009	3,735	26.22%	805	5.60%
2010	4,176	28.28%	887	6.00%
2011	4,881	31.01%	1,001	6.36%
2012	5,508	33.37%	1,194	7.16%
2013	5,927	34.55%	1,460	8.51%

Source: Outcome Measure #17a/b

As the table above illustrates, significant increases in the use of relative and kinship placements have occurred since FY09. According to the CD Annual Report Table 21, in SFY13 47% of the children exiting care exited from a relative home placement. This is an increase from SFY10 (37%), SFY11 (40%) and SFY12 (44%). More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children's Division is continually exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives, with funding options being explored for this project. In 2013, information was provided to staff that included tools to inform relatives and kin. The notification letter, brochure and talking points were intended to provide staff with tools to educate potential relative/kinship providers regarding the placement process and to aid staff in fulfilling the statutory requirement to notify all adult relatives within 30 days of custody.

In April 2011, the Legal Aspects of Relative Placements Training DVD was introduced, and continues to be used to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child to consider when making placement decisions. This training is available to staff as well as with foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions.

Children's Division provides specialized training to both relative and kinship providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training, is used with relatives and non-relative persons who have a close emotional relationship with the child. It focuses on the same competencies as the foster parent curriculum and addresses issues of the role change which occurs when relatives or kin have a child placed in their home.

There has been an increase in the percentage of children achieving guardianship since the last fiscal year. According to the CD Child Welfare Outcomes Report, Outcome Measure 9, in SFY13, 15.07% of the children in foster care achieved permanency through guardianship compared to 11.21% in SFY09, 12.67% in SFY10, 11.38% in SFY11 and 13.80% in SFY12. One reason for this increase is the expansion of guardianship subsidy to include great-grandparents, great-aunts, and great-uncles. In addition, with the increase in the amount of children placed with relatives and kin, and the increase in the number of children exiting from a relative placement, the percentage of children achieving permanency through guardianship has increased. In August of 2013, Missouri expanded those eligible for guardianship subsidy to include all placements, such as foster and kinship care; the anticipation is that this will raise guardianship numbers for SFY14.

Other Planned Permanent Living Arrangements

Another Planned Permanent Living Arrangement (APPLA) is the least desirable permanency option and should only be used after all other permanency options have been explored. The Family Support Team (FST) may determine, during an administrative review or at a permanency hearing, that another preferable permanency option is not viable or not in the child's best interest. If this determination is made, the option of APPLA may be explored and compelling reasons not to seek another option must be documented. APPLA is a specific permanent placement for the youth, not just long term foster care.

Youth are placed in APPLA when the FST believes his/her placement will endure until the youth becomes independent and receives approval by the court. The resource provider must also be in agreement with the plan, and able and willing, with the assistance of CD, to meet the safety, permanency, and well-being needs of the youth. The resource provider makes a formal Planned Permanency Agreement with the Division for this purpose. The purpose of the agreement is to identify an appropriate planned permanent living arrangement in which the youth wishes to continue living by specifying an adult who will play a permanent role in the youth's life.

When a youth has a goal of APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services, and meeting with the youth and family to ensure desired outcomes are attained. Services may include but are not limited to: therapy, independent living services, mentoring, peer to peer support, visitation, and any other identified individualized services.

One of the resources available to older youth is the Missouri State Youth Advisory Board (SYAB) which was established December 1992. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen who represents other youth in

his/her area of the state. The SYAB meets on a quarterly basis and provides policy and procedural input to CD administrative staff/Juvenile Court. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB) or another area youth leadership community, who in turn, takes information back to youth in their area.

There is no age limit for selecting a goal of APPLA, however staff must ensure this goal is the most appropriate and all other goals have been ruled out. The agency strives to achieve permanency for every child in foster care. A goal of APPLA for a child under the age of ten should only be chosen in special circumstances after the other goals have been ruled out and if the Family Support team is in agreement with the goal.

Children with APPLA Goal
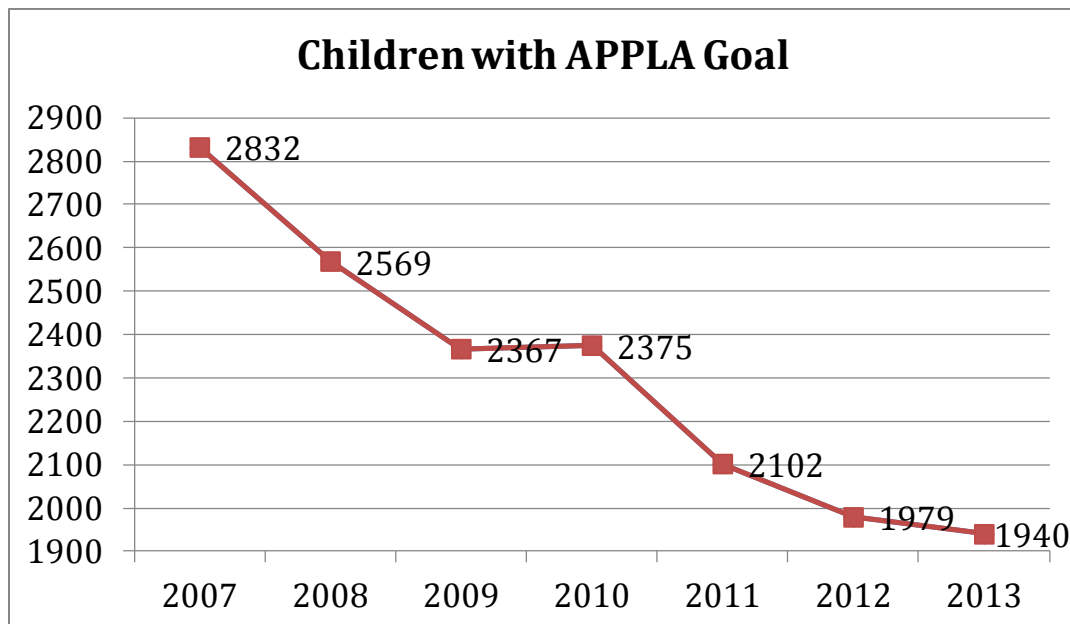
Source: CD Annual Report, Table 25

In recent years, Central Office and QA/QI staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. According to an ad hoc report produced by the Research and Evaluation Unit, point in time data on January 31, 2014 indicates that 95% (1,287 out of 1,355) of the youth with a goal of APPLA are age 14 and older and only 2% (25 out of 1,355) are under the age of ten. These numbers indicate appropriate oversight of APPLA goal usage is being maintained.

Staff use the Life Skills Strengths/Needs Assessment Guideline Questions (CD96) and Life Skills Strength/Needs Assessment Reporting Form (CD97) to assist in the planning process. The strengths/needs assessment allows staff to develop rapport and engage the youth and develop goals. The Casey Life Skills Assessment is also used as a practice tool and framework for working with youth in foster care. It assesses independent living skills and provides results instantly. Permanent connections are also captured on the Adolescent FST Guide and on the case member screen in FACES. In SFY14,

enhancements are being made to this screen to display more clearly who permanent contacts for a youth are and if the youth is a permanent contact for another youth.

Planned Permanency Agreements (CD-129) continue to be used. The purpose of the agreement is to identify an appropriate planned permanent living arrangement in which the youth wishes to continue living by specifying an adult who will play a permanent role in the youth's life.

In SFY14, Missouri is exploring the use of FosterClub's Permanency Pact. This is a tool designed to encourage life-long, kin-like connections between a young person and a supportive adult. Missouri has shared this resource with staff in the past but would like to begin use of it in a more formalized way in case planning for youth with the goal of APPLA.

Court Appointed Special Advocates (CASA) have a supplementary program, "Fostering Futures", which provides advocacy for children ages 14 to 18 transitioning out of foster care. CASA works with the Children's Division to pinpoint specific needs of each child and volunteers will serve as mentors to help them transition to independence.

Residential Treatment Services for Children

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time limited and treatment focused so the child can transition to a less restrictive setting in family or community-based care. The CD Residential Program Unit (RPU) has the responsibility for licensure, supervision and license renewal for the Residential Child Care Agencies (RCCA) and Child Placing Agencies (CPA).

During SFY13, 758 children (re)entering the custody of the Children's Division were in a Residential Child Care/Group Home placement. This is an increase from SFY12 when 686 children (re)entering custody of the Children's Division were in a Residential Child Care/Group Home placement. Throughout SFY13, 2,105 children in the custody of the Children's Division received service in a Residential Child Care/Group Home placement. This is a decrease from SFY12 when 2,682 children received residential treatment services. There has been an effort underway in the state to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings. In addition, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts.

Residential treatment services provided include individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In 2013, children received services through 69 licensed residential child care agencies (RCCAs) operating at 102 separate sites. Sixteen RCCAs are dually licensed to provide child placing services. In 2013, there were four initial RCCA licenses awarded. Thirty-seven RCCAs renewed their licenses in 2013. In 2013, of the 69 licensed RCCAs, 28 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of

Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). No additional RCCAs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed RCCA staff are required to have initial orientation and a minimum of 40 hours of on-going training per year while licensed CPA staff must have a minimum of 20 hours.

Specialized Care Management Contract

The "Specialized Care Management" contract, which was awarded to Missouri Alliance for Children and Families (MACF) in April 2006, and renewed annually since that time, was up for rebid in 2012. MACF was awarded the new contract, which began on July 1, 2012. Children referred for services under this contract must be at risk of long-term residential care and have serious behavioral health needs. This contract provides individualized services and supports in an effort to successfully transition enrolled children from restrictive to less restrictive placements. Once a youth is stabilized in a community setting, the youth is dis-enrolled and the state agency resumes case management activities.

In 2009, the contract was capped to serve a maximum of 350 children in the Central and Eastern Regions. But through a cooperative agreement, which was completed in December 2007, an additional 20 youth were served in the Western Region and an additional 30 youth in the Southwest Region. The current version of this contract, which began on July 1, 2012, is capped to serve a maximum of 325 youth statewide. In the current contract, the areas served are comprised of designated counties within the Central, Eastern, Western, and Southwestern Regions of the state. As of March 2014, there are approximately 295 active cases being case managed by the specialized contract.

Traditionally, the contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this limit. Children enrolled under the Specialized contract may be as young as six years up until the youth's 21st birthday, but approximately 66% of currently enrolled youth are over the age of 14. The average age of active enrollments is 16.5 years.

Over the past five years service requirements have not changed from the previous contract to the current contract. Revisions were made to specific outcomes for the purpose of clarifying and unifying practice across all service areas. The current contract maintains nine specific outcomes which are measured during the contract period (July 1 through June 30). Outcomes assess safety, permanency and stability, and child well-being. Measures and performance outcomes over the past five years, with modifications to current outcomes underlined and denoted by italics, are as follows:

- 99.43% or more of all children enrolled with the contractor during the reporting period shall not be the subject of reports of child abuse or neglect where there is finding of a preponderance of evidence *and the incident date is later than the enrollment date*. The data for SFY13 through SFY09 confirms that 100% of enrolled children were not the subject of reports of child abuse and neglect where there was a finding of preponderance of evidence.

- 95% or more of all children referred to the contractor during the reporting period shall not be on/or have been on runaway status *in excess of 48 hours*. The data for SFY13 confirms that 98% of enrolled children were not on runaway status in excess of 48 hours. Outcome data for this measure averaged 97% for SFY09 through SFY12.

- 95% or more of children referred to the contractor during the reporting period shall not be or have been arrested or detained. The data for SFY13 confirms that 98% of referred children have not been arrested or detained. Data from SFY12 through SFY09 reflects an average of 97% for this measure.

- *90%* of children dis-enrolled from the contractor must remain stable in their community placement for 90 days. The data confirms that 90% of youth dis-enrolled through SFY13 remained stable in their community placement. This data does not include children who dis-enrolled and which, because of the child's age and /or legal status, data could not be gathered for their stability in the community. Prior to the 2012 contract rebid, the target for this measure was set at 85%. Outcome data from SFY12 through SFY09 shows an average of 96% for this measure.

- *78%* or more of youth during the reporting period will not experience a same placement type or a more restrictive placement type move. The data confirms that 80% of enrolled youth did not experience a move to a same placement type or a more restrictive placement type during SFY13. Prior to the 2012 contract rebid, the target for this measure was set at 75%. Data from SFY12 through SFY09 reflects an average of 78% for this measure.

- 50% or more of all children placed in residential care at the time of enrollment will be moved to a less restrictive setting within *180* days. Data outcomes for SFY13 shows the number of youth exiting residential care within 180 days of enrollment was at 38%, with the last six months of the review period having a total of 44%. Prior to the 2012 contract rebid, this measure looked at children placed in residential care at the time of enrollment who moved to a less restrictive setting within 120 days. Data from SFY12 through SFY09 shows an average of 27% for this measure.

- 95% or more of all children enrolled with the contractor *for an entire month must have received at least four face-to-face visits with the contractor each month to ensure safety. There shall be no more than ten days between visits at any time.* The data confirms that 95.4% of enrolled youth met this requirement. Prior to the 2012 contract rebid the measure read, "95% or more of all children enrolled with the contractor during the reporting period must have received weekly face-to-face contact with contractor staff to ensure safety." During SFY12 through SFY09 data confirms an average of 63% for this measure.

- 90% or more of all children dis-enrolled or discharged must have had a physical examination within the past 12 months. Data for SFY13 shows the number of youth receiving a physical exam 12 months prior to disenrollment was at 86%, with the last six months of the review

period having a total of 88%. For SFY12 through SFY09 data reveals an average of 89% for this measure.

- 90% or more of all children enrolled with the contractor during the reporting period must be enrolled in *and actively participating in an educational program* or have successfully graduated. The data confirms that 95% of enrolled youth are enrolled and participating in an educational program. Prior to the contract rebid in 2012 this measure read, "90% or more of all children enrolled with the contractor during the reporting period must be enrolled in school or have successfully graduated." Data from SFY12 through SFY09 reflects an average of 92% for this measure.

- 70% or more of all children enrolled with the contractor for six months or longer during the reporting period must have an improved Childhood Severity of Psychiatric Illness (CSPI) score. In SFY10, this measure was removed because state agency policy changed to acknowledge that the CSPI score is not necessary once a child moves out of a residential placement. Since the goal of Specialized is to move youth out of residential into a community setting, this measure conflicted with the revised policy.

All of these measures address the CD's and MACF's commitment to ensure youth are safe and stable and have the opportunity to be successful. Current performance indicates MACF met most outcome measures with these exceptions: less restrictive setting within 180 days if in a residential setting at the time of enrollment and physical exams within the past 12 months prior to disenrollment. In July 2012, the Division changed the requirement to be moved to a less restrictive setting from 120 days to 180 days to allow more time for youth to step down into a less restrictive environment. The data is tracked every quarter and outcomes are discussed with the providers on a regular basis. Since the population of youth MACF serves is very high needs and a requirement for enrollment is that the youth should be at risk for long term residential, often the possibility of stepping kids down into a less restrictive environment is very difficult.

Since April 2010, approximately 86% of new enrollments were in a congregate-care setting at the time they were referred to the contractor, including residential care and psychiatric hospitalizations. Many of these youth have been in such settings for many months, sometimes years, prior to enrollment. As such, the contractor has experienced difficulty in stepping these youth down to a community setting within 180 days of enrollment. Data outcomes for SFY13 shows the number of youth exiting residential care within 180 days of enrollment was at 38%, with the last six months of the review period having a total of 44%.

In SFY13, an amendment was made to the contract to denote that stability also includes placement in a family setting for a period of less than 180 calendar days if the child is placed in a family setting, all other stability criteria are met, the court has terminated jurisdiction prior to 180 days in such placement, and the state agency has approved the dis-enrollment status. In these cases, the contractor must submit supporting documentation to the state agency for approval. A family setting includes trial home placement, placement for adoption, or placement for guardianship.

The outcome requiring physical exams 12 months prior to dis-enrollment has been steadily improving over time, and is very near the outcome goal currently. Data for SFY13 shows the number of youth receiving a physical exam 12 months prior to dis-enrollment was at 86%, with the last six months of the review period having a total of 88%.

Foster Care Case Management Contracts

The award of Foster Care Case Management contracts in June 1, 2005 not only changed how Missouri interacted with private and not-for-profit child welfare providers, it changed the payment structure from a fee-for-service model to a performance based model. Each contractor is awarded a maximum caseload and paid based on the awarded caseload; however the contractor achieves a financial incentive if they perform beyond the expectations of the contract. Likewise they achieve a financial disincentive if the contract expectations are not met.

The initial contracts were awarded on June 1, 2005 to seven provider consortiums to serve 1,845 cases in the St. Louis, Kansas City, and Springfield regions. In 2008, the Children's Division entered into new contracts to continue the services began in 2005 for 1,972 cases. Likewise, three additional contracts were awarded to serve the Central, South Central, and Southwestern part of the state for an additional 315 cases. In 2012, new contracts were awarded to 6 consortiums and serve 2,625 cases statewide. The new contract reduced the size of the Kansas City Region and incorporated the new regulation promulgated in October 2011. As a result of the new regulation, the case referral methodology changed from a designated number of monthly case referrals to a 1-for-1 case replacement methodology where a new case is referred only when another case exits the contractor's services. The primary impetus for the change in methodology is the reduction of the case disruption that occurred each year during the rebuild process to bring contractors back to their base caseload.

As of March 31, 2014 private contractors served 2,594 children in the care and custody of the Children's Division. This compares to 12,160 children served statewide. Approximately 21% of the foster care population is served through contracted case management providers. This is a decrease from April 30, 2009 when approximately 38% of the foster care population was assigned to private contractors for case management services. Because contractors serve a set caseload, the percentage of children served through the private sector is influenced by the number of children entering and exiting care statewide. Over the last 5 years, an average 26% of the children in the Children Division's custody have been served through the contracted foster care case management providers.

These contracted providers are evaluated on a yearly basis using three performance outcome measures. These performance measures are permanency, re-entries into care, and safety. If a contractor does not meet a performance measure, the division collaborates with them to develop a Performance Improvement Plan that outlines specific strategies they will implement to meet the outcome measure for the coming year. Performance since the contracts began is indicated in the following charts.

Original Regions - Meeting Performance Benchmarks

Expanded Regions - Meeting Performance Benchmarks
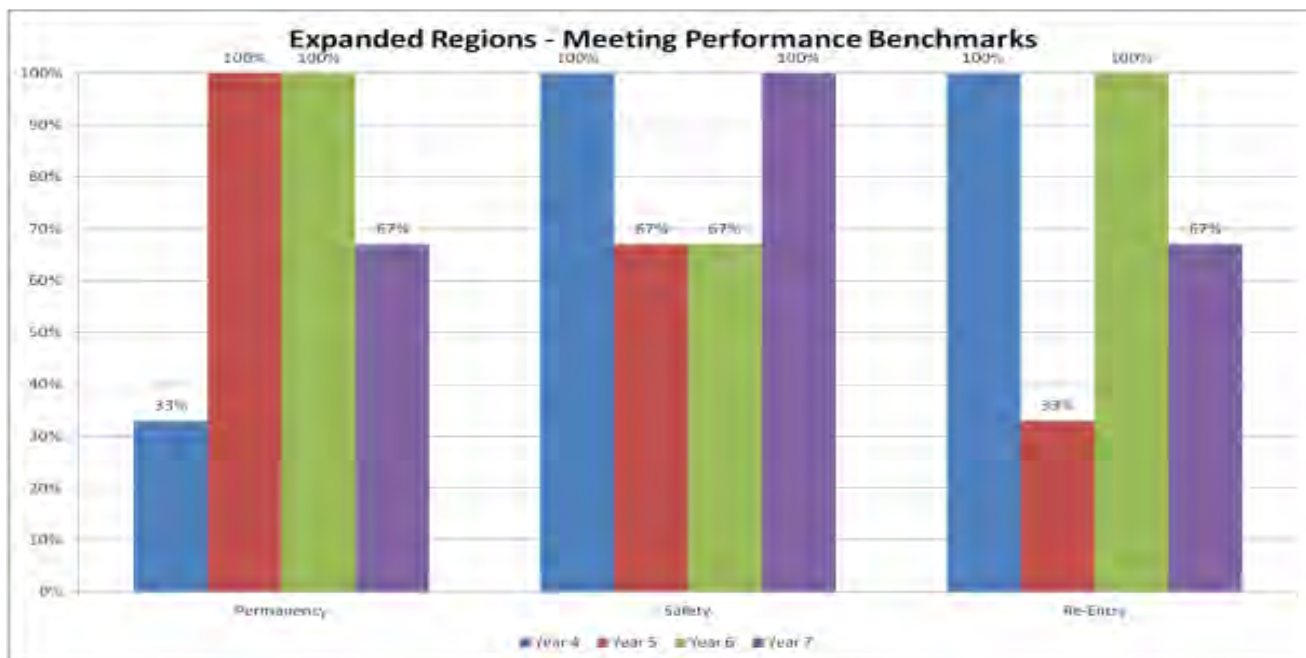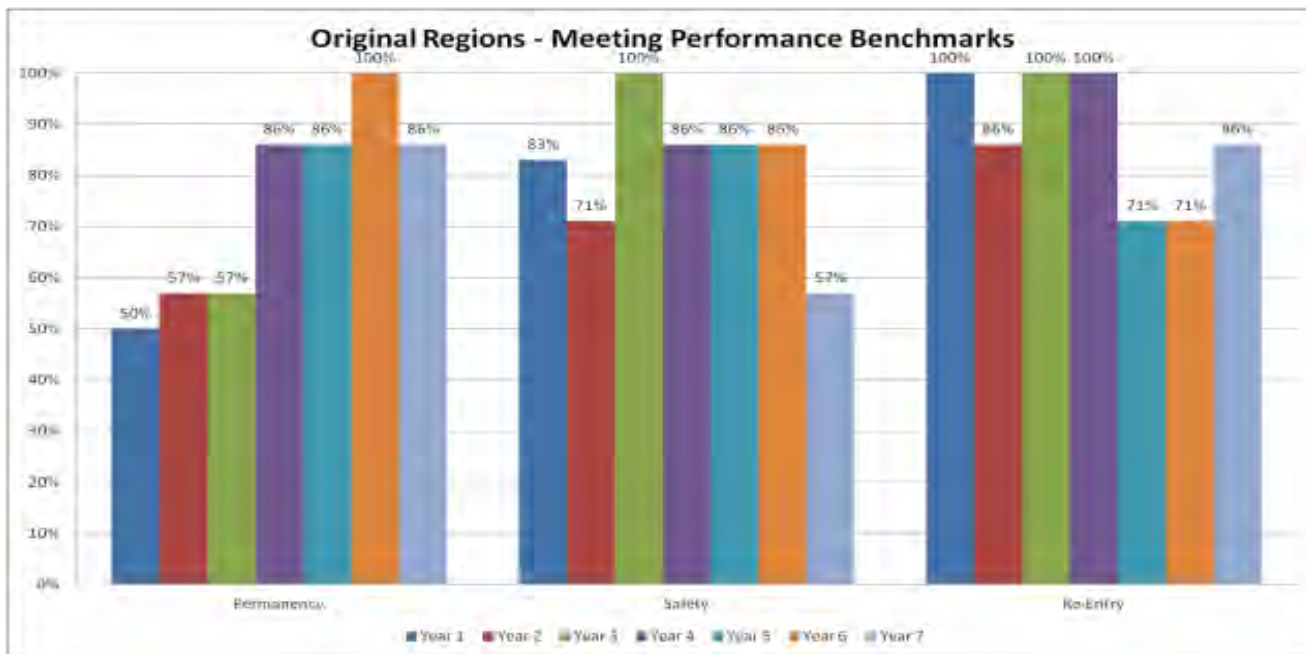
Recruitment and Retention Contract

On September 6, 2013 a contract for privatization of recruitment and retention of resource homes went into effect for the Northwest region and Jackson County. The awarded contractor is Cornerstones of Care. The scope of the contract includes resource development including training and home assessment of resource homes and placement identification for children case managed by the Children's Division as

well as retention and support of resource homes. The contractor, Cornerstones of Care, has subcontracted with Midwest Foster Care and Adoption Association (MFCAA) and Missouri Baptist Children's Home Children and Family Ministries (MBCH).

The contract parameters included three phases; the first being an implementation phase which was completed on November 15, 2013 when the contractor assumed responsibility for licensure/approval of all new resource home assessments and training completed in the pilot regions and shared responsibility for placement identification with the Children's Division. During this second phase, transition of over 900 resource home files of families previously managed by the Children's Division was completed and the contractors established relationships with the families.

On January 2, 2014, phase three began with the contractor assuming full responsibility for placement identification in Jackson Co. January 15, 2014 the contractor assumed responsibility for placement identification in the Northwest Region also. This contractor will remain in effect until December 31, 2015. As part of this contract the Children's Division is completing a quality assurance review of at least 10% of the home assessments completed by the contractor for the purpose of licensure during the first year and a minimum of 5% in the second year. Throughout this privatization pilot the Children's Division will be assessing the efficacy of the recruitment and retention as well as placement identification functions being provided by a contractor.

To determine if the contractor is successful in recruitment, recommending for licensure/approval and retention of resource homes, the state agency will review the contractor's performance based on the following:

a. Timely access to suitable placements

b. Assuring placements are in close proximity to family, preserve the educational   stability, are with relatives/kin and reflect the diversity of the community and reflect an understanding of the child/ren's culture

c. Continuous and progressive improvement in placement stability

   1) This will be measured by determining the number of children entering care on or after full implementation in each of the service areas. This is the percentage of children in each service area having two or fewer placements in their first twelve months of care.

d. Continuous and progressive improvement in the number of resource homes which achieve timely recommendations regarding renewal of licensure/approval.

e. Recommendations for licensure or re-licensure are accurate, based on the facts and the law and are upheld by the state agency or upon administrative or judicial review.

Benchmarks and financial incentives to the contractor are based on improvement in:

1. retention of resource homes indicated by the number of homes during subsequent monthly reporting periods exceeding the prior month

2. number of adoptive homes in pilot areas indicated by the number of adoptive homes during a subsequent monthly reporting periods exceeding the prior month

3. percentage of resource homes utilized indicated by the percentage of home utilized compared to the previous monthly reporting period

4. percentage of children placed in resource homes indicated by the percentage of children who are case managed by the state agency within each of the two service areas placed in foster, kin or relative care regardless of location of the resource home as compared to the previously quarterly reporting period.

Adoption Promotion and Support

Adoption Services

Missouri Law identifies the Children's Division as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court required adoption assessments conducted regarding placement of a child in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated, and the desire of an older child to be placed in an adoptive family. In a case involving a child under fourteen years of age, the guardian ad litem shall ascertain the child's wishes and feelings about his or her adoption by conducting an interview or interviews with the child, if appropriate based on the child's age and maturity level, which shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Persons who are interested in becoming adoptive parents currently apply at local CD offices or with the Foster Care Case Management contractors. All applicants must complete the STARS and Spaulding training provided through the Division or contractors. Children's Division workers and/or contracted providers, in coordination with the training, complete the family assessment and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child.

The Division maintains an Internet Adoption Photo Listing that is located at http://www.dss.mo.gov/cd/adopt. Children listed on the web site receive exposure on this site and are

also featured on the national AdoptUSKids web site at www.adoptUSkids.org and may be featured on the Adoption Exchange Website at www.adoptex.org.

Each year youth are featured on the Missouri Heart Gallery including photo presentation in venues around the state and through the Heart Gallery website. The Adoption Exchange partners with the Division to arrange for the photography and photo preparation for the gallery and also manages the Missouri Heart Gallery site located at http://www.moheartgallery.org.

Adoption Recruitment Training Support

In December 2012, the Adoption Recruitment Training Support (ARTS) team began refining the group previously known as the Second Level Matching Team. The first goal was accomplished by simply changing the name of the group. The second goal was reached by redefining the purpose. The team felt they would better serve as a centralized group who would help with adoption recruitment, locate training for staff and parents and provide support. This team consists of regional adoption representatives who meet two times per year to discuss recruitment strategies, training needs or opportunities and support to staff as well as staff from Central Office. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes.

Over the past five years ARTS has provided feedback for the revised peer record review tool. This team also provided assistance in updating the AdoptUSKids website. When provided a list of CD contact persons for photo listed children on AdoptUSKids, the ARTS team reviewed and updated the list. ARTS served as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD, and completing quarterly adoption peer record reviews as part of the statewide Continuous Quality Improvement process.

During 2009-2010, the ARTS team spent much of their time discussing policy revisions, sharing information pertaining to Guardianship Assistance Program (GAP) requirements, and beginning development of updated policy and procedure to be used in adoption staffings with the goal of this development to be to provide a consistent expectation of adoption staffings statewide. During 2011-2012, this statewide team continued to provide feedback for staffing policy, reviewing templates, tools and memo. The meetings held in 2013 and 2014 have been focused on finalizing the new adoption staffing policy as well as the new Adoption Function in the CD SACWIS system. The revised adoption staffing process is based on a consensus building approach. This is a decision-making process that fully utilizes the resources of a group. A consensus decision represents a reasonable decision that all members of the committee can accept. Potentially, a pilot will be implemented to roll out this new process. CD looks forward to the changes and finalized policy. One other important focus in early 2014 has been on the new adoption and guardianship subsidy contract process. The ARTS team continues to help with this new process.

Heart Gallery

The Missouri Heart Gallery began in 2006 and continues on today. Over the past five years registrations have declined. This can be contributed to better initial placement of children, the increased number of children being placed with kinship or relative providers and the improved quality of adoption staffings. Children featured in the Heart Gallery are children without an identified placement resource. The chart below demonstrates the number of photos and children featured in the Heart Gallery from 2009 to 2014. This chart also identifies children who had adoptions finalized in SFY12 (23), SFY13 (43) and SFY14 (25), who were also featured in the Heart Gallery between CY 2011-2013. (Data provided by Research and Evaluation Unit)
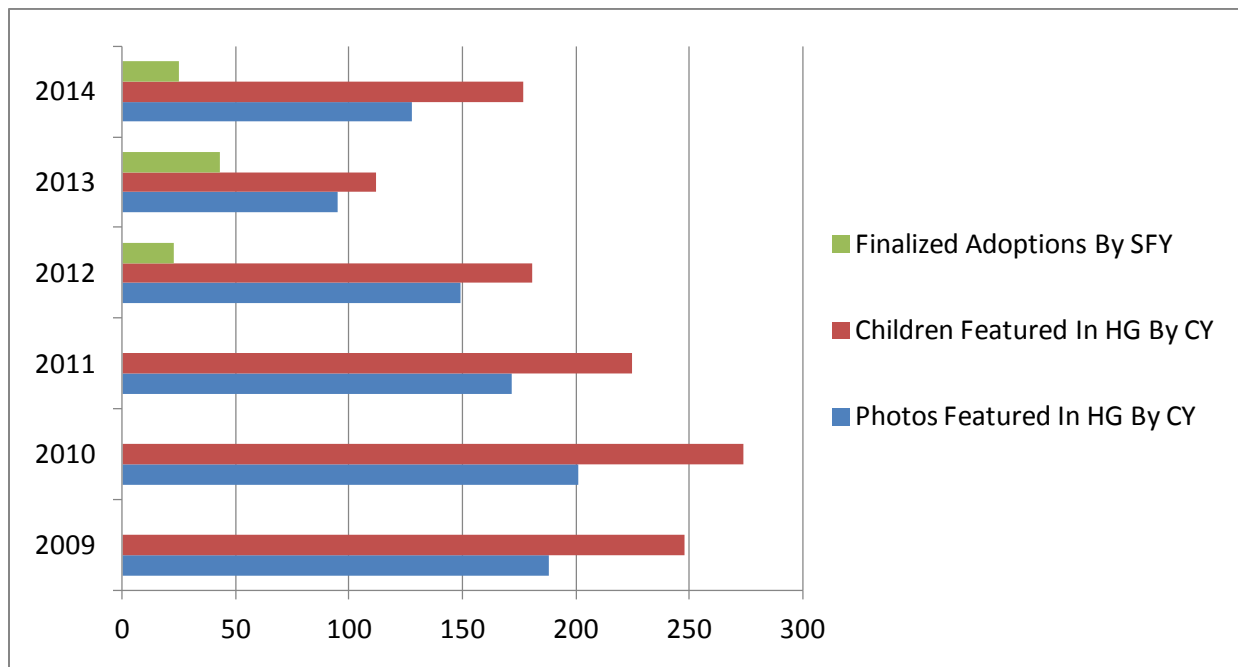
The 2014 Missouri Heart Gallery will be presented in an electronic format including a video/DVD as well as use of the online Missouri Heart Gallery in addition to a traveling format. The 2014 Missouri Heart Gallery opened in May 2014 and will close in November 2014, featuring approximately 128 photos of 177 children.

Each region will receive 8x10 images of children from their region who are featured in the 2014 Heart Gallery for display at regional events. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e. churches, school functions, and community events. Prospective adoptive families should be directed to the online Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions. The Children's Division is continuing to hold focused grassroots efforts at events such as PTAs, fairs, and churches, etc.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and the Adoption Exchange-Missouri Office.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide a guardianship arrangement. Before the adoption subsidy program, the only alternative was to leave the children in foster care. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting the family who would otherwise be unable to adopt or provide a permanent home through guardianship to the child. Below is the last five years of adoption and guardianship expenditures, as provided by DSS Research and Evaluation.

SFY	Total Expenditures	Adopted Children	Guardianship Children
2009	$65,506,576	13,000	3,300
2010	$65,474,019	14,020	3,767
2011	$63,161,857	16,242	4,464
2012	$74,790,843	15,615	3,729
2013	$71,641,110	15,038	3,900

Effective August 28, 2013, Senate Bill 47 updated state statute 453.072 RSMo to include additional eligible parties able to receive guardianship subsidy. The law now states: "1. Any subsidies available to adoptive parents pursuant to section 453.073 and section 453.074 shall also be available to a qualified relative of a child or a qualified close nonrelated person who is granted legal guardianship of the child in the same manner as such subsidies are available for adoptive parents. 2. As used in this section: (1) "Relative" means any grandparent, aunt, uncle, adult sibling of the child or adult first cousin of the child, or any other person related to the child by blood or affinity; (2) "Close nonrelated person" means any nonrelated person whose life is so intermingled with the child such that the relationship is similar to a family relationship."

Children's Division policy was updated to reflect the individuals eligible for guardianship subsidy. The Division's FACES system was changed to expand the list of 'qualified relationships' eligible to receive guardianship subsidy to include:

- Foster Parent

- Friend

- Neighbor

- Other Caregiver

- Other Relative

- Sibling-in-Law

- Sibling Spouse

- Step-Sibling

Child Placing Agencies

In CY13 there were 54 licensed child placing agencies with an additional 45 operating sites for a total of 99 child-placing operating sites. Of the 54 licensed child placing agencies, 29 were accredited. The child placing agencies placed 512 domestic and 202 international children for adoption. As a result of Russia closing their adoption program for the United States the child placing agencies could no longer place children from Russia, and closed their Russian programs. Several child placing agencies are involved in the foster care case management and the specialized contract described previously in this report.

CFCIP and ETV

Chafee Foster Care Independence Program

Accomplishments achieved and planned activities for each of the first five purposes of the Chafee Foster Care Independence Program (CFCIP):

1. Assist youth to transition from dependency to self-sufficiency:

In SFY15, the CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, and State Youth Advisory Board.

The Children's Division will use CFCIP funds to staff four Older Youth Transition Specialist (OYTS) positions to cover six regions of the state – St. Louis, Kansas City, Northwest, Northeast, Southwest, and Southeast.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program in each of their regions. Their job duties include older youth program presentations, training, and participation in community workgroups, task forces, and initiatives concerning Older Youth. The OYTS attend Family Support Team Meetings and court hearings on older youth in which case plans are discussed. The OYTS provide feedback on program related memorandums, assist with the process for

re-entry youth, aftercare youth, and exit packet information when requested, assist with promotion and recruitment for older youth related events such as focus groups or youth conference, and develop regional plans for increasing number of referrals, etc.

The OYTS will continue to be the liaisons to the ILC and contracted providers of Chafee and TLP. The OYTS will continue to be responsible for monitoring the contractors for compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, and outcome reports for accuracy and compliance. They will be the gatekeepers of referrals for Chafee services and TLP placements. The OYTS also verify eligibility for the ETV Program and Missouri Reach. The OYTS assist with compliance in reporting for the National Youth in Transition Database (NYTD). They assist with survey reporting, approving services entered by contracted providers, and ensuring current grade level is available on youth ages 14-21. In SFY14 and SFY15, the OYTS are assisting with NYTD surveying of youth no longer in care. The OYTS will continue to work directly and collaboratively with the Independent Living Coordinator (ILC), case managers, contracted providers, youth, and to be responsible for on-going consultation and education to agency staff, providers, and the community. The four OYTS may also assist with program coordination in their designated regions. Conference calls are held with the OYTS and ILC quarterly and in person meetings as appropriate. The Older Youth Transition Specialists duties were revised for consistency across the state in 2010 and were revised again in 2011 to incorporate NYTD duties.

The Children's Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained kinship guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher and Missouri Reach Program and Independent Living Arrangements. The number of older youth has not fluctuated much over the last few years. In SFY11, there were approximately 3,391 youth in Missouri eligible for Chafee services. As of January 31, 2014 there are 3,416 youth in Missouri potentially eligible for Chafee services. Missouri's criteria are youth in the care, custody, and control of the Children's Division regardless of case plan; however youth with extreme special needs are excluded from being referred for services upon discussion and approval with the Family Support Team.

As a response to Fostering Connections and to ensure all youth residing in Missouri that are in care receive supportive services, Missouri began supervision of older youth in foster care placed in Missouri over the age of 18 in SFY14. Youth eligible for this service are wards of another state and are in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA) or Transitional Living Arrangement (TLA). The financial responsibility for supporting these placements remains with the state from which the child was sent to Missouri. The sending state should arrange for Chafee services directly via the Chafee contractor from the youth's residence region. The sending state should also provide for the Educational Training Voucher services if they are needed. Although the referral and reports are being processed through the Interstate Compact Placement of Children (ICPC) unit, these older youth are not included in ICPC, which ends at age of majority (18). This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures safety and well

being of all youth in care, custody, and control of a child welfare state agency residing in Missouri who are not covered by the compact.

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or who have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January 2008. In SFY12, new contracts were awarded and service delivery began under this contract on October 1, 2011. This contract will remain in effect until October 31, 2015 with annual renewals. Contract revisions were issued in 2009 to fully implement the Fostering Connections Act, ensuring youth who obtained adoption or guardianship after age 16 received life skills training and resources. In SFY11, a provider for two regions became in breach of contract for Minority Business Enterprise/Woman's Business Enterprise participation. Rather than bid two regions of the state and then a few months later bid the rest of the state, Missouri opted to rebid the entire state early so services could begin in the area of breach. The original contract in which Missouri began contracting out Chafee services expired September 30, 2011. A new contract was awarded in the two regions that are not in compliance for the remaining original contract period and then all contracts were aligned October 1, 2011 throughout the state. New contracts were awarded and service delivery began under this contract on October 1, 2011. Six agencies are providing services for six regions and one circuit of the state. With the rebid of the Chafee contract in SFY12, there was a restructuring of regions combining St. Louis City and St. Louis County. This did not affect the duties of the OYTS in this area but impacted case management and youth Chafee services in St. Louis City and St. Louis County. This was done in an effort to address the moves youth make between the City and the County ensuring consistency in providers and reducing paperwork involved in the transfer process so that this was not a barrier to youth receiving services in this metropolitan area. There had been a difference in how services were provided in these two regions in the four years of the first contract period as there were two separate providers of services in these areas. Although the contract allows for the differences in service implementation, it created problems with the two areas being so geographically connected in terms of expectations from staff, youth, and community providers. This has been reported by the OYTS in St. Louis as a positive change and an increase in referrals and youth participation in services has been seen.

CD made a change in its Specialized Care Contract regarding independent living services. This contract was rebid in SFY12 and the requirement of providing independent living services to the youth case managed under this contract was removed. Effective July 1, 2012, with the implementation of the revised Specialized Care Contract, these youth are referred to the Chafee contract for IL services. In the process of preparing the new contracts, focus groups were held throughout the state with CD staff and private partners and this was identified as an area which would be beneficial to remove from the contract for best practices. As this is meant to be a short term service contract and these youth are transferred back to CD once stabilized, these are youth that were referred to the Chafee contract at some point. From the community aspect and working within areas where this service is provided, it allows for consistency of what services are offered and not be confusing as to what youth receive what service and why (because of contract differences). This also leads to consistency for youth as they are

enrolled and dis-enrolled from the Specialized Care contract, as they remain with the same Chafee provider.

The Transitional Living Program contract was rebid in April 2012. A pre-bid meeting was held and the evaluation process was completed at the end of April 2011. Contracts were awarded to most of the previous TLP providers and four new providers received contracts. Those not receiving a contract did not have youth placed with them so there was no disruption of services. In SFY13, the TLP contracts were amended to allow Division of Youth Services (DYS) to use TLP providers under the Children Division's contract. DYS remains responsible for youth served from their agency in these placements, but it allows for the same service provisions that youth in Children's Division custody placed in TLP receive.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS. In SFY11, a meeting was held to receive input regarding changes that were to be made to the contract. In April 2011, a meeting was held to orientate all new providers of TLP services. In June 2012, a meeting was held to showcase unique techniques that agencies are utilizing to work with youth and effectively implement the contract provisions. In April 2013, providers came together for FACES training on the Older Youth Program. In May 2013 providers came together for a focus group on Missouri Reach and ETV. In SFY 15, contract revision input will be received.

The Chafee and Transitional Living Program contracts contain language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee and TLP contracted providers will engage the youth in case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in life skills.

The Older Youth Program (OYP) reflects the philosophy and the services offered to foster and former foster youth, ages 14 and older. The program addresses:

- The philosophy of youth permanency and positive youth development;

- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;

- Procedures for using the Casey Life Skills Assessment and the Adolescent FST Guide (CD94) & Individualized Action Plan (IAP) Goals (CD94);

- Helpful resources to engage youth in transition planning and self sufficiency.

The Adolescent FST Guide (CD94) and Individualized Action Plan Goals (CD94) assist workers and youth in planning for the transition of a youth becoming an adult and leaving foster care. It details the goals of

the youth and facilitates the involvement of identified adults in the youth's life. Although transition planning is ongoing, the Adolescent FST Guide is completed within the first four months of a youth turning 14, or coming into care after age 14, and updated every six months, as well as 90 days prior to the youth leaving care. In November 2009, a memorandum regarding transition planning requirements and the Fostering Connections to Success and Increasing Adoptions Act as well as a PowerPoint presentation on transition planning was disseminated to staff. It is available on the intranet/internet.

The Casey Life Skills Assessment (CLSA) is an evaluation of youth's independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete and a copy is provided via e-mail. The CLSA was designed to be as free as possible from gender, ethnic, and cultural biases. In March 2012, a new assessment was introduced on the Casey Life Skills website. The ACLSA is no longer available as of September 2012. Missouri incorporated the new assessment into practice in SFY13. This is part of CD's Child Welfare Manual and core curriculums training so many areas were impacted with the change. A two hour training was placed on the Employee Learning Center to help staff with the new tool. Tips sheets for the youth, caregiver, and Children's Service Worker were developed and placed on the intranet.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The portfolio is a collection of samples which communicate a youth's interests and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates. The youth may share the successes included in their portfolio at a job interview, Court, FST or other time as appropriate. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. The portfolio assessment was not previously a requirement of the Transitional Living Program providers and was added in SFY12 with the rebid of the contracts.

The Individual Life Skills Progress Form (CD95) is used to record performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's life skill overall development. This form is completed quarterly by the person teaching life skills, typically a contracted Chafee or TLP provider.

The Life Skills Strengths/Needs Assessment Guideline Questions (CD96) and Life Skills Strength/Needs Reporting Form (CD97) are interview style tools to assist in the planning process. The strengths/needs assessment uses a holistic approach to develop rapport and engage the youth. The assessment covers nine domains and provides a snapshot in time. This tool is used to assist in determining what a youth wants to work on (need statement) right now for goals in the Adolescent FST Guide and Individualized

Action Plan Goals and is filed in the youth's record. The youth receives a copy of the completed form. This form is completed within the first 60 days of a youth turning 14 or coming into care after the age of 14. The form can also be completed again as the youths achieve their goals and need to set additional goals.

Life skills training is provided by contracted providers, including contracted transitional living programs. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Casey Life Skills Assessment (CLSA) and progress is tracked on Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current CLSA with each referral for Chafee services or TLP placements and are to reevaluate the youth once a year using the CLSA. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the National Youth in Transition identified domains of independent needs assessment, academic support, post-secondary educational support, career preparation, budget and financial management, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring, education financial assistance. Missouri has added the domain of youth leadership. Aftercare services are also provided through the contractors. Youth leaving care after the age of 17.5 and not yet 21 are eligible for these services. Youth must be 18 to receive housing assistance.

Children's Division has worked for the past few years at ensuring youth are referred for Older Youth Program services. When Chafee Foster Care Independence Program Services were contracted out in 2008 to community partners, a referral system for youth to receive services was established for case managers. Staff struggled with completing the required paperwork. Over the past several years, as OYTS increased monitoring efforts and provided additional training, progress has been made. In February 2010, approximately 52% of eligible youth statewide were being referred for services. In March 2011, 63% of eligible youth statewide were referred for services. In March 2012, 75% of eligible youth statewide were referred for services. In September 2012, 77.2% of eligible youth statewide had been referred for services. Quarterly reporting out, following up with case managers on youth not referred and planning specific referral activities have all assisted with this.

The Independent Living Coordinator and the Jackson County Older Youth Transition Specialist began meeting with contractors and staff from the Family and Children's Electronic System (FACES) team to develop an electronic referral system for Chafee, Chafee Aftercare, and TLP referrals in May 2012. Many meetings were held throughout SFY13 for this project. In April 2013 testing began and statewide training in a train-the-trainer format was held across the state in May 2013 for CD staff, FCCM staff, and Chafee and TLP providers. The new system, which was implemented in June 2013, changed the monitoring process for Chafee referrals significantly due to the conversion of the Older Youth Program referral process and program forms being implemented in FACES. The following Older Youth Program forms are now available in FACES:

- Adolescent FST Guide (CD-94) (Transition Plan)

- Individualized Action Plan (IAP) Goals (CD-94) (Transition Plan Goals)

- Individual Life Skills Progress Form (CD-95)

- Life Skills Strengths/Needs Assessment Reporting Form (CD-97)

- Quarterly Outcome Reporting

- Referral - Chafee Independence Services

- Referral - Transitional Living Group Home / Scattered Site Services

- Referral - Chafee Aftercare Services

The dates of the CLSA and credit checks can be captured electronically as well on the Adolescent FST Guide (CD-94).

Effective with the implementation of this FACES change, all referrals for Chafee Foster Care Independence Program Services, Chafee Aftercare, and Transitional Living Program (TLP) Services are to be made in the FACES system using the electronic forms. Referrals that had been previously made were converted with a shell and staff was given six months to get the forms completed in FACES. Upon implementation, the OYTS discontinued spreadsheets for tracking of referrals as the information is now contained in FACES. A request has been made for a monthly report to be received with the referral information and other items but to date; this is still being worked on. Once it is received, the OYTS will have more information available to them than in the past; however, the interim period is difficult.

The Northern Region OYTS provides an example of efforts: With the conversion of the OYP tools to the FACES case management system, a concerted effort has been implemented to provide current information in that system. The tools are reviewed in FACES and detailed instructions are sent to case managers and supervisors for entering the required information in the system. Several Field Support Managers (FSM) have assigned Program Managers and Children's Service Specialists in their sub-region to assist the circuits with follow-up on these tasks. The FSMs are supportive of the OYP, and continually include OYP agenda items in the sub-regional meetings. The FSMs follow up with the Circuit Managers when listings are sent to the circuits, and also assist in setting deadlines for referrals and action to be taken within the circuits. The FSMs are also supportive of the OYP in assisting the OYTS to arrange meetings and trainings in the circuits to educate and review progress and barriers to progress.

With the conversion, a new tool was developed and implemented. The NYTD/Older Youth Outcome Comparison Report displays outcome information on youth who complete the NYTD Older Youth Survey. The survey contains the youth's direct response on outcome areas such as employment, education, and healthcare. The Outcome Report is the contracted Chafee or TLP provider's record of a youth's outcomes in these same areas. The report can be used to see strengths and needs related to education in a format that is youth reported versus agency reported.

Memo CD13-56 was distributed discussing the changes. A flowchart of the new electronic Chafee and TLP referral path and a Power Point training overview is available on the FACES webpage. The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program will continue in SFY15.

In SFY12, a requirement was added in the Chafee and TLP contracts directing providers to serve a minimum of 65% of referred youth every quarter in the identified domains. Prior to NYTD implementation the Children's Division did not have any information regarding Older Youth input into the FACES system and thus compiling this information was very tedious and laborious as it was submitted on excel spread sheets. With NYTD implementation, services are entered into FACES thus allowing the Research and Evaluation Unit to extract this information from the system and have contract provisions more outcomes based. This ensures more youth receive life skills teaching and that the bulk of services being provided are the core services that research has shown improve outcomes for Older Youth. The Children's Division has struggled with ensuring accountability and performance standards with the initial contract, so this is helpful. In March 2014, an additional improvement was made in the FACES system. On the NYTD Older Youth Services and Financial Expenditure Screen, the percentage of services provided in a quarter per agency, the number of youth who received at least one service per agency, and the percentage of services provided by an agency out of all service domains can be viewed monthly and quarterly.

Additionally, the older youth program served youth in transitional and independent living placement settings. Below are the numbers as of 11/30/13:

- 141 youth are in Independent Living Arrangements

- 15 youth are in the Transitional Living Advocate Program

- 100 youth are in Transitional Scattered Site Placements

- 71 youth are in Transitional Living Group Homes

The Children's Division policy currently requires all staff to begin transition planning for all youth ages 14 and older. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. In order to prepare youth for their exit from the foster care system, the case manager or Children's Division worker meets with their youth to complete exit planning 90 days prior to release from custody. The Adolescent FST Guide (CD94) and Individualized Action Plan Goals (CD94) is used to capture the transition plan for the youth and is intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the FST meeting with youth ages 14-21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, re-entry, local community resources and a consent form to access administrative data for NYTD. A verification letter indicating the youth's time in care is also provided to aid the youth in

receiving assistance within the state and out of state for services which require eligibility verification. A PowerPoint presentation on exit planning is available on the CD intranet. In November 2009, a memorandum regarding transition planning requirements and the Fostering Connections to Success and Increasing Adoptions Act as well as a PowerPoint presentation on transition planning was disseminated to staff. A memo was issued March 2011 reminding staff of requirements regarding transition planning and exit packets as well as the importance of including contracted Chafee providers in this process. Education of staff around transition planning will continue in SFY15.

In SFY14 changes were made in FACES for a reminder checklist pertaining to exit information to display at case closing for older youth. The screen allows date entry for documentation of when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

Youth continue to receive information about available Chafee services through their case manager, OYTS, youth boards, CD website, and Facebook page. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to ensure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Multiple assessments, including a Strengths/Needs Assessment (CD97), the Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment, are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide (CD94) and Individualized Action Plan Goals (CD94) are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

The use of technology as a means to stay connected to Older Youth will continue in SFY15 via a Facebook page entitled "Missouri's Older Youth Program." This Facebook page was established in 2010. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to Older Youth are posted to this page. This is also connected to other youth serving organization's pages. In SFY11, 169 people "liked" the page, in SFY12, 201 people "liked" the page, in SFY13, 254 people "liked" the page. As of March 2014, 270 people like the page. The Children's Division hopes to increase this number in SFY15. Several links to web resources regarding Older Youth were added to the intranet and internet and resources will continue to be added and updated in SYF15. In addition, several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey.

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require that each child age 16 and older in foster care receives a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. Building and maintaining credit is vital to successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. Monitoring credit reports is one of the best ways to discover identity theft. CD Memo 12-6 was issued on January 10, 2012 directing the Children's Service Worker assist youth in interpreting the credit report and resolving any inconsistencies and ensuring that the youth has a copy of the report. The Division of

Legal Services assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children's Service Workers are to document this on the Adolescent Family Support Team Guide and Individualized Action Plan Goals, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. The Adolescent Family Support Team Guide and Individualized Action Plan Goals (CD94), has been revised to include a section on credit reports. The CD94 is to be updated to reflect when a credit report has been received on a yearly basis, beginning when the youth turns 16 or comes into care after age 16 and each subsequent year thereafter while in foster care. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations.

As this is life skill teaching, documentation of this service is also to be included on the NYTD Older Youth Services and Financial Expenditures Screen in FACES and entered by the Children's Service Worker.

Missouri initially encountered some difficulties in implementing the new legislation with 16 and 17 year olds as the requests had to be done via mail, which no longer is the situation. Missouri has an agreement with TransUnion to use a web based portal for 16 and 17 year olds in a batch process. Central Office personnel run the process and send information via email to staff regarding the checks.

The National Resource Center for Youth Development (NRCYD) in conjunction with the Federal Trade Commission hosted a webinar "*Obtaining Credit Reports for Youth in Care*" in April 2012 in which the Independent Living Coordinator participated. This webinar was posted on the CD website. Resource information on obtaining free credit reports was shared and well as information from the Federal Trade Commission for interpretation and education.

The Children's Division worked diligently on implementation of the National Youth in Transition Database in FY10. In February 2010, a memo was issued introducing NYTD and beginning plans for implementation. With the memo, a handout to be included in the exit packet and a poster to be displayed where visible to youth was included. Changes were made on the Older Youth Program Referral form, The Adolescent FST Guide and Individualized Action Plan Goals, and the Individual Life Skills Progress form to be in compliance with NYTD reporting standards and service elements. The Children's Division's Independent Living Coordinator met regularly with FACES and the Information Technology Service Division to develop the survey and means of reporting service information. The Independent Living Coordinator included information about NYTD at presentations across the state. In October 2009, a workshop was given at the Midwest Foster Care and Adoption Association Annual Conference.   A presentation regarding NYTD was given to the Program Managers in December 2009. A presentation was provided to the State Foster Care Advisory Committee in March 2010. Information was shared at the Child and Family Service Advisory Committee meeting in February 2010. A presentation was given in March 2010 at the Office of State Court Administrators and a presentation was given in May 2010 to Juvenile Officers in Jefferson County. Information regarding NYTD was also shared at the 2009, 2011, and 2013 Youth and Adult Leadership and Empowerment Conference (a NYTD PowerPoint presentation, rap and skit were presented). The State Youth Advisory Board provided input to the survey, poster, and exit packet handout. Contract revisions were made for service providers of Chafee and TLP regarding life skills documentation to be in full compliance with NYTD reporting

requirements. The Children's Division website was updated to include a section on NYTD. Another memorandum with step-by-step instructions regarding service reporting, youth surveys, and an online tracking screen in the FACES system of survey completion was issued in September 2010.

In October 2010, Missouri implemented the National Youth in Transition Database. A memorandum was issued at the beginning of September 2010 to introduce the NYTD permanent contact section in the FACES case member screen. Identification of at least three permanent connections used as supports, mentors, and emergency contacts who will know how to locate the youth in the next few years regardless of status in care is entered on this screen. The permanent contacts are also recorded on the transition plan, Adolescent Family Support Team Guide and Individualized Action Plan Goals. Information entered on this screen is used to survey youth if an attempt was made to survey the youth electronically via e-mail and no response is received within 15 days from the time the survey is sent. A hardcopy of the survey is mailed to the permanent connections and the youth's last known address when this occurs and will be used in connecting with the youth in the follow-up survey.

In March 2012, the ILC presented at the Foster Care Case Management Program Managers meeting information on NYTD surveying to begin for 19 year-olds in October 2012. In March, information on the youth that are in the baseline population to be surveyed beginning in October was sent to OYTS to distribute across the state. Data was also shared to show participation rates for the 17 year olds based on region which can be broken down further by Circuits and Children's Service Workers. Children's Division participated in the NYTD convening in SFY12 along with a youth representative.

 In SFY13, Missouri continued NYTD surveying and service reporting. For the first period of surveying of 19 year olds from October 2012 - March 2013, all but one youth in care participated and 62% of youth no longer in care participated.   Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers continue to follow-up with youth in care. A listing of both reporting periods of youth that are in the baseline population and need to be surveyed is distributed statewide prior to the survey period. The listing is updated throughout the reporting period denoting survey completion for each youth and distributed to the regions. Staff participated in the NYTD convening SFY13. Several FACES system change requests were submitted to enhance the system already in place. In SFY14, these enhancements were made with the NYTD survey and service reporting process. Additions include:

- A critical alert has been established that will notify the case manager that a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

- A case manager will receive an email when a youth on his/her caseload with an active Alternative Care function turns 17 or 19. The email will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey

- If a youth is age 17.5 or older at the time of case closing, an exit packet section will appear and require Yes/No checkboxes be answered along with the date the information was provided. The following will display:

  Exit Packet for Youth 17.5 or Older:

  *NYTD Pamphlet provided

  *Chafee Aftercare Pamphlet provided

  *Consent to Access Administrative Data provided

  *Healthcare Treatment Decisions Information Sheet provided

  *MO HealthNet Pamphlet provided

  *Verification Letter provided

  *Available Community Resources Information provided

  *Missouri Reach Brochure provided

  *Re Entry into Placement provided

  *ETV Brochure provided

- The Case Member Screen has been enhanced to display more clearly who permanent contacts for a youth are and if the youth is a permanent contact for another youth.

- A cumulative report for individual services can now be printed, regardless of which agency serviced the youth. A date range of services can also be entered to print a specific time period for an individual youth.

- Additional information will be displayed on the report, including: The percentage of services provided in a quarter per agency, the number of youth who received at least one service per agency, and the percentage of services provided by an agency out of all service domains.

These are just a few of the examples of enhancements being made to ensure continued NYTD compliance with survey and service reporting as well as improving data collection for driving outcomes for youth in Missouri.

In SFY14, Missouri continued National Youth in Transition Database (NYTD) surveying and service reporting. Memo CD13-69 was issued to staff to remind staff of the new 17 year old cohort to be surveyed. The ILC will continue to participate in NYTD webinars offered in SFY15.

The Northern Region OYTS provides a specific example regarding efforts to obtain NYTD surveys. The OYTS sends notices to the case managers, former case managers, supervisors, and Circuit Managers of

the youth currently in care, as well as the youth who have exited custody. It has been extremely difficult in locating youth formerly in care, and steps are being taken to ensure contact information is entered into our case management reporting system. The Field Support Manager has also contacted a local college and made arrangements for students to participate in an internship which involves attempting to locate youth formerly in foster care.

Since NYTD went into effect in October 2010, Missouri has been compliant. Two NYTD data reports are attached (*Attachment A FY13 NYTD Data Youth Served* and *Attachment B FY13 NYTD Data Outcomes*).

In SFY12, for the first period of surveying (October 2010-March 2011), 65% of youth age 17 participated in the survey. For the second period of surveying (April 2011-September 2011), 58% of youth age 17 completed the survey. In the May 2012 submission, Missouri was 100% in compliance with all areas with the exception of school year and special education in which Missouri had a 98% rate. Each month a listing of all youth in care with the most recent education data is distributed statewide to the OYTS who in turn distribute it locally. Contracted providers enter services in FACES and this allows CD to pull information by provider as to the number of services being provided and the life skill domain in which they are being provided.

Missouri will participate in the NYTD Assessment Review (NAR) Pilot in SFY15. The purpose is to evaluate the state's policies and practices related to collecting and reporting reliable and accurate data on youth in transition. Going beyond the compliance checks performed on semi-annual data files, the NAR assesses the extent to which a state is meeting all of the NYTD data collection and reporting requirements and has sustained a high level of quality data. A complete review of the state's survey methodology also will be conducted.

CD staff and contracted providers are and will continue working jointly in the NYTD effort in SFY15. The program and information technology units work closely to ensure timely submission and compliance measures are met and this will continue in SFY15.

CD plans to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY15, though it will be challenging to survey the 21 year old cohort in SFY15.

 2. Help youth receive the education, training, and services necessary to obtain employment:

Children's Division, Foster Care Case Management staff and Chafee and TLP contracted providers will continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work. They also will provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state. Contracted providers are required to assist youth in developing these skills.

Every Child's Hope, a Transitional Living Program provider in St. Louis, provides specific examples of services provided to youth in obtaining employment, such as the following: assist youth with completing job applications, develop resumes/job fact sheet, participate in job fairs and mock

interviews, research potential employers prior to interview, purchase interview attire, provide transportation until youth receives first paycheck, provide job maintenance skills, and encourage volunteer opportunities for youth with no job experience.

Alternative Opportunities, a Chafee Provider in the Southern Region provides specific examples of services offered to youth in obtaining employment, including: administer Career Interest Inventory, assist with career exploration and options, provide pre-employment training, refer to Missouri Career Center and Vocational Rehabilitation Services for employment support, provide guidance on networking with employers and interview skills, assist with completing a job application and developing a resume.

Foster Care to Success provided several informative webinars regarding career preparation in FY11.

In SFY14, CD began collaborating with Department of Economic Development, Division of Workforce Development to develop and initiate a pilot project in the St. Louis and Springfield areas. The Missouri Customer Service Partnership is a partnership bringing together business, government, and young people aging out of Missouri's foster care system to achieve employment readiness goals. Through shared commitment and responsibility, the partners will address business demand for good customer service employees, meet public expectations for reliable and courteous service, and get young people started on meaningful career paths. Youth enrolled in the program will receive training and mentoring as well as a certification and initial follow-up once employed. Subcommittees have been formed and specifics are still being worked out such as employee selection, marketing, and recruitment. Another planning meeting has been scheduled for May 2014 with the plan to implement in Fall 2014.

 CD staff will continue to refer youth to Job Corps, AmeriCorps, and all branches of the military as well as utilize the Missouri Mentoring Partnership (MMP), Workforce Investment job opportunities, and vocational rehabilitation services.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and Foster Care to Success as well as other opportunities that present themselves for Older Youth in SFY15.

3. Help youth prepare for and enter post-secondary training and educational institutions:

(See Educational Training Voucher Section for additional information)

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The Children's Division believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by

providing an array of services including but not limited to: advocating, planning, and coordinating for education needs, goals, and aspirations; assisting youth in assessing financial aid opportunities; ensuring the development of technology skills; and, preparing the youth to make the transition from high school to post secondary education or employment. Missouri plans to continue supporting contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

As normalcy can be an issue for youth in foster care and can contribute to a youth's desire to stay in school, Alternative Opportunities, a Chafee provider in the Southern Region, provides specific examples of supporting youth in school: purchased school sports equipment (baseball glove, basketball shoes), paid for graduation expenses (cap, gown, yearbook, class ring, senior pictures), purchased and received donations for school supplies, bought dresses and rented tuxedos for prom. Other examples of supporting youth include paying for a college application fee, advocating for tutoring for youth in Algebra class, exploring colleges and course requirements, visiting colleges, assisting youth with completing their FAFSA, ETV, scholarship applications, college admissions, vocational exploration, purchased items for college dorm rooms, paid for student books not covered by ETV and for dual enrollment and college prep courses, assisted with course registration, continue follow-up with youth once enrolled, and supported youth in speaking to advisors and disability services.

A meeting was held in February 2014 with representatives from Department of Elementary and Secondary Education to continue discussions on how to assist youth in graduating from high school. Children's Division is evaluating how to share educational information with staff to make it more meaningful in order to improve educational outcomes. A workgroup is convening on this topic in March 2014.

As a result of legislation passed in SFY14, beginning July 1, 2014, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or terminated from foster care. The visit will include an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. The Division is developing the process for this new legislation in SFY14.

Members of the SYAB will continue to advocate for educational needs of youth in foster care.

The Children's Division plans to continue collaboration with the "Foster Care 2 Success" in providing ETV and Missouri Reach services to youth as well as providing support and training to staff that work with older youth.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular

activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan were developed. It is the intent of CD staff to cultivate their community network to develop permanency connections for youth in care. It is the expectation this tool be a guide for case managers and will assist them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth as this is an integral part of the NYTD requirements.

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. Some of the contractors have implemented their own mentoring programs by connecting to resources in their communities. The SYAB has implemented in their strategic plan in CY2012 that local boards complete at least one community service activity a year and youth regularly report at meetings about community activities the local boards are involved in.

An example of this is provided by Steppingstone, a Transitional Living Program provider in Kansas City. Steppingstone encourages youth to become actively engaged in the community by providing opportunities for service. Youth are encouraged to be involved in extracurricular activities at school or find ways to volunteer in the community. For example, when a local senior service agency advertised its "clean sweep day," and volunteers were dispatched throughout the community to help senior citizens clean up their yards after winter, Steppingstone youth had the opportunity to sign up and help their older neighbors. Service opportunities are diverse allowing youth to explore many types of volunteer work with the hope youth will discover something new about themselves and their passions.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in SFY15. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody. This program will continue in FY15.

Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers, as an organization statewide, have assisted youth throughout the state in advocating for their needs and providing emotional support.

The Missouri Mentoring Partnership (MMP) has been a resource throughout the years and provides resource coordination for youth and volunteer mentors recruited from the community. These mentors

provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The MMP Work Site program provides job readiness training, mentor recruitment and training and support services while local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.

Every Child's Hope (ECH), a Transitional Living Program provider in St. Louis has long-term and supportive staff. Countless youth who have been out of their program for over ten years call and/or visit for support, resources, and/or to reach out to their current youth. ECH connects youth to individual and family therapists, when needed. Numerous youth are connected with mentors before entering their program, and they assist the youth with maintaining those relationships. Youth return for assistance with education, employment, filing income taxes, purchasing a vehicle, accessing community resources, and emotional support. One of their challenges is identifying new and reliable mentors for youth.

Alternative Opportunities, a Transitional Living Program provider in St. Louis and the Southern Region, has paid for summer church and youth camps, provided referral information for local mentoring organizations such as Scout Troops and Boys and Girls Club, and encouraged youth to seek support from adults in the youth's place of employment.

Another means of assisting older youth is through community involvement. Synergy Transitional Living Program in Kansas City provides examples. In SFY14, the TLP clients will be participating in more community engagement discussions. Representatives from Northland Center for Advanced Professional Studies (CAPS) will be visiting with youth in the program to discuss the development of a new device application (mobile app) to connect youth ages 14-21. These representatives will be coming to talk with youth twice in the month of March. The importance of this, for Synergy as a program, is introducing and reinforcing the notion of being an engaged member of the community. These round table discussions show youth that their opinions, experiences and presence matter and are important and are being sought out. The program believes that the youth served benefit from being active in their community. Synergy will continue to build relationships with individuals, groups and other organizations in the community to continue giving youth the opportunity to be fully engaged with the community.

Most recently Synergy Services Transitional Living Program has been working with a few community partnerships to engage the youth in the area in which they live. Synergy is doing this by inviting people, groups and other organizations into the program learning setting and engaging them in current topics.

In January 2014, the Global Orphan project visited the program and conducted a round table discussion about employment challenges that face the youth of "today". The TLP youth were asked to contribute to the discussion as the youth themselves were recognized as holding the most valuable information in relation to the topic. This round table discussion empowered the youth to be experts in their own lives. The information obtained by the Global Orphan Project representatives will be used to guide their programming on how to tackle the challenges youth are facing when trying to obtain employment in the Kansas City community.

Every Child's Hope, a Transitional Living Program provider shares agencies that they collaborate with in the St. Louis area: Missouri Mentor Partnership, Women in Charge, Ritenour Adult Education Program, monthly shelter meetings with other local TLPs in the St. Louis Region, Doors to Success, Legal Services of Eastern Missouri, St. Louis Older Youth Resource Network, the Spot including their Teen Pregnancy Prevention Project, National Council on Drugs and Alcohol, community speakers from local business (banks, car dealerships, incorporations, etc.), Father Support Network, BJC Teen Pregnancy Clinic, and Drug Prevention/Treatment Centers.

The Independent Living Coordinator attended training on Family Finding in July 2009 to learn about methods that can be used to locate connections for youth.

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities and this will continue in SFY15.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:

Missouri will continue to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

In SFY14, Missouri legislators passed re-entry legislation per SB 205 (2013) and SB 208 (2013). Effective August 28, 2013 youth who left care and are over age 18 but are not yet 21 may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer. Youth are expected to participate in the case plan, meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider, and/or go to school and work to demonstrate his or her own efforts towards independence. Memo CD13-78 was issued to staff and information was placed on the internet. A re-entry brochure designed by SYAB members was incorporated in the exit packet and distributed to stakeholders including foster parents, CASA, Juvenile Court, DMH, DESE, as well as CD, FCCM, Chafee and TLP providers. As of March 13, 2014 there are seven youth in care from re-entry. A memo is currently pending which includes further clarification: For the purpose of this legislation, Children's Division is defining a youth as a person who meets all of the following criteria:

- Any person age 17 through 20 who was previously placed in the care, custody and control of the Children's Division.

- Was released from care, custody and control within the last 24 months.

- Is otherwise competent, and not in a guardianship or conservator relationship, and is not in the legal custody of any other individual or institution.

- Is not incarcerated or committed to any jail, detention facility, or the Department of Corrections.

Youth will work in conjunction with the Children's Division for services to be provided and:

- Participate in and comply with any transition plan developed by the Children's Division, Family Support Team, and the youth.

- Meet with his or her Children's Services Worker, the Juvenile Office, and Chafee Provider, as required.

- Participate in any services provided such as Chafee and Transitional Living Program Services.

- Enroll in and attend a "secondary school program of instruction" or an "institution of vocational or higher education," if determined the program will benefit the youth in their efforts to achieve independence by the Family Support Team.

- Find and maintain employment to supplement the youth's transition plan.

- Work to maintain his or her own efforts toward independent living.

Children's Division may amend the transition plan from time to time in conjunction with the Family Support Team, as determined by the Children's Division, and as it is in the best interests of the youth.

Children's Division may request the court terminate custody, and dismiss the case when:

- The youth is unwilling or unable to develop, implement, or otherwise cooperate with the implementation of the transition plan;

- The youth pleads guilty or is found guilty of any felony, or any misdemeanor in which the youth is sentenced to a period of incarceration;

- The youth is committed to the legal custody of any sheriff or the Department of Corrections; or

- Any other circumstance where the youth fails to cooperate with the Children's Division or the Children's Division does not have services available or the ability to provide services.

If a youth is returned to custody under the re-entry legislation, and is then consequently released from jurisdiction for any of the above reasons, another petition will not be filed by Children's Division on behalf of the youth.

 A Frequently Asked Questions will also be distributed and placed on the internet in the remainder of SFY14.

Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth. Missouri also follows federal requirements of serving youth with special needs, youth who exited care in another state residing in Missouri, youth who are residing out of state in Missouri's custody, and youth who move to another state for the sole purpose of education (ETV only).

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Missouri Reach is also available to youth no longer in care or who were adopted after the age of 14.

Alternative Opportunities, a Chafee provider provides specific examples of working with aftercare youth: assisted youth with learning how to find and secure an apartment; how to budget finances to pay rent, utilities, food, etc.; assisted youth in petitioning to return to custody; and, assisted in relocating, applying for food stamps, housing, and disability benefits. In addition to these services, money for vehicle repairs, work clothes, and groceries was provided.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on aftercare, ETV, Missouri Reach, MO Healthnet, NYTD, re-entry, consent to access administrative data for NYTD, and a pamphlet on healthcare treatment decisions. A PowerPoint presentation is on the CD intranet for Children's Service Workers to review as needed. Information on aftercare services is on the CD internet's website.

Contracted providers are encouraged to speak with youth at exit time regarding services available through their programs should there be a crisis when the youth is no longer in care. Language was added to the Chafee contract in SFY12 stating that the contractor shall attend the exit meeting with youth who are aging out of care when possible and share information regarding the contractors' aftercare program with the youth.

Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who left care after age 18 but are not yet 21 since 2007. Effective August 28, 2013, SB 127 expanded this coverage to include youth "in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

- Are under twenty-six years of age;

- Are not eligible for coverage under another mandatory coverage group; and

- Were covered by Medicaid while they were in foster care."

Youth who are "not eligible under another mandatory coverage group" are those who are disabled, receiving Supplemental Security Income (SSI), or receiving Medicare.

Youth must have aged out in Missouri and reside in Missouri. Coverage can still be provided in another state if a provider is willing to participate in the MHD program. Memo CD13-74 was issued to staff to introduce the new benefit. The Children's Division website, Mo HealthNet Exit Pamphlet, Mo HealthNet Outreach Poster, and Exit Planning for Older Youth PowerPoint Presentation were updated and redistributed. Stakeholders were provided information as well, including foster parents, Chafee providers, TLP providers, Foster Care Case Management Agencies, CASA, DMH, DHSS, and Juvenile Court. This was an issue the SYAB members had advocated for in SFY14. Information on MO HealthNet was provided at the Youth Empowerment and Leadership Conference in July 2013. As of December 2013, there are 1,417 youth receiving this service.

Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY15. There may be additional changes in the youth application process in SFY14 and SFY15 as well that are being discussed at the Department level.

An example of a local community effort is the St. Louis Aging out Initiative. This project is administered by Epworth Children and Family Services, a residential and transitional living program in St. Louis. This initiative targets foster youth who are 16 years old and in a residential or transitional living program in St. Louis. This project focuses on linking youth to current service providers and creating support networks with area agencies. Online workstations and a 24-hour helpline will be available for youth to utilize. A peer advisor will also be working directly with the youth. The intended outcomes of the project are to: teach youth self-advocacy behaviors, speaking in court; hearing and leading their own Family Support Team meeting; to have sixty percent of youth participants earn their high school diploma or GED; and to have one hundred percent of youth participants who exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc.

The Transitionally Challenged Youth Workgroup met in 2009 to address the needs of youth who do not meet criteria for special adult services upon exit from care but continue to need elevated on-going support and to look at the resources at a statewide level available to these youth. Although the group disbanded as funding was an issue, Department of Mental Health, through the Healthy Transitions

Initiatives grant, did evaluate policy and procedures. Changes were made to allow billing of mental health services for young people on the children's side up to 21 years old instead of 18 years old.

The Missouri Customer Service Partnership will also serve youth who have transitioned from foster care in SFY15.

Training Planned for SFY15

All new employees are trained through a separate curriculum regarding the OYP requirements. The Older Youth Program Training, which includes training on the Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan Goals, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration was incorporated into the core curriculum for all new hires in July of 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers, if available. The training unit has an on-going process of changing the training to meet current policy and to ensure that it is meeting the needs of the agency and seek input from Older Youth Transition Specialists and the Independent Living Coordinator. In December 2009, the Older Youth Transition Specialists and the Independent Living Coordinator met with members of the Practice and Training Development Unit to discuss ways to enhance the Older Youth Program Training which is part of Child Welfare Basic Training.

In SFY12, this curriculum was revised by the training unit and the Independent Living Coordinator participated in the field testing. Enhancements were made as the original curriculum was more specific to the changes being introduced in the program in CY08. The revised training encompasses the overall program aspects. The training was revised in SFY13 to incorporate the changes to the Casey Life Skills Assessment Tool. The training unit will modified their curriculum in SFY14 to accommodate the referral process and older youth forms integration into FACES.

Members of the SYAB and the ILC assisted with the remake of a training video for Children's Service Workers basic training entitled "What's It All About." This was in coordination with the Professional Development and Training Unit and was filmed in June 2012. The film was debuted at the Youth and Adult Leadership and Empowerment Conference in July 2013.

The Older Youth Transition Specialists will continue to provide follow-up training to case managers, contracted staff, and supervisors in their respective regions regarding the Older Youth Program when requested or as problems are identified in a specific area.

The Casey Family Programs "Ready, Set, Fly" curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home. Foster parents licensed for older youth are required to receive the training. The training is conducted by local training staff.

Children's Division and its private partners also have on-going opportunities to receive no cost training on adolescent sexual health issues and suicide prevention through relationships with the Department of Health and Senior Services.

In February 2010, the Spaulding Focus Group met and made recommendations to enhance the training with more information about what to expect as youth reach preadolescence and teen years. The recommendations were shared with executive administration.

In September 2011, Children's Division staff and private partners were invited to participate in a week long pilot "Youth Development Academy" sponsored by 4-H and the University of Missouri Extension at no cost in return for time commitment for the full training and feedback. The program's goal is to provide youth development professionals with the knowledge and skill necessary for work with youth in public, private, or civic sectors. Topics included enhancing diversity, relationships in youth development, youth/adult partnerships, experiential learning, engaging volunteers, community partnerships, ages and stages, managing risk, and evaluation. The Independent Living Coordinator as well as some Chafee and TLP providers participated. The Youth Development Academy has had two additional sessions in which some additional providers have attended. Although there is now a cost associated with this academy, it is a training resource available to those working with older youth in Missouri.

In March 2012, the Independent Living Coordinator attended a training "Implementing Youth Preparedness in Your Organization" sponsored by Citizen Corps and FEMA in partnership with the American Red Cross and the U.S. Department of Education. The workshop was designed to provide information needed to start integrating youth preparedness into the agency's existing youth offerings or to build a youth preparedness program from scratch. It was an important reminder of youth preparedness in emergency situations.

In May 2012, a webinar "Obtaining Credit Reports for Youth in Care" was hosted by the National Resource Center for Youth Development (NRCYD). The webinar was on "knowing the facts" about credit reports and featured presentations on information and resources for obtaining credit reports for youth in foster care beginning at age 16 and information on strategies for remediation of negative credit items. Missouri shared the webinar registration information statewide to resource providers, Chafee and TLP providers, CASA, Office of State Court Administrators, Children's Service Workers, and Foster Care Case Management staff. The NRCYD provided information as to individual registries and 154/426 were from Missouri. Of these 154 registries, 100 actually participated. The NRCYD was not able to determine if participants who logged into one computer participated as a group or on an individual basis. As more webinars and technical assistance is provided on this subject, staff will be notified and invited to participate.

In May 2012, the Independent Living Coordinator participated in a train-the-trainer Court Appointed Special Advocate (CASA) training. The Fostering Futures Initiative is a specialized curriculum for CASA volunteers that specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. The National CASA Association was awarded a grant by the Wal-Mart foundation and the curriculum is based on the possible selves' theory. Missouri CASA was a pilot site for the curriculum, which was tested nationwide. National CASA has finalized the curriculum and made it available to the 22 Missouri CASA programs in SFY13.

CD has begun work on how to educate staff on educational success for youth in foster care. Assessment as to the needs of Children's Division and the best way to implement training is being explored. A planning meeting will be held in March 2014 to hear from stakeholders and staff as to ideas for this.

Mental Health First Aid for youth is being explored for SFY15. Initial discussions have been held as to feasibility. Mental Health First Aid (MHFA) is a course designed to teach the general public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person towards appropriate treatments and other supportive help. The youth portion is geared towards those who work with young people.

Service Design and Delivery of the Trust Fund Program

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. Some of the Transitional Living Providers and Chafee Providers have been able to initiate Individual Development Accounts within their regions through private donors and United Way.

Transitional Living Providers are required contractually to help youth transition to independence including financial. This is usually done by developing a savings account to be used when the youth exits care, with the agency and youth both contributing. Children's Division also has a KIDS Account – Children's Income Disbursement System. Some youth who come into out-of-home care have an independent source of income such as Supplemental Security Income (SSI), Veterans Affairs, Railroad benefits, child support, lump sum payments and inheritance. This money is used to provide for the youth's care. Once an account is established, expenses are paid from this account such as the maintenance paid to the care provider, health care expenses, counseling expenses, and clothing allowances. At age 16, a savings of the money deposited begins to accrue up to $999.00 to assist the youth when leaving care. However, if a youth leaves care prior to age 16, any debt that could have been paid the previous five years from this account but was not, is recouped. If a youth leaves care after 16 but prior to living independently, the funds are released to the guardian.

Specific examples of money management life skills teaching has been shared by Alternative Opportunities, a Chafee and Transitional Living Program provider, and includes providing education on managing a checking account, monthly budgeting, teaching youth how to read pay check stubs, the importance of security with banking, checking, and social security numbers, assisting with opening and closing of checking and savings accounts and changing banks, providing Money Management workbooks and reviewing once completed with the youth.

A workshop on financial education was presented at the youth conference in July 2013.

In November 2012, Children's Division and Citizens Bank &Trust (CB&T), a regional bank, entered into a Memorandum of Agreement to provide a Student Checking Account Program (SCAP) for youth age 14 and older in foster care, employed, and participating in Chafee. This is collaboration in which youth receive instruction about bank accounts and then can open an account without having to have a co-signer, which is a major barrier to youth in foster care.

The purpose of the program is to assist with basic banking skills while having an account for hands-on learning and asset development.

The youth is the sole owner of the account. A debit card specific to SCAP is provided and paper checks are not issued. There is a $100.00 daily spending limit on the account. Direct deposit, electronic banking, and electronic-mail account alerts are available and recommended for youth participating in the program. Citizens Bank and Trust ensures that technical and electronic safeguards are in place to prevent youth from exceeding the minimum balance ($25.00) or the maximum daily spending limit ($100.00) on the account. However, in the event of an overdraft, no fees are assessed to the youth nor will the youth be turned over to collections. The account will be suspended or closed as a result and the youth and Older Youth Transition Specialist will be notified in writing of permanent closures.

If a youth would like to participate in the program, a referral is made to the Older Youth Transition Specialist by sending an email with a verification letter and the youth's Individualized Action Plan (IAP) Goals. The verification letter includes the youth's date of custody, date of birth, social security number, legal name, Children's Service Worker and Children's Service Supervisor. The IAP Goals should include a goal of SCAP participation in order for the Chafee program provider to further assist the youth with class scheduling, account management and banking skills. The Older Youth Specialist evaluates, with the Children's Service Worker, the youth's readiness for participation in the program. Youth must be able to perform mathematical calculations and be able to assume the responsibility of managing a bank account. The youth should not have committed acts or been adjudicated for an offense such as fraud that would indicate lack of responsibility. If a youth is determined ineligible based on responsibility, they can be referred at a later date. If eligible, the Older Youth Transition Specialist will send an e-mail to Citizens Bank and Trust.

Prior to an account being opened, youth must successfully complete a Banking Basics Class facilitated by Citizens Bank and Trust. At least four youth must be in attendance for a class to be held. Classes are to be held in various locations and at various times, depending on the need. The first education class was held in March 2013.

Although this is collaboration, it is not a service provided by the Children's Division and participation in SCAP can be denied by Citizens Bank and Trust for any reason. This program is slowly being implemented via a pilot in the NW part of the state, although there are some branches throughout the state.

The ILC is a member of the Missouri Asset Development Coalition which discusses asset-building efforts in Missouri and shares resource information.

Activities Undertaken to Involve Youth in State Agency Efforts

Chafee and Transitional Living providers also assist youth in leadership and development opportunities. Examples provided by Alternative Opportunities include providing transportation and chaperoning youth at State Youth Advisory Board meetings, youth conference, and Child Advocacy Day, hosting

quarterly Local Youth Advisory Board meetings, supporting youth participation in SkillsUSA, and speaking to the community about services (Methodist Church, United Way, etc.)

Every Child's Hope, a Transitional Living Program Provider in St. Louis has a youth leadership committee called Team LC. The group meets at least once a month to discuss different leadership opportunities. The team recently held a can food drive in December 2013 for a local church's food pantry. They will be meeting with ECH board members to discuss youth needs in the foster care system. One of the youth on Team LC was nominated to the Foster Club All-Star. Previous youth who have aged out of ECH's program come back at least twice a year to speak with current youth.

Older Youth Efforts

The ILC attended the Human Rights Campaign's All Children-All Families one day training in SFY11 on working with Lesbian, Gay, Bi-sexual, Transgender Questioning (LGBTQ) Families in the Child Welfare System. Copies of "It's Your Life - Opening Doors: Improving the Legal System's Approach to LGBTQ Youth in Foster Care" were made available for each youth in attendance at the 2011 Youth and Adult Leadership and Empowerment Conference. Other resource information from the National Resource Center for Permanency and Family Connections regarding LGBTQ youth was shared in a memo issued containing tips and reference material regarding older youth. There has been an LGBTQ assessment supplement, which is designed to help youth who have needs in this life skills area, available through the Casey Life Skills website.

Children's Division consulted with the National Resource Center for Youth Development via conference call in September 2011 on ways to integrate education and services into the Older Youth Program for LGBTQ youth. The ILC researched resource materials provided from the American Bar Association, the National Resource Center for Youth Development, and the Human Rights Campaign's All Children-All Families training to see how best practices could be incorporated within the agency particularly pertaining to Older Youth. A proposal was submitted to CD administrative staff in SFY12 based on the information and was resubmitted to CD administrative staff due to supervisory changes in SFY13 on ways LGBTQ information could be implemented in policy and programmatically.

The Independent Living Coordinator attended module 5 of the Human Rights Campaign Foundations All Children-All Families LGBTQ youth training presented by the Downs Consulting Group in February 2013.

An internal workgroup was convened in March 2013 to begin brainstorming work that could be done in this area and a second meeting will be held in April 2013. An awareness memo has been drafted in SFY14 and is pending. The purpose of this memorandum is to share resources to increase staff awareness of the diverse well-being needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in the child welfare system. Well-being embraces many things, including an individual's sexual orientation and gender identity. Missouri has addressed this issue minimally but will continue to work on improving efforts.

In SFY15, the Children's Division would like to incorporate more information into practice and policy on Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth.

In SFY14, the ILC became a member of a listserve for the Central Missouri Stop Human Trafficking Coalition. A presentation was provided by this organization at the SYAB Youth and Adult Leadership and Empowerment Conference in 2011. A Central Office CD employee is a member of an advisory board regarding human trafficking. CD Memo 14-22 was issued in SFY14. The purpose of this memorandum was to inform staff of a new anti-human trafficking website which has been released for use by law enforcement agencies statewide to notify the Department of Social Services of human trafficking pursuant to Section 566.223 RSMo. In SFY13 PP12-OT-01 was issued to advise staff of resources available for use when working with cases that involve human trafficking. Resources will continue to be shared in SFY15.

In 2012, the Department of Health and Senior Services (DHSS) began collaborating with the CD on implementing Missouri's Personal Responsibility Education (PREP) Program. The DSS, Children's Division entered into an MOU agreement with the DHSS for the purpose of providing PREP program services, specifically the Making Proud Choices (MPC) and Becoming a Responsible Teen (BART) programs to selected foster care youth.

 "Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce their risk of becoming infected with HIV, other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges abstinence is the most effective way to eliminate these risks. However, realizing abstinence is not the path many young people will choose; the curriculum encourages the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs many young people have about condoms; provides information and exercises which teach adolescents how to use condoms correctly; and, provides them the confidence they need to choose and negotiate safer-sex practices.

"Becoming a Responsible Teen", is a group-level, education and behavior skills training intervention designed to reduce risky sexual behaviors and improve safer sex skills. The eight intervention sessions, delivered to groups of 5-15 youth, provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. The participants also have a discussion with local, HIV-positive youth to promote risk recognition and improve their perception of vulnerability. In addition, the intervention encourages participants to share the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.

To date, only the MPC curriculum has been provided.

In addition to education on abstinence and contraceptive use, PREP projects also offer services to prepare young people for adulthood by implementing activities which address three or more of these subject areas:

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;

- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;

- Financial literacy, to support the development of self-sufficiency and independent living skills;

- Parent-child communication skills;

- Education and employment preparation skills; and

- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration on Children, Youth and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. Missouri Governor Jay Nixon named DHSS as the designated state agency to administer and coordinate PREP, including DHSS and DSS collaborative efforts to serve youth in and aging out of foster care.

The Children's Division worked in collaboration with DHSS to amend Chafee contracts with the Community Partnership providers of Chafee services in Jackson County, an urban area and the 25th Circuit, a rural area. Two Community Partnership and two LINC staff persons are Certified Facilitators for MPC. The Community Partnership and LINC both served youth in FFY13 and will continue to serve youth in FFY14 through the use of the MPC program. In FFY13, Community Partnership implemented nine MPC programs and served 77 students (all 77 attended at least 75% of the program). In FFY13, LINC has implemented the MPC program four times to approximately 31 youth (27 of which attended at least 75% of the program).

Another Chafee provider, on their own, was also awarded a PREP grant. Of the statewide overall PREP grant participants, from 17 contracts, 24% of the 471 participants were in foster care. According to DHSS's contracted researcher with the University of Missouri, overall, PREP participants had a statistically significant increase in their knowledge regarding pregnancy, STD's and HIV. Participants were more likely to avoid sexual intercourse and more likely to use a condom if they decided to have sexual intercourse. Continuation of grant funding has been awarded through September 2015.

In FY09-10, file reviews of the Older Youth Transition Specialists (OYTS) records on contracted providers were reviewed to look at documentation and services being provided for youth 14-21 throughout the

state in order to determine strengths and needs and improve upon these. The reviewers were representatives from Budget and Finance, Contract Management, and the Practice and Professional Development Unit. From the review, the Older Youth Transition Specialists duties, the Transitional Living Program payment guidelines, and Chafee Foster Care Independence Program Services payment guidelines were revised and distributed to the Older Youth Transition Specialists. Tips for reviewing the outcomes reports, payment documentation record retention guidelines, and helpful forms utilized by the Older Youth Transition Specialists were shared with the Older Youth Transition Specialists.

In March FY10, statewide random sample file reviews were conducted of 4% of youth receiving Older Youth Program Services from Children's Division and Foster Care Case Management Agencies. Older Youth Transition Specialists, Quality Assurance Specialists, Quality Improvement Specialists and Program Development Specialists assisted with the reviews. All forms and documentation related to best practice with the older youth and the program (Transitional Living Program, Independent Living Arrangement, Chafee, and transitioning from care/exit planning) were reviewed.

The purpose of the review was to get an overall picture of the Older Youth Program services being provided through documentation in the file. The review was to gain insight as to the strengths of the program as well as learn at a state, circuit and private agency level if the older youth program is being accessed and used as designed and per policy, to develop and recommend strategies for improvement, and to prepare for the National Youth in Transition Database implementation in October. The review specifically was looking to see if life skills for youth had been assessed, if referrals had been made, and examined the quality of services youth were receiving once referred. The results were shared with administration from Children's Division and Foster Care Case Management Agencies as well as printed in the quarterly newsletter for Continuous Quality Improvement "In Focus." Tips for what could be done immediately to improve services to older youth were also provided. A strategic plan was developed and steps taken to implement.

To address many of the issues, a memo was issued to staff in March 2011 that contained Older Youth tips and reference information. The memo had numerous tips resulting from various feedback avenues such as case management file reviews, provider meetings, OYTS contractor file reviews, and workgroups and task forces pertaining to Older Youth. The reference guide is a two page document that contains topics applicable when working with older youth such as education and links to references such as web resources, policy, etc. related to that particular topic. It is hoped that this will be used by staff to aid in having information in one place as well as assist those who are not always familiar with working with Older Youth and refresh those who do work with older youth on a regular basis.

In FY11, CD developed and implemented policy to be in compliance with the Patient Protection and Affordable Care Act (HR 3590). All youth participating in the Older Youth Program are provided education about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under law to make those decisions, whether a health care power of attorney, health care proxy, or other similar document recognized by state law and how to execute such a document if the youth wants to do so. Youth exiting

care receive information regarding health care needs in the exit packet. Information includes options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law and options on executing such a document.

The Adolescent FST Guide and Individualized Action Plan (CD94) was revised to incorporate documentation of discussion of the option of designating another individual to make healthcare treatment decisions on their behalf if the youth becomes unable to participate in such decision. Staff was directed through a memorandum that this information be provided during the 90-day period before the youth turns age 18 or 90 days prior to emancipation if leaving care after age 18. A PowerPoint presentation on exit planning available on the CD intranet was revised to incorporate the requirements of the Act. As part of the memo, some additional issues were addressed. Form instructions were provided for the Older Youth Program Referral (CD93), Adolescent Family Support Team Guide (CD94) and Individualized Action Plan Goals (CD94), and Life Skills Strengths/Needs Assessment Reporting Form (CD97) and revisions to the CD93 and CD94 were made for program improvement purposes. The MO HealthNet Coverage Brochure was revised to include information on health coverage when a youth moves to another state.

Six CD employees and a youth participated in a Shared Learning Collaborative on Permanency for Older Youth in Los Angeles, California in May 2012. This was sponsored by Casey Families. The Shared Learning Collaborative (SLC) brings multiple jurisdictions together to receive peer technical assistance on a mutual topic of joint interest. Missouri was a learning state and was glad to have the opportunity to access the knowledge of experts and other states. During the one and a half day convening, participants were engaged in several core discussions in large and small groups. Workshops were used to disseminate key chunks of information to a large group in a short timeframe. Workshops were then followed by "team time" which allowed participants to debrief with their colleagues and begin to consider action items. On the second day, an action plan is developed which identifies immediate next steps over the next 30-90 days. Three of the team members are focusing on education of staff in their area. Their goals with their presentations are:

- Enhance/reiterate the understanding and importance of older youth permanency for frontline workers and supervisors

- Allow frontline staff and supervisors to connect with an older youth of which APPLA was the permanency plan

- Explain the importance of reconsidering APPLA every six months

- Discuss how to go about finding a "forever family" for youth, whether the goal is adoption, guardianship or APPLA (consider all options such as Family Finding, "file digging," etc.)

- Allow older youth to explain the importance of Chafee referrals, goals and services to increase frontline worker and supervisor's knowledge of the Older Youth Program

- Encourage staff to complete referrals in a timely manner and follow-up/help youth to achieve goals set by themselves and the team

- Encourage staff and "teams" to listen to the youth voice and allow youth to make more decisions for their future (i.e. scheduling and facilitating PPRTs, setting their own goals on the CD-94 and having freedom in achieving these goals)

- Increase staff knowledge of the OYP in general, as well as the partnership with Chafee and Casey

Former Governor Blunt appointed the Blue Ribbon Panel for Youth Aging-out of Foster Care in August of 2008. The seventeen member panel was comprised of Department Directors from the Departments of Social Services, Mental Health, Health and Senior Services, Higher Education, Elementary and Secondary Education, and Economic Development as well as representatives from private business/industry, current and former foster youth, private youth service providers, the juvenile court system, the Juvenile Justice Association, a Court Appointed Special Advocate and a foster parent.

The charge of the panel was to assess current and private resources within Missouri available to support youth in or exiting from foster care. The panel recommended ways to improve and strengthen coordination, communication, and collaboration among youth serving agencies and private industry to maximize the efficiency and effective use of resources to support the youth and their healthy transition to successful adult roles and responsibilities. The goals outlined for the panel were better use of resources, better outcomes for youth through existing and emerging programs, and better futures for our youth and our economy.

The panel met from October 2008 until May 2009. The panel focused on six primary topics: permanency and lifelong connections, physical and mental health, transitional supports, education, employment, and cross system collaboration. The final recommendations were presented to the Governor for consideration. An initiative, the Youth Independence Interdepartmental Initiative (YIII), was formed in April 2010 and convened over the next two years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out's recommendations to help youth successfully transition from care. Several recommendations center on the CFCIP purposes. The Independent Living Coordinator (ILC) was a member of this task force as well as the subcommittees created in SFY11 to implement some of the specific tasks. These subcommittees were on education, employment/driver's insurance, youth empowerment, and developing a recognition program. The task force met four times in SFY11 and the subcommittees met three times in SFY11. Sub-committees had conference calls each quarter.

Many of the recommendation tasks have been accomplished. The YIII was instrumental for networking, resource sharing and addressing issues legislatively and between state agencies. The YIII has acted in the capacity of stakeholders and reviewed program implementation and reporting information on ETV. Feedback was also sought on revising "What's It All About" transition guidebook for youth in care. Tuition waiver language was put into statute and appropriations continue to be made. Memo CD11-78: "Missouri Reach" Tuition Waivers and Fee Program was published in September 2011 with assistance from Missouri Department of Higher Education. House Bill 1577 was passed in FY12 which supports the

provisions of Senate Bill 291, the Foster Care Education Bill of Rights. A webinar was presented by the Department of Elementary and Secondary Education (DESE) titled "Helping Children in Foster Care Succeed in School" and was geared towards High School Principals, Guidance Counselors, Children's Service Workers, and resource providers to assist youth in foster care with school issues in May 2012. DESE has also linked education information from Children's Division's website to their website. The Department of Insurance, Financial Institutions and Professional Registration in conjunction with the Children's Division through the YIII worked with the Automobile Insurance Plan Servicing Organization (AIPSO) and its Governing Board to assist youth in foster care with obtaining auto liability coverage for vehicles they drive but do not own (non-owner insurance). These are just a few of the examples of the achievements of the group.

The logical next step is to address issues of youth transitioning at the community level, where youth are exiting and depend on the much needed resources provided where they reside.

At the close of the group in SFY13, CD and its partners are moved toward Older Youth (OY) Summits. OY Summits are held at the community level and the focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children's Division and its partners in the YIII to have Older Youth Summits across the state. The first summit was in April 2013 with over 80 participants from four Judicial Circuits. The second summit will be held in Kansas City in March 2014 for six Judicial Circuits. At the writing of this report, 144 participants are registered to attend. CD plans to have more summits in SFY15 but the next location has yet to be determined.

In SFY14, legislation has been introduced which would allow youth age 16 and older to sign a contract for the purpose of obtaining automobile insurance. This is a follow-up to the non-owner insurance policy that was achieved through the YIII. The policy assists youth 18-21 in foster care with obtaining auto liability coverage for vehicles they drive but do not own. This coverage is available to youth placed away from their parents or guardians and for whom the Missouri Department of Social Services (Children's Division) has legal custody. With this program, a youth may purchase an auto policy in his/her own name which includes a specially developed form titled "Named Non-owner Coverage Youth in State Custody". The policy provides state required limits of liability and uninsured motorist coverage to the insured youth when driving any vehicle he or she does not own. The special endorsement, however, allows the youth's policy to respond to a claim when the youth is driving a care giver's car differently than when driving a non-caregiver's car. Although the premise for this policy was it would be beneficial, because of statute limitations, the youth who could most benefit (those under 18) are not able to currently access this policy. To date no youth have taken advantage of this policy. It is thought this is because youth age 18 and older are able to obtain insurance on their own accord and may be a population less likely to live in a foster home, living independently, thus not having to be put on someone else's policy. If this legislation is passed, CD will promote this benefit as was done in CY12. The SYAB will continue to advocate for this in SFY15 if legislation is not passed in SFY14.

The ILC has been a member of the Council for Adolescent School Health (CASH) for the last five years. CASH meets quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Service decision-makers regarding adolescent and school health issues and initiatives. The Council for Adolescent School Health may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. In SFY14, CASH revised its mission, purpose, vision, and goals to include professional development. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects. Recent topics include immunizations and school health profiles. Adolescent smoking cessation and human trafficking are future topics. CASH did not meet regularly in SFY14 due to personnel changes within the sponsoring agency but meetings are scheduled for the remainder of SFY14 and SFY15 and the ILC will continue participating in this task force.

The ILC has been a member of the Child and Family Services Review Advisory Committee for the last five years and a member of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT) since 2010. MITT was formed in 2007 to promote interagency collaboration in Missouri at the state-level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT, consisting of diverse state-level membership meets quarterly to share resources, develop goals and promote concrete activities to improved transition education and services. In SFY14, the MITT team worked on consolidating resources via a website: http://disability.mo.gov/MITT.htm. Because community members are allowed to directly submit and report on resource links, it is hoped this will remain a viable resource directory. MITT coordinators are also preparing for a Transition Institution conference with the theme of family engagement to be held in summer 2014. Primary participants are school personnel and vocational rehabilitation counselors. CD staff will present a workshop on this topic at the Institute. The ILC will continue participation in both groups in SFY15.

The ILC became a member of the Healthy Transitions Initiatives State Transition Team (HTI) with Department of Mental Health in SFY13 and continues involvement with this team. The HTI changed the name of the group to the Emerging Adults Initiative (EAI) in SFY14 and began meeting on a monthly basis. The group is meeting at the state level and works closely with a pilot project which is funded through a grant. The focus population is youth with a serious emotional disturbance ages 16-18 and young adults between the ages of 18-25 with serious and persistent mental illness who are currently being served by the community mental health center or young adults who left treatment and have returned for ongoing services. The group does look at policy at the state level and changes have been made. An example of this the Missouri Vocational Rehabilitation has expanded its youth range up to 21 years of age from 18 years of age. Another example of work that has been completed is the HTI sites are now able to bill mental health services for young people on the children's side up to 21 years old instead of 18 years old. The ILC will continue participation in EAI in SFY15.

The Jackson County Older Youth Transition Specialist (OYTS) is a member of:

- The Healthy Transitional Initiatives/Uniting Pathways Coordinating Council. The Council oversees the implementation for services for youth with mental illnesses who are transitioning through four mental health agencies in Jackson County. The main focus areas are housing,

education, employment and career, personal effectiveness and well-being, and community life functioning. The council is funded through a SAMHSA grant through the Department of Mental Health. The Jackson County OYTS is a subcommittee member in the Community Life Functioning group.

- The Coalition of Homeless Youth Providers of Services (CHYPS). This group is comprised of various agencies that work with youth who are homeless or may become homeless to provide support and information on what is available for this population. The goal is to alleviate homelessness among youth ages 12 to 24, and their dependents, through advocacy, coordination and collaboration of direct services. Speakers address topics of interest and need.

- The Special Placement Support Team Meeting (SPSTM). This occurs within the Children's Division to examine and recommend placements for children in residential facilities.

- Family Support Team (FST) Member. The OYTS attends FST's for youth over the age of 14 in the Jackson County area and participates in service plan meetings for youth in the Transitional Living Program.

The Jackson County OYTS trainings in SFY14:

- Provided training on the National Youth In Transition Database (NYTD), Casey Life Skills Assessment, and exit planning to CD workers, Foster Care Case Management workers, Chafee workers, and Transitional Living Program workers.

- Provided training on the Older Youth Program to the Midwest Foster Care and Adoption Association, the Juvenile Law Committee, residential facilities, Guardian Ad Litems' office, and prospective foster parents through the STARS classes.

- Provided training to adults interested in becoming Transitional Living Advocates.

The Jackson County OYTS provides assistance to community members on resources available for youth that are not in the custody of the Children's Division.

The Southern Region OYTS is a member of the Ozark Region Workforce Investment Board Youth Council, the Homeless Youth Subcommittee of Community Partnership's Christian, Greene, and Webster Counties Continuum of Care, and Re Evaluation by Other Observant Thinkers (REBOOT) as part of the 26th Circuit's Fostering Court Improvement Project.

The Southern Region OYTS also attends older youth FST meetings, provides training for advocates for the Transitional Living Advocate Program, and provides refreshers on the core curriculum older Youth training to circuits throughout the Southern Region.

The Northern Region OYTS conducted Older Youth Program (OYP) trainings and refresher meetings in SFY14:

- The 3rd, 10th, 11th, 13th, 14th, 15th 18th, and 45th Circuits from July 2013 to February 2014

- Northern Region Circuit Manager and Supervisors meeting in October 2013

- Trainings are scheduled for the 2nd, 8th, and 12th Circuits for the remainder of SFY14 with other Circuits being offered the opportunity for trainings.

The Northern Region OYTS continues as a member of a regional workgroup comprised of persons from Missouri State Highway Patrol, Central Missouri Foster Care and Adoptive Association, Division of Insurance, and Children's Division, to develop methods for assisting youth in foster care obtain their driver's license and insurance.

The St. Louis Region OYTS:

St. Louis OYTS attended six Children's Division and FCCM office meetings in St. Louis City and County to discuss the process and need for Chafee referrals. OYTS also provided three FACES trainings to St Louis city workers.

- St. Louis OYTS is chair of the St. Louis Older Youth Resource Network (OYRN). OYRN meets quarterly with OYTS, Deputy Juvenile Officers, Guardian Ad Litems, Court Appointed Special Advocates, Chafee providers, and Transitional Living Program providers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.

- St. Louis OYTS became point person for The SPOT-Coach Project. The Coach project is for youth ages 13 to 17 years old in foster care in the St Louis region. The SPOT provides a medical home for these youth and provides safer sex intervention to help address the high rate of teen pregnancy for foster youth.

- St. Louis OYTS serves on the Missouri Mentoring Program Advisory Board (MMP). MMP is an employment mentoring program that serves youth 16 to 21, with the majority of youth from Children's Division and Division of Youth Services. MMP matches youth with employers and workplace mentors while providing job skills to the youth. The advisory board meets quarterly and focuses on program development and recruiting business partners.

- St. Louis OYTS serves on the Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community individuals who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professional in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division.

- St Louis OYTS attended the SYAB leadership conference and the education summit. OYTS also attended the leadership camp conducted by Epworth's Chafee program.

- The St Louis OYTS is also a board member on the St Louis Area Council on Child Abuse and Neglect. The mission of the St. Louis Council on Child Abuse and Neglect (CoCAN) is to promote advocacy, education and legislative action in order to improve the lives of children at risk of abuse and neglect. The council provides professional development and training to providers in the St Louis region four times year.

The Children's Division issued memos specific to older youth throughout the last five years.

SFY10:

- Youth advocated for an increase in clothing allowances and this was provided to youth case managed by the Children's Division in July 2009.

- A memo was issued in July 2009 to allow mileage reimbursement to older youth in independent living situations to assist them in meeting the goals of their case plan that would be afforded to youth in other living arrangements.

- The Planned Permanency Agreement, CD-129 was introduced in July 2009 to be used whenever the permanency options of a Fit and Willing Relative or APPLA are selected.

- In November 2009, a memo was released introducing changes in the eligibility population for Chafee and to reinforce transition planning per the Fostering Connections and Increasing Adoptions Act of 2008.

- As a result of a pilot program implemented in FY09 that examined the Transitional Living Program utilization, a memo was issued in November 2009 to all staff to clarify requirements for Transitional Living Programs and Independent Living Arrangements.

- In February 2010, memo was issued to staff regarding the importance of accommodating older youth in Family Support Team meetings.

- In February 2010, a memo was issued regarding preparation for implementation of the National Youth in Transition Database.

SFY11:

- In July 2010, a memo providing clarification regarding eligibility for youth in Out-of-Home Care for Food Stamp assistance was issued, produced in collaboration with the Family Support Division.

- In September 2010, a memo was issued to introduce the National Youth in Transition Database (NYTD) permanent contact screen in FACES and the importance of permanent connection information. This was produced in collaboration with FACES staff.

- In September 2010, a memo was issued introducing policy and procedures to implement the NYTD and this memo was produced in collaboration with FACES staff.

- In September 2010, a memo was issued regarding requirements and changes that were made to implement the Patient Protection and Affordable Care Act. Division of Legal Services provided input on this memo as well as our Public Information Administrator.

- In February 2011, a memo was issued on workforce opportunities for older youth. Staff from the Division of Workforce Development was consulted and reviewed this memo.

- In March 2011, a memo was issued that provided tips and reference material for staff working with older youth. This was a result of efforts to evaluate program effectiveness and enhance services. OTYS were consulted regarding this memo.

SFY12:

- In September 2011, the "Missouri Reach" Tuition Waiver and Fee Program and procedures were introduced by CD Memo 11-78.

- In September 2011, new fields for adjudicated delinquent and race declined were added in FACES.

- In January 2012, CD Memo 12-06 addressed federal requirements for educational stability case plans and credit report requirements as a result of the Child and Family Service Improvement and Innovation Act.

- In March 2012, CD Memo 12-28 provided clarification on existing policy of children of youth in alternative care (CYAC).

SFY13:

- CD Memo 12-77 was issued in August 2012 regarding an agreement that the Children's Division entered into with TransUnion to conduct fraud prevention service checks to 16 and 17 year olds.

- In September 2012, a memo was released introducing the availability of a non-owner insurance policy for Older Youth.

- In September 2012, CD Memo12-98 was released to discuss NYTD surveying of 19 year olds and resource information.

- In February 2013, CD Memo 13-11, regarding guardianship and youth with special needs was issued.

- CD Memo 13-13 was issued discussing requirements of address information for Older Youth in preparation of the FACES implementation and as a reminder for NYTD surveying purposes.

- PA13-FCOOHC-01 was issued regarding exit planning.

- CD13-56 introduced the Older Youth Program forms and referral process FACES conversion.

SFY14:

- CD Memo 13-69 was issued reminding staff of surveying a new cohort of 17 year olds.

- CD Memo 13-74 was issued introducing expanded Medicaid eligibility up to age 26 for former foster care youth due to Senate Bill (SB) 127.

- CD Memo 13-78 was issued introducing re-entry legislation.

- CD Memo 14-23 introduced supervision of older youth from other states in Transitional and Independent Living situations.

- CD Memo 14-25 was issued introducing FACES enhancements for NYTD, Case Member, and Case Closing screens.

Presentations have been provided over the last five years:

- In SFY 11, the ILC spoke at the Missouri Juvenile Justice Association fall conference at a break out session on OY, Guardian Ad Litem training for the 13th Circuit, and to the Southeast Region Foster Parent Advisory Committee. A presentation was given to the 19th Circuit Foster Parent Association and a workshop was presented at the Alternative Care Conference.

- In July 2011, a presentation was provided to the Mid-Missouri Foster Care and Adoption Association regarding the Older Youth Program. In May 2012, the ILC presented an overview to CASA at a train-the-trainer event.

- The Independent Living Coordinator presented at the Department of Elementary's Transition Institute Conference as a speaker on assisting youth in foster care to transition to post-secondary education in June 2012.

- In September 2012, the ILC presented at the Foster Care Case Management Program Managers meeting on upcoming policy and program changes. The Children's Division participated in the NYTD convening in SFY13 along with a youth representative.

- In SFY 14, a train the trainer format was used in May/June 2013 to introduce staff to the new FACES system and the ILC participated as the program representative in sessions across the state with FACES staff trainers.

- The ILC Coordinator participated in a Youth Law Forum held in St. Louis in July 2013. 53 youth and 97 service providers were in attendance to receive information on legal issues affecting runaway, homeless, and at-risk youth on topics such as teen parents, safe relationships, LGBTQ, social media, renting, and the court.

- In September 2013, the ILC participated in Culture of Care Training provided by the National Resource Center for Youth Development for residential care providers.

- The ILC is a member of a Driving License Task Force that began in CY13. The group is looking at resources available to assist youth with obtaining a driver's license.

- The Children's Division shared information specific to older youth in the November FACES newsletter on the FACES enhancements. Information on OY as stakeholders and family engagement pertaining to older youth were shared in the Continuous Quality Improvement Newsletters in SFY14 and topical information will continue in SFY15 as appropriate.

The ILC will continue to give program presentations and trainings as needed in SFY15.

The Children's Division intranet and internet have been updated in SFY14 with resource information specific to older youth and this will continue in SFY15. CD also utilizes FACEBOOK as a means to share information specific to the Older Youth Program and on average makes one post per week and this will continue in SFY15.

For SFY15, CD will continue contracting Chafee, TLP, and ETV and Missouri Reach services and continue development of community resources to support these contracted services. The Children's Division continues to monitor and provide support to providers of the ETV, Chafee and TLP contracts, as well as, continue to educate staff and stakeholders about providers and the services they offer. The Children's Division will continue reporting services and outcomes on older youth. Meetings for providers will be held as needed in SFY15. A stakeholders meeting will be held over two days in April 2014.

The Chafee contract is in effect until October 2015 with annual renewals. There are six agencies across the state providing Chafee services.

The TLP contract expires June 2016 with annual renewals. There are 16 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services.

The ETV and Missouri Reach contract expires March 2015 with annual renewals.

Education and Training Vouchers

Missouri uses grants, scholarships, tuition waiver and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs.

Missouri continues to reinforce the ETV program to serve eligible youth. The CD has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care 2 Success to provide these services. Missouri has utilized all of its ETV funds for the past eight years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services (annual report attached). As

part of the contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website.

There are no plans to change the eligibility criteria for youth at this time.

Currently, eligible youth access the ETV program through the Foster Care 2 Success website at http://www.fc2sprograms.org/. Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5 – 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well.

The application and all record keeping are online and available to appropriate state staff for oversight purposes. The website allows CD to monitor the youth's application and paperwork at each step of the process. Foster Care 2 Success looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs. In FFY15, the web based application and eligibility portal was enhanced to include information as to whether the youth receives a stipend for housing expenses. This was at the request of staff and was presented to the contractor, who accomodated the request. This will ensure that the educational financial assistance a youth receives is being used for the best purpose. Some youth were reporting that they needed housing assistance while still in care. This will not prevent a youth from receiving housing assistance if needed, however it gives a bigger picture of the youth's resources and will aid with budgeting with the youth. Funds are available on a first come first serve basis beginning July 1 each year and this has not prevented anyone from receiving needed assistance who has applied timely.

Current requirements for eligible youth to receive assistance are:

- Youth must demonstrate academic success or motivation in school (generally a "C" average or its equivalency or as otherwise agreed upon with the plan) or in a training program;

- Youth must be accepted to an accredited college/university, vocational school or certified training program;

- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;

- There must be reasonable assurance the youth will graduate from the educational or training program.

Youth are required to provide financial need information through the on-line application process. The application process and a database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or $5,000 per year.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

Foster Care 2 Success also continues to reach out to non-starters and offer suggestions about how they can develop a plan as long as Foster Care 2 Success can contact them. Foster Care 2 Success continues to send care packages, e-mails, and texts to youth who correspond with them, even when no longer receiving assistance.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program for SFY14 for $188,000. Implementation of the program fully began in fall of 2011.

As this is limited funding, and in order for the funding to be best utilized in conjunction with ETV, a priority criteria was established. Priority is given to:

- Those youth not otherwise eligible for Educational Training Vouchers (ETV)

- Students adopted from Children's Division after the age of 14

- Those youth who have at least 60 hours of college credit

In order to apply, youth must go to http://www.fc2sprograms.org/ and complete the online application. Older Youth Transition Specialists verify eligibility once application is made. The Missouri Department of Higher Education (MDHE) approves applications based on the priority criteria. Youth eligible and accepted are notified as funding is available on behalf of MDHE.

Foster Care 2 Success processes the applications once accepted by reviewing the applicants' transcripts to determine academic standing, confirming the applicants' tuition and fees with the college or university, and working with students to develop a community service action plan.

The application and eligibility determination process became more streamlined in January 2014. The website previously had two separate application pages for ETV and Missouri Reach. The website was enhanced so that all youth can apply on one page which determines if they should apply for both programs based on how they answer some initial questions. Eligibility can be determined from one location as well. Many youth who apply for ETV would be eligible for Missouri Reach as well but would only apply for one program. The priority categories were seen as eligibility criteria versus the intent of

having a way to select youth when there were too many applicants for the funding. This removed this issue and state staff can make the determination of eligibility versus a youth not applying because a youth thinks he/she is not eligible. It should be noted that although some youth did not apply via the previous website, Foster Care 2 Success did outreach based on the applicants and CD was able to determine if they met the criteria. They were then informed and selected for Missouri Reach as applicable.

MDHE has established the following types of community service and public internships that youth may participate in to meet this requirement:

- Volunteering with a non-profit community service organization

- Community service club activities (not meetings)

- Campus coordinated community service projects include unpaid practicum and internships as well as philanthropic activities conducted by student service organizations

- Institutional and community sustainability projects

- Volunteering at a hospital, convalescent home, or group home for youth in foster care

- Unpaid peer mentoring or tutoring programs, both on- and off-campus

- Weekend campus clean-up, beautification activities

- Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.)

- Volunteering for Habitat for Humanity, locally or abroad

- Unpaid internships with a local, state or federal agencies

The following are not considered appropriate for community service:

- Work often done by office, teacher or library student aides

- Service performed for a profit-making organization

- Service accomplished without obtaining prior approval

- Activities usually considered normal extracurricular (or co-curricular) activities

- Service performed by a student for a family member or in instances where the family member supervises the service

- Service related to a class, credit for a class or the making of profit, defraying costs of trips, etc.

- Pay is received for the service rendered

Institutions of Higher Education the youth attends are to monitor compliance and report it to MDHE per the statute but Foster Care 2 Success also assists with the monitoring. Once a youth is approved for the tuition waiver, continued participation in the program will be determined by academic standing, community service participation, and funding of the program.

Missouri utilized the funding for SFY13, with 31 students receiving funding.

As of December 2013, 40 youth have applied for Missouri Reach compared to 34 in 2012. Of these 40, 24 were funded fall semester 2013. Second semester youth funded information is not available at the writing of this report; however one additional youth has been identified to receive the funding and expend all of the funds.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Although Foster Care 2 Success is not headquartered in Missouri and the work with students is completed through technology, the employees have established good working relationships with staff and youth. An example of this is a youth who is currently in her freshman year at college. She is attending a private school and cost of attendance is higher than a public school. The youth's Family Support Team encouraged the youth at the beginning of the semester to consider public school but she was not interested in this. The youth has a strong connection with her former foster family and they encouraged her to go there. The youth recently stated that she had spoken with Foster Care 2 Success about the benefits of going to a public institution and plans to transfer this fall so that she can financially afford college.

Scholarships and internships are also provided through Foster Care 2 Success. These services will continue in FFY15.

Foster Care 2 Success was awarded the contract on April 1, 2012. The contract is for one year with two annual renewals and will expire in March 2015. A stakeholders meeting will be held in April 2014 to evaluate the current program and services and the contract requirements. Information gathered will be used to determine the direction of the program.

As part of the contract, Foster Care 2 Success provides an annual report. Please see the attachment for additional information on services provided and demographics of youth served.

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet and a description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local CD

field offices and providers via the Older Youth Transition Specialists. Information regarding FASFA is on the website as well as PowerPoint presentations on ETV/Missouri Reach and websites containing scholarship links. Information regarding ETV is also in the Child Welfare Manual. The brochures are included in the exit packet information. The Independent Living Coordinator also shares information on Facebook on "Missouri's Older Youth Program." The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency's website.

Youth from across the state will advocate for continued funding for the tuition waiver program in April 2014 at Child Advocacy Day. This has been a topic for the youth since the passage of the law as it is important to them and the appropriations are reviewed annually.

In SFY15, CD plans to continue the program structure in place as funding is utilized and CD is able to meet the needs of youth with the additional funding of Missouri Reach.

Foster Care 2 Success implemented a new program in SFY14 entitled Aim Higher. Aim Higher is a peer-to-peer mentoring program that seeks to improve college readiness for foster youth who are still in high school by tapping the experiences and unique perspectives of successful Foster Care 2 Success Scholars. The program is designed to help foster youth gain a better understanding of the differences between high school and college and to develop the academic and life skills they need to graduate.

The program has 22 carefully selected Foster Care 2 Success upper-class college students known as Fellows, three of which are from Missouri. The Fellows spent three weeks in June in Washington, D.C., participating in workshops and training sessions to hone their communication and presentation skills and learn how to share the Foster Care 2 Success's Academic Success Model with foster youth in their home states.

They discuss time management, goal planning, study techniques and other important life survival skills with the younger students. Fellows share their experiences to help teens understand the role of a college student. They also will emphasize how much hard work is required to progress and how earning a diploma can change a life.

Fellows are drawn from Foster Care 2 Success students who are majoring in education, social work, communications, public policy and similar fields. As participants, they receive valuable training and experience that can enhance their career potential and build their resumes. The program also provides Foster Care 2 Success Scholars with the opportunity to give back and lend support to other foster youth.

Missouri has utilized this program for a couple of events in CY2013. An Aim Higher fellow was the closing speaker at the Alternative Care Conference. A youth conference was held in July 2013 and education regarding ETV and Missouri Reach was infused throughout the event.

Two Aim Higher fellows presented five sessions of a workshop at the youth conference. A 15 minute general session was also presented giving an overview of Missouri Reach and ETV.

In July 2013, an Educational Summit was held in collaboration with Foster Care 2 Success. The summit was located in Jefferson City and participants were invited from across the state. The purpose of the

summit was to learn more about the program, share success stories and data, hear from some of our youth participants, and learn how to best assist youth. The agenda included an introduction to Missouri's Post-Secondary programs (ETV and Missouri Reach), Missouri student data, brain development and age relevant information, strength based coaching for college students, the role of being a college student, post secondary readiness – how workers can help youth in high school, and mechanics and logistics (financial aid, employment readiness, earning a credential). 56 people from across the state participated including Children's Division staff, juvenile court, Chafee providers, Transitional Living Providers, and Foster Care Case Management staff. One Aim Higher Fellow was a presenter.

In CY2014, Foster Care 2 Success is hosting a webinar series from February 5th-March 26th. Each 30 minute session is designed to help those who work with older youth (foster parents, Chafee providers, case managers, etc.) on postsecondary and career planning. The announcement was shared widely throughout the state with various stakeholders.   At the writing of this report, one session has been held with 58 participants. The number of people registered for the session was over 100. The weather conditions were hazardous on this date and this is thought to be the reason for the difference in registered versus participated. The following are the sessions to be provided:

Session 1 - MO ETV - Years later what do we know?

What's working? What should we do differently? And why we must learn from the data? This first session will lay the groundwork for the 2014 series. FC2S will share data collected from applications, college transcripts, student surveys and retention and graduation information.

Session 2 - Mechanics of MO's Two Postsecondary Support Programs

ETV –the whole student person, why funding and support from all sources need to be aligned. MO Reach and state tuition waiver program – a short review designed to tell you everything you need to know to help young people access these resources.

Session 3 - Putting the Pieces Together

What does finding an appropriate career path mean? By nature, many young adults are unrealistic or unaware of how their interests, aptitude and current reality will determine how successful they are in college and training. What can we do to help youth set realistic, achievable goals?

Session 4 - Life Gets in the Way, Then What?

It's ok to not learn everything the hard way. Every day, adults see young people make poor decisions, take on others' responsibilities, minimize challenges or self-sabotage. Knowing this, how can we help the youth we work with to look ahead and develop reasoning skills so they can avoid or minimize the consequences of poor decision-making?

Session 5 - <u>The Burden of Student Loans</u>

We can't just say 'I told you so.' Why the type of school matters and how to say - 'that's not a good choice and this is why.' This session will present the facts and dispel the fiction about financial aid and postsecondary funding.

Session 6 - <u>Making College/Career/Employment Real</u>

Certificates and Associate Degrees open doors to the workforce. Today more than ever, choosing a viable career path requires strategic planning. Learn how to talk with your youth so that they can make the connection between education, employment and career pathways that lead to self-sufficient adulthood.

Session 7 - <u>Behavioral Health</u>

An enormous problem facing many of the youth with whom we work, with no single solution. This session addresses soft skills, executive functioning, emotional intelligence, learning disabilities, mental health issues, ADHD & how we can need to think about these issues as they relate to postsecondary success.

In FFY15, CD will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program.

AFCARS Review Effect on Program Improvement Plan Goals

Missouri completed a federal AFCARS review in March 2009 and subsequently entered into an AFCARS Improvement Plan. The improvement plan consisted of FACES screen changes, mapping changes and data accuracy training requirements. All required FACES screen changes were completed in May 2012. As of the submission of the last APSR, the remaining steps of the AFCARS improvement plan were to complete the corresponding mapping changes related to the new FACES screens. All remaining mapping changes, including those related to the new FACES screens, have since been completed.

During FY12 and into FY13, Missouri had several attempts to resubmit AFCARS files going back to 2009 in order to have clean data for a data profile and establishment of baseline data for the CFSR PIP. Missouri was able to remedy the problem with dropped cases; however, children incorrectly showing or not showing in the adoption file became the remaining source of error needing to be resolved following the resubmitted data.

In order to rectify the adoption disparity issue, Missouri held several phone conferences with ACF and the data and technology team to troubleshoot the errors. In April 2012, Missouri successfully resubmitted AFCARS files for 2010, 2011 and 2012 that resolved the issues of dropped cases and adoption disparity. Since that time, Missouri's data profile continues to show a less than 2% disparity in these areas. The state will continue to monitor dropped cases and adoption disparity with each new submission.

Final system changes for the AFCARS Improvement Plan (AIP) were completed in June 2012. The enhancements include system changes to capture more accurate data in FACES and mapping changes to the AFCARS extract file. Children's Division will be working with ACF to submit all the necessary documentation to address any final issues and close out the AFCARS AIP.

The AFCARS frequency report will continue to be used with each AFCARS submission to identify issues which require data accuracy training or data corrections. Quality Assurance Specialists have been and will continue to coach staff on accurate data entry when following up on data clean-up efforts.

The AFCARS Improvement Plan has supported the Children's Division efforts in meeting the goals of the program improvement plan (PIP) established in October 2011. For example, one of the goals of the PIP is to align policy and practice and one of the ways identified to accomplish the goal was to decrease the number of placements a child would experience while residing in foster care. The AFCARS Improvement Plan allowed the Children's Division to evaluate how placements were captured in the FACES system and with this information Missouri was able to establish an accurate baseline. Missouri modified program code to cease reporting a new placement when a discharge occurred and to ensure all children on trial home visits were captured correctly in the system. Missouri implemented screen modifications and added new placement options requiring a caseworker to enter placement information, therefore ensuring the whereabouts of each child is known to the agency at all times. The FACES screens and program code were also updated to include temporary situations such as summer camp and detention. Several mapping logic items were adjusted for placement types. For example, changes were made to foster family group homes to appropriately map to relative and non-relative categories. The program code was modified to discontinue counting a placement change if the child did not physically move locations but instead the placement type changed. Placement types are used for payment purposes in the FACES system. For example a child is placed in an unlicensed kinship home and within ninety days the kinship home becomes a licensed provider. Prior to the AFCARS Improvement Plan this was counted as a placement change even though the child did not move physical locations.

Another task of the PIP was to increase the use of Permanency Planning Review Meetings (PPRT) data. The AFCARS Improvement Plan was instrumental in ensuring accurate PPRT data. By ensuring quality data, staff of all levels access and use PPRT data on a regular basis. During the AFCARS review, program code was tailored to ensure the review date(s) fall after the start of the last removal and prior to the end of the reporting period. Screen modifications were made to provide the worker a message to complete the final step when entering data about a PPRT. The Quality Assurance Unit reviews for data accuracy on a routine basis and Missouri utilizes timely PPRT data as a measure of staff performance for annual appraisals. This further ensures an established routine review by staff and managers of accurate data entry.

The PIP also included an overarching goal of collaborating with other agencies and as a task to increase accessibility to wellness. Several significant changes were made to the medical screen in FACES including adding the question: "Does the child have a diagnosed condition (current or previous)?" FACES changes were made to capture the condition as specified by the DSM-IV Manual (mental health conditions) and ICD-9 Manual (medical conditions), including the dates of the diagnosis and the name of the medical

professional who made the diagnosis. FACES was modified to eliminate severity levels and to add all DSM-IV and ICD-9 conditions in a new diagnosed conditions section on the Medical Information Screen. If information is entered in error, an invalidate checkbox is available with a comment box to explain the reason for the invalidation. The AFCARS Improvement Plan including the changes mentioned above allows Missouri to share reliable and comparable data information when collaborating with stakeholders.

Greatest Risk of Maltreatment

The primary concern of the Children's Division throughout the continuum of care is always child safety and well-being. The Division utilizes protocols built upon Structured Decision Making (SDM) and the Framework for Safety (FFS) to assess for risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment. The Framework for Safety model enables staff to identify vulnerabilities and protective capacities, thus allowing services to be targeted to the most vulnerable children and to caregivers with limited capacities. The Risk Assessment (SDM) assesses the likelihood a family will maltreat their child(ren) within the next 18 to 24 months. For active family-centered service cases, the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the highest risk cases. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents. When risk is clearly defined and objectively quantified, the agency can ensure resources are targeted to higher risk families.

Identified Population
Children birth to ages seven and eight are typically more vulnerable and at the greatest risk of maltreatment because they are completely or primarily dependent on others to meet their nutritional, physical, and emotional needs. Young children lack the ability to protect themselves from abuse or neglect. They lack speech capacity and important social, cognitive, and physical skills which are developed in early childhood.

Source: Child Abuse and Neglect Annual Report, SFY 13, Page 12

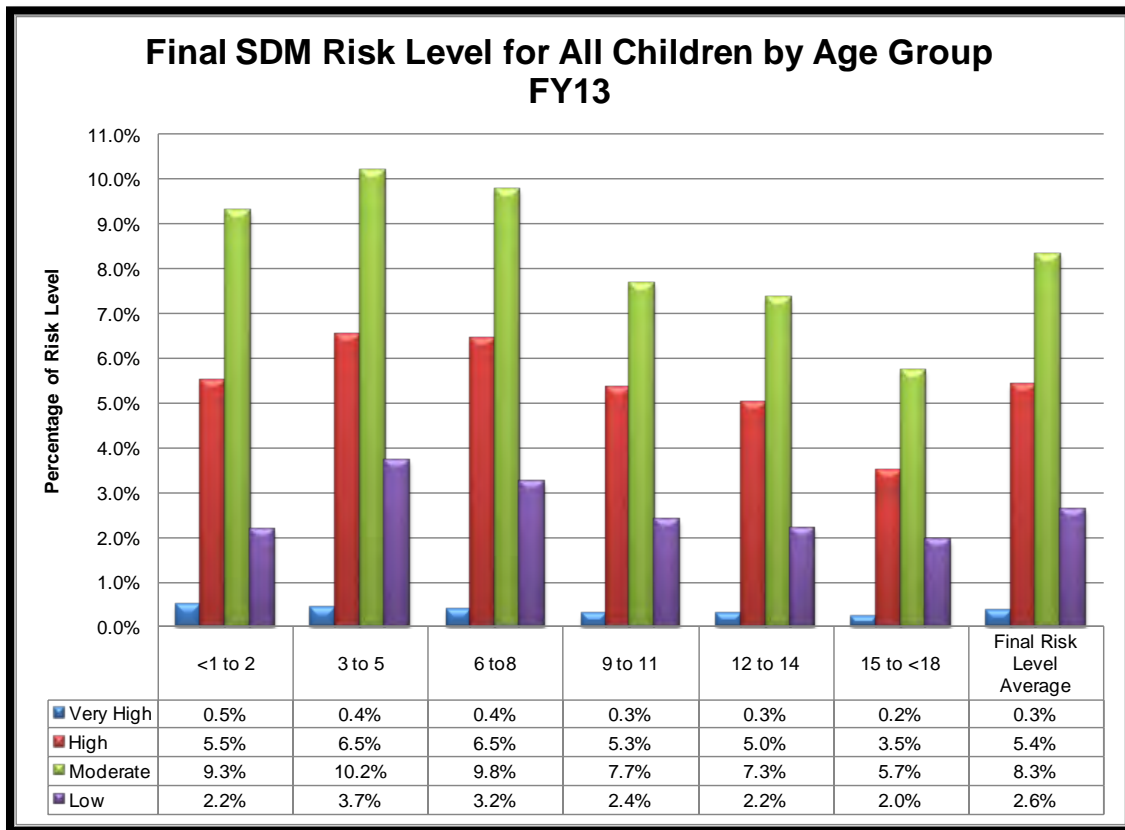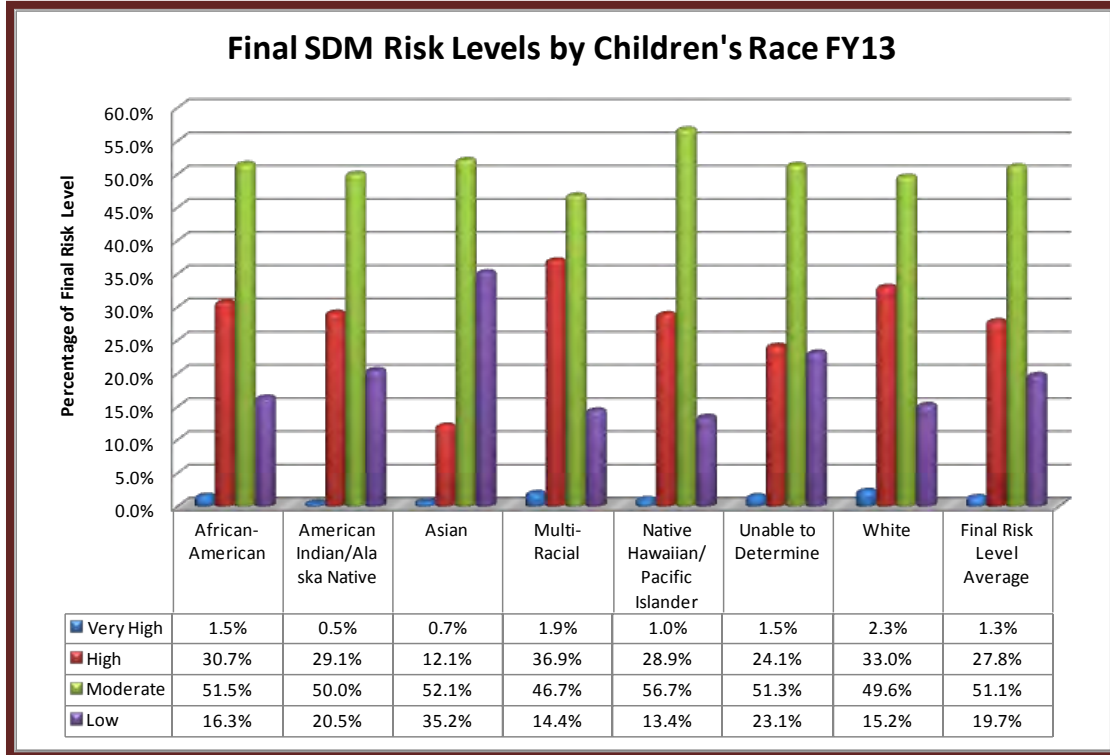Based on the chart above, children birth to age seven constituted 53% of all substantiated victims in SFY13. Similarly, the chart below shows the highest population (more than half) of children involved in family assessments to be children birth to age eight.

Children Receiving the Family Assessment and Services Approach by Age Group

13 -<18 Years, 22%

<8 Years, 49%

8-12 Years, 29%
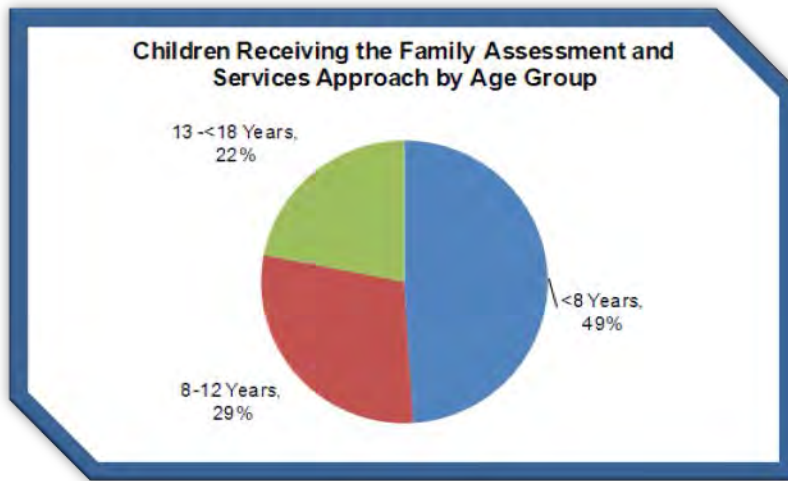
Source: Child Abuse and Neglect Annual Report, SFY13, Page 23

In addition, after the children come to the attention of the Division, the data shows the highest percentages of risk level (moderate, high, and very high) exist within the birth to age eight group.

Final SDM Risk Level for All Children by Age Group FY13

Percentage of Risk Level

	<1 to 2	3 to 5	6 to 8	9 to 11	12 to 14	15 to <18	Final Risk Level Average
Very High	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.3%
High	5.5%	6.5%	6.5%	5.3%	5.0%	3.5%	5.4%
Moderate	9.3%	10.2%	9.8%	7.7%	7.3%	5.7%	8.3%
Low	2.2%	3.7%	3.2%	2.4%	2.2%	2.0%	2.6%

Final SDM Risk Levels by Children's Race FY13

	African-American	American Indian/Alaska Native	Asian	Multi-Racial	Native Hawaiian/ Pacific Islander	Unable to Determine	White	Final Risk Level Average
Very High	1.5%	0.5%	0.7%	1.9%	1.0%	1.5%	2.3%	1.3%
High	30.7%	29.1%	12.1%	36.9%	28.9%	24.1%	33.0%	27.8%
Moderate	51.5%	50.0%	52.1%	46.7%	56.7%	51.3%	49.6%	51.1%
Low	16.3%	20.5%	35.2%	14.4%	13.4%	23.1%	15.2%	19.7%

Source: Child Abuse and Neglect Annual Report, SFY13

The data above provides an opportunity to identify the probability of future maltreatment for children who were involved in a CA/N Investigation or Family Assessment during SFY13. Children between birth and eight years of age presented the highest probability of being at moderate to very high risk for future maltreatment. Children's race was also slightly indicative, but not exclusively predictive with regard to placing children at greater risk for maltreatment.

In addition to age, the following were specifically identified as contributing factors:

- Children in families with prior history of abuse or neglect

- Children in families who have previously received services

- Children who had three or more siblings under the age of eighteen living in their home

- Children who presented a history of delinquency, had a developmental disability or a concerning characteristic related to their mental or behavioral health

- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern

- Children whose primary parent/caretaker had a history of abuse/neglect as a child

- Multi-Racial (36.9%) and African-American (30.7%) children represented the highest percentage of high risk level when controlling for all risk levels assigned within each race

Services Targeted to this Population

Missouri's early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state's lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to eligible children and their families consistent with the requirements of Part C of the IDEA. Pursuant to the federal mandate of CAPTA, staff are required to make a referral to First Steps for any child under the age of three who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation. According to Research and Evaluation in CY13, 815 children were eligible for referral to the First Steps program pursuant to CAPTA requirements. Yet, DESE reports only 78 of these referrals received from the Children's Division cited a referral reason of "CAPTA" to signify compliance. When a preliminary data report from DESE in September revealed the disparity, Children's Division issued a Practice Point (PP13-IA-05) to all staff. The Practice Point reinforced the policy requirement for making referrals and outlined referral process instructions, including instruction to select CAPTA as the referral reason. In communication with field staff it has been reported referrals are being made, but the reason of CAPTA is not being selected. The Division believes this additional education will yield more referrals made to First Steps with a reason of CAPTA.
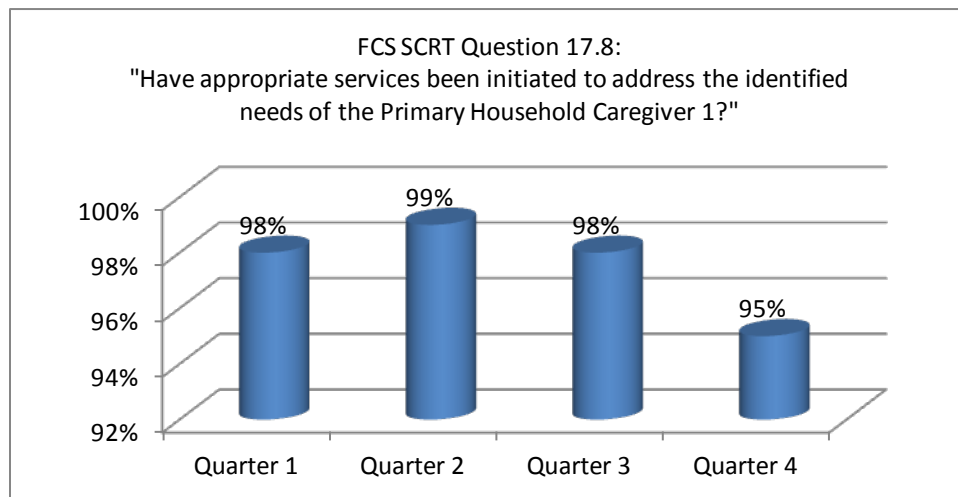
Intensive In-Home Services (IIS) is one intervention targeted to children age five and under. The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY13, 42% of the children served by IIS were age five and under. In SFY12, SFY11, SFY10 and SFY09, the percentage of children five and under was 40%, 41%, 40%, and 39% respectively.

The Family-Centered Services assessment is integral in determining appropriate services for intact families with open FCS Cases or with families with children in out-of-home care. The North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R) was trained and implemented statewide in the fall of 2013. The NCFAS G+R is designed to assist staff in conducting a thorough and comprehensive assessment of:

- Family history
- Child safety
- Family structure and functioning
- Family strengths and supports
- The family's level of risk for future child maltreatment, and
- The family's need for services

The family assessment should lead directly to a meaningful treatment plan designed to reduce risk of child maltreatment and to promote and maintain positive change in family functioning.

The data below, from Supervisor Case Reviews for the four quarters of 2013, shows staff are initiating the appropriate services to address the identified needs of the family.

FCS SCRT Question 17.8:
"Have appropriate services been initiated to address the identified needs of the Primary Household Caregiver 1?"

Quarter	Percentage
Quarter 1	98%
Quarter 2	99%
Quarter 3	98%
Quarter 4	95%

In addition, the division has extensive reference materials available for staff, including information on chronic neglect, developmental milestones, domestic violence, substance abuse, failure to thrive, and many other issues leading to increased risk for children.

Services for Children Under Age Five

Family-centered, strength-based treatment services for children under five years of age who are in the home should be completed by referring the family to any available community resource or other support system identified by the family utilizing all available community resources to help the family. Children's Division does not have child specific data for intact family services; however, development of ROM FCS reports is underway which will help staff and managers to be better able to differentiate homes with young children from others. The ROM FCS reports are expected to be ready for testing with expected implementation during FY15. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she assesses some, or all, of the services cannot be delivered directly. The following services should be considered:

- Infant stimulation/early childhood education

- Specific habilitation and medical services

- Respite care

- Home-based services to provide instructions on infant and child stimulation (i.e., Parents as Teachers Program and Home Visitation Providers)

- First Steps services for ages birth-3 (mandatory referral for POE finding for children under the age of 3)

- School district services referral for children over the age of 3 with a developmental concern or delay

- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs

- Referrals to Early Head Start and Head Start

- Parent aide services for the parents

- Mental Health services for the child or parents

In SFY14 a Home Visitation program was introduced designed to improve parenting practices through home visitation, group training and networking activities. The target population for this program is families that have a child under the age of 3 and a household income under 185% of poverty. The goals are to support and encourage care that promotes positive brain development, provide services that lead children to school readiness, ensure low-income children and children with special needs have equal access to services and reduce incidences of child abuse/neglect.

Also in SFY14, a Memorandum of Agreement was entered into between the Department of Social Services, Missouri Head Start State Collaboration Office and the Missouri Head Start Association, allowing a framework for local CD offices and Head Start agencies to work to develop a Local Collaboration Plan, this would be for both Early Head Start and Head Start. This was designed to improve the coordination of services for children and families served by both agencies as well as aid in referral processes.

Under Age Five Children without Permanent Families

The population of children under age five in foster care has remained relatively stable over the last few years. According to the Child Welfare Outcomes Report, Table 8b, approximately 36% (6,201 out of 17,154) of the children in foster care in SFY13 were age five and under. This percentage is the same as SFY12 with 36% (5,965 out of 16,487) and SFY11 with 36% (5,688 out of 15,738) of the children in care age five and under and a slight increase from SFY10 in which those children age five and under accounted for 35% (5,222 out of 14,769) of the foster care population. Because the population of children under age five has remained stable over the last few years, the state projects approximately 36% of the population will be age five and under in SFY14.

According to point in time data effective January 31, 2014, approximately 47% (2,070 out of 4,371) of the children under age five were female and 53% (2,301 out of 4,371) were male. For the same time period, approximately 73% (3,174 out of 4,371) of the children were white and 21% (897 out of 4,371) were black. The remaining 6% were American Indian/Alaskan Native, Asian, multi-racial, and unable to

determine. In addition, 50% (2,207 out of 4,371) of the children five and under are placed with relatives or kin. This figure is higher than the percentage of all children in foster care placed with relatives or kin.

The State places a strong emphasis on achieving permanency for all children served including those under the age of five. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last three years (SFY10 - 13) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age 0 - 5 achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages 0 - 5, 6 - 12, and 13 and older.

Some strategies for achieving permanency for young children include: increased parent-child visitation when possible, front loading services to get the family engaged early, placement with relatives, concurrent planning, and regular FST meetings to discuss progress. Concurrent permanency planning is a process of working towards reunification while, at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. If a child has been in placement for more than one year, and the current permanency plan is not working, the Family Support Team should consider changing the permanency plan to the concurrent permanency plan. If it appears the child will be unable to return to their family of origin, the FST, with the involvement of the family, shall develop alternate plans for the child using concurrent planning and meeting the court and ASFA timeframes. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. In addition, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan if they do not follow through.

Parent-child visitation is important at any age, but it is especially important when children are under the age of five as visitation helps parents to bond with their children and stay current with the changing developmental needs of their children. Frequent visitation with young children also allows parents to practice and improve the parenting skills they are learning in parenting classes and/or counseling sessions. Because the Division already encourages service provision for children under the age of five, there are no anticipated changes or updates forthcoming.

Age Groups Exiting to Reunification

Years	0-5	6-12	13+
SFY09	39.0%	31.7%	29.2%
SFY10	37.5%	32.8%	29.7%
SFY11	42.4%	31.2%	26.5%
SFY12	38.6%	34.1%	27.4%
SFY13	39.1%	36.5%	24.5%

Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY09	36.8%	34.0%	29.2%
SFY10	41.3%	34.2%	24.4%
SFY11	41.9%	32.6%	25.5%
SFY12	40.5%	34.0%	25.6%
SFY13	38.5%	38.3%	23.2%

Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY09	54.2%	33.1%	12.8%
SFY10	55.6%	33.1%	11.4%
SFY11	58.1%	30.1%	11.7%
SFY12	55.4%	33.9%	10.7%
SFY13	58.4%	31.9%	9.8%

Source: Child Welfare Outcomes Report, Measure #9b

As of March 31, 2012, an ad hoc report produced by the Research and Evaluation Unit showed 46% (59 out of 127) of the children under age five available for adoption (TPR occurred and have a goal of adoption) are in a pre-adoptive placement. As of January 31, 2013, 69% (85 out of 124) of the children under age five available for adoption are in a pre-adoptive placement. As of January 31, 2014, 70% (90

out of 129) of the children under age five available for adoption are in a pre-adoptive placement. This continuing rise comes as a result of an increased focus on ensuring children who are available for adoption are matched and placed in pre-adoptive homes.

For the 30% of children under age five not in a pre-adoptive placement, there are many recruitment activities that should be occurring in an effort to locate pre-adoptive placements. The Heart Gallery showcases children in foster care available for adoption and awaiting adoptive families. Families who may be interested can search the website or view photographs at the travelling gallery. The display is featured in many public venues where people who have not considered adoption can be exposed to the opportunity. In addition to the Heart Gallery, adoption events from around the state are posted on the CD website. Each circuit has their own strategies for recruitment. Staff also utilize the AdoptUSKids service whose mission is to raise public awareness about the need for foster and adoptive families for children in foster care and to assist in recruiting and retaining foster and adoptive families and connect them with children.

Beginning January 1, 2012, a new performance requirement was implemented for adoption staff. In an effort to improve recruitment efforts, 75% of children with a goal of adoption must have a profile featured on AdoptUSKids. The measure is specific to each job classification and program area and is intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in their recruitment efforts. The measure can be used by supervisors to identify practice issues and develop a plan for improvement. When managers begin to complete the employee's annual performance appraisal, this is an item adoption staff's ratings will be based upon. The report is based on a quarterly point in time comparison of all children having a case goal of adoption (not placed in pre-adoptive placements, having the goal of adoption for at least the last 90 days) listed in AdoptUSKids Data Base. The AdoptUSKids Comparison Report is provided by the Adoption Unit at Central Office.

As mentioned in the foster care section, in an effort to reduce length of time in foster care for all children, PIP strategies also include enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors review a child's progress towards the case goal, better collaboration with the court in monitoring child progress towards permanency, and developing local processes for reviewing young children who have not yet achieved permanency. The Children's Division continues to emphasize timely achievement of permanency regularly with staff, managers, Quality Assurance and Quality Improvement Specialists, and the Courts. Some circuits, through the Fostering Court Improvement project have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits, staff review cases on a monthly basis with their juvenile office to ensure children do not remain in foster care indefinitely. These reviews have helped move children towards permanency.

In May 2012, a training DVD was created entitled "The Legal Aspects of Barriers to TPR and Adoption". The training DVD was completed by the legal issues training coordinator and the foster care Program Development Specialist in an effort to educate training participants regarding how the constitutional laws, federal laws, and state laws impact termination of parental rights (TPR) proceedings. Another

objective was to help participants recognize the legal barriers to TPR/Adoption and how they impact permanency planning for the child. The hope is this training will help improve timely permanency for children because staff will be equipped to recognize barriers to permanency and to develop a plan to overcome those barriers.

Another strategy being undertaken by the State to reduce the length of time children are in foster care without a permanent family includes the work being done by the Recruitment and Retention Task Force. This task force comes as a result of House Bill 431 and House Bill 604 which required the Children's Division to convene a task force to review the recruitment, licensing, and retention of foster and adoptive parents statewide. Members of this task force include: foster and adoptive parents, contractors, the faith based community, and CD staff. The charge of the task force was to study the extent to which changes in the system of recruiting, licensing, and retaining foster parents would enhance the effectiveness of the entire system. The legislation required the task force to submit a report of their findings and recommendations to the Governor and General Assembly by December 1, 2011. A crucial component to the plan is remembering foster and adoptive parents are professional members of the team. Many recommendations from the task force pertain to increasing supports, enhanced or revised training and professional development, and improved and targeted recruitment efforts.

It is important to address the developmental needs of all children served including those under the age of five. Staff should discuss the child's development and health history with the parents. If a child seems to be functioning below age level, attention should be paid to what stimulation is being offered the child and suggestions should be made to the parents or caregiver if necessary. Observation should also be made of proper nutrition, sleep habits, and other health related problems. Staff should also contact teachers and counselors for information on school progress and make a referral for a cognitive screening to confirm any delays. If a child seems to be functioning well below age level, a referral should be made to First Steps (ages 0 - 3), School District (age 3+) and the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level. Some communities have special preschools. The school age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program).

The Division also recognizes the importance of foster parent-to-child ratio for young children. Per policy and administrative rule, foster parent(s) shall not provide care for more than two children under age two and no more than four under the age of five unless necessary to accommodate a sibling group on a temporary basis. Because of the sound policy and rule, the division does not anticipate any changes or updates to this particular requirement.

COLLABORATION

The Children's Division strives to coordinate efforts and collaborate with partners across the entire child welfare continuum. Some of the programs and initiatives working to that end are summarized below.

Stakeholders and community partners regularly review the progress made on the goals established in the Program Improvement Plan. Several of those activities are referenced throughout this and the previous section.

Collaboration with Courts

Through the CFSR findings, court barriers to achieving best practice were identified. These barriers varied from circuit to circuit, yet some specific barriers were occurring in multiple circuits. Partnering with the Office of State Courts Administrators (OSCA), specifically the Juvenile Court Improvement project, was necessary to remedy these issues. Exploration of other states' processes assisted in the planning process. The plan was to bring as many judges, juvenile officers, CD circuit managers, attorneys, Guardian ad litems, court appointed special advocates, etc. in one place to brainstorm strategies to overcome barriers to timely permanency and notification to caregivers. The meetings were called Permanency Summits and were held in the eastern and western side of the state. From the beginning of the planning process, the desire was to mandate each of the 45 circuit team's attendance. On April 4, 2012, Chief Justice Richard B. Teitelman wrote a letter to each presiding judge in all 45 circuits to require all judges and commissioners to attend. Following this, OSCA sent registration information asking for teams of eight to ten people to attend.

The Permanency Summits were held in June 2012 in Kansas City and St. Louis. Judge Stephen Rubin from the National Council of Juvenile and Family Court Judges and the National Resource Center for Judicial and Legal Issues was the national speaker and focused on encountering and overcoming court barriers. More specifically, he discussed federal requirements and how decisions in courtrooms affect children and the child welfare system.

This collaborative effort began by assembling a "team" from each local circuit to identify local barriers to finding permanent solutions for children in foster care in a timely manner. The teams consisted of juvenile judges, juvenile officers, CD, contracted agencies, GALs, CASA, agency attorneys and parent attorneys.

Each circuit prepared an improvement plan addressing identified barriers. The plans were sent to the Office of State Court Administrators, who partnered with CD in July 2012 to review and provide feedback. Updated improvement plans were submitted in February 2013, with 40 of the 45 circuits returning their 6-month improvement plans. OSCA and CD once again partnered to review and evaluate the plans. Casey Family Programs collaborated with the Children's Division by providing assistance to review the plans and connect Judiciary supports (such as technical assistance and coaching from retired judges) to circuits whose outcomes may indicate improvement regarding timely filing of termination of parental rights or other processes impacting timely permanency are needed. Quality Assurance and Quality Improvement Specialists reviewed permanency summit plans to ensure the strategies were on target according to the data, and worked with Circuit Managers to identify strategies in need of adjustment.

Additional collaboration efforts with the courts are outlined in the Fostering Court Improvement section below.

Community Based Child Abuse Prevention

The Children's Trust Fund (CTF), Missouri's Foundation for Child Abuse Prevention, is the designated lead agency for administering the Community Based Child Abuse Prevention (CBCAP) funds in Missouri.

The Children's Trust Fund has a long history of working with Missouri's Children's Division at the state level, although not specific to CBCAP funded initiatives. Work has primarily centered on the promotion of the Strengthening Families Protective Factors in both agencies' grant programs, collaboration through initiatives such as Early Childhood Comprehensive Systems (ECCS) and the Maternal Infant and Early Childhood Home Visitation (MIECHV). Children's Trust Fund fiscally administers nurse home visitation funding (as pass-through funding from Children's Division). In addition, CTF has discussed with CD staff how information maintained by CD (services and child abuse reports) could be used in relation to the clients served by the CBCAP sites. As a result, CBCAP programs began collecting client DCN numbers this year so that we can compare information on mutually served families.

At the local level, the Missouri model promotes collaboration among all community service providers including local Children's Division staff. Representatives from the local Children's Division Circuits participate on the Provider Networks in all four of the CBCAP Lead Agency Sites. Children's Division staff provide program referrals, participate in family support teams and share information as part of their roles with the CBCAP-funded programs.

Background Information

Over the past 15 years, the Missouri CTF has primarily used CBCAP funding to partner with 15 communities to implement a coordinated services delivery/collaborative models to prevent child abuse and neglect. Efforts have centered on overcoming challenges which have historically diminished the effectiveness of child abuse prevention efforts.

Children's Trust Fund approaches child abuse and neglect prevention on the premise that Missouri families and children often suffer from intertwined economic, social, educational, behavioral health, and physical health problems. Families commonly have multiple issues which cannot be addressed as individual discrete problems (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.), as issues are interwoven often in complex ways and require a broad array of services which are more effective if offered as part of a coordinated and integrated system. While many of Missouri's communities have multiple services that work to reduce risk factors and enhance protective factors, these services are sometimes constricted by funding requirements (and competition), as well as organizational and professional boundaries and defined function. While it is sometime easier for policy makers and providers to address single issues in terms of defining funding and function, the lack of coordination limits the effectiveness of services and does little to assist those with multiple issues. Many Missouri communities lack a framework to build interagency and professional relationships, therefore inhibiting collaboration processes and mechanisms for organizations and professionals to work together in a concerted effort to prevent child abuse and neglect.

Another challenge to preventing child abuse and neglect is the deficit-based, reactive approach that is deeply rooted in human service organizational and professional cultures. In this type of approach, families often receive support only after they have been identified at serious risk of or reported for child abuse and neglect. Changing human service organizational and professionals' perspectives to include a strengths-based approach to family's needs and solutions can be challenging. It is sometimes difficult to focus on strengths when, by nature and professional training, the instinct is to focus on what needs to be fixed. This deficit-based approach can be problematic in that it leads to differential diagnosis of the family's need/problems, which limits the comprehensiveness and creativity of the treatment plan. While this may be helpful in identifying the most critical need or problem, it does not foster thinking by professionals and families about a plan for prevention and strengthening the family. Consequently, there continues to be inadequate focus on determining family strengths and promoting the development of family competencies and capabilities that enable them to have control over important aspects of their lives and to relate to their children more effectively.

Each CBCAP site employs a supportive strength-based approach to prevention by engaging the family with an interdisciplinary team of professionals in developing and implementing the family's integrated service plan. The CBCAP sites use a family strengths inventory tool and work to build protective factors to help the family and family support team identify family strengths, resources and goals.

Over the past decade, CTF has pursued a powerful CBCAP network strategy which leverages community-based learning and capabilities through building network relationships. Initially the CTF implemented this project as a demonstration model incorporating a standardized set of criteria and outcome measures to support the evaluation and collection of data.

The Missouri Model

The intent of the CBCAP project in Missouri is to help communities develop a model integrated system for delivering health, family support and social services to children and families in order to improve outcomes, reduce costs, and ultimately reduce the risks of child abuse and neglect. It is believed that if health care and social services are coordinated across the continuum, rather than fragmented, then at-risk parents or expectant parents and their children are more efficiently served, outcomes can be improved, thereby reducing the total cost of providing services to these families.

The CBCAP focuses on agencies combining their resources and working together alongside the families to solve the multi-faceted problems families are faced with today. The purpose of this model is for each CBCAP site to provide a more efficient and seamless coordination of service delivery to families and their children thereby reducing duplication of existing services, maximizing the resources of public and private providers to better serve the consumer, children and families, and in doing so reduce the likelihood of child abuse and neglect occurring. The coordination of services is done through a "lead agency" model where one agency takes the lead in coordinating a comprehensive service plan and needed services with the family with the support of the provider network. The emphasis of the Missouri model is coordination of services.

In FY14, CTF continued supporting this model for a third time by awarding Community Based Child Abuse Prevention continuation grants (CBCAP) to:

- Joplin (Newton & Jasper Counties) – The Alliance of Southwest Missouri – "Project Care"

- Caruthersville (Pemiscot & Dunklin Counties) – Pemiscot County Initiative Network ; "Lower Bootheel CBCAP Project"

- Bolivar (Polk, Dallas, Hickory Counties) – Barceda Families "Project Teams – Together for Empowering and Accountability to Maximize Self-Sufficiency"

- Barnhart (Jefferson County) – Jefferson County Community Partnership – "Project Cope"

CTF released an RFP in January 2014 and hope to add two new sites for FY15. The Joplin and Caruthersville sites are in their final year of funding so will no longer be eligible for CBCAP funding for this model. The Bolivar and Barnhart sites will be entering their fifth year of funding.
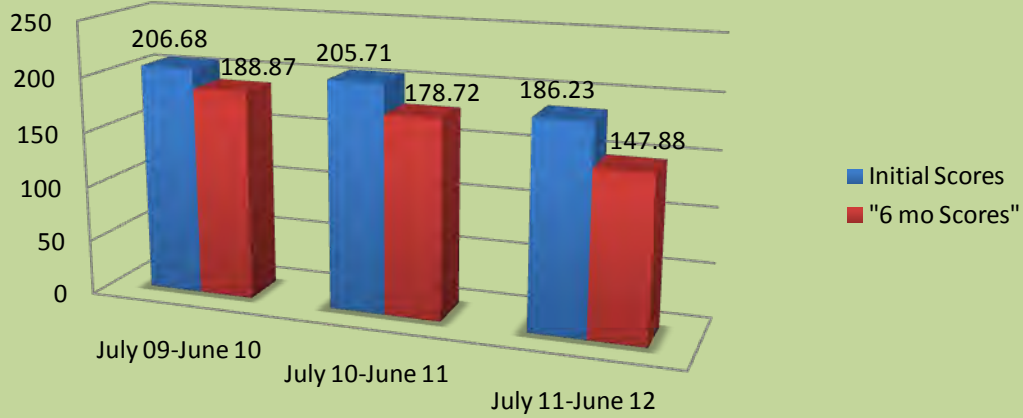
Each CBCAP community is awarded an average of $100,000 in funding for up to five years. During the first six months, each site enters a capacity building phase focusing on: 1) developing the CBCAP leadership structure (advisory board and network coordinator), 2) forming relationships in order to implement a network development strategy to leverage the diverse abilities, information, ideas, and support services that community-based organizations and professionals possess to promote family/child protective factors, resilience, and reduce risk factors in order to prevent child abuse and neglect, and 3) engaging community stakeholders in joint planning efforts to develop an integrated service delivery model that incorporates the Missouri lead agency/family support team coordination model.

In the second six months of the first year, the sites initiate the operational phase of the project, which includes enrolling and serving families, continuing efforts in developing their provider networks, enhancing provider commitment to the lead agency/family support team model, and augmenting community services to fill service gaps to meet families' needs.
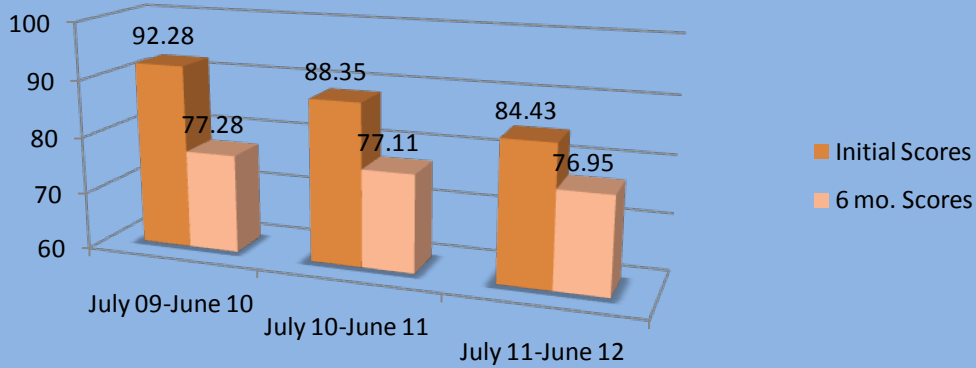
Data Collection/Evaluation

An important part of this grant is the collection of data on outcomes of these services and evaluation of the overall model. In addition to the Client Satisfaction Questionnaire, required assessments include the Parental Stress Index (PSI), the Child Abuse Potential Inventory (CAPI), the Adult Adolescent Parent Inventory (AAPI), and the Dunst Family Resource scales. The AAPI and Dunst scales were added in FY12 to gather information on the CBCAP's impact on strengthening the Protective Factors. CBCAP sites continue to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.
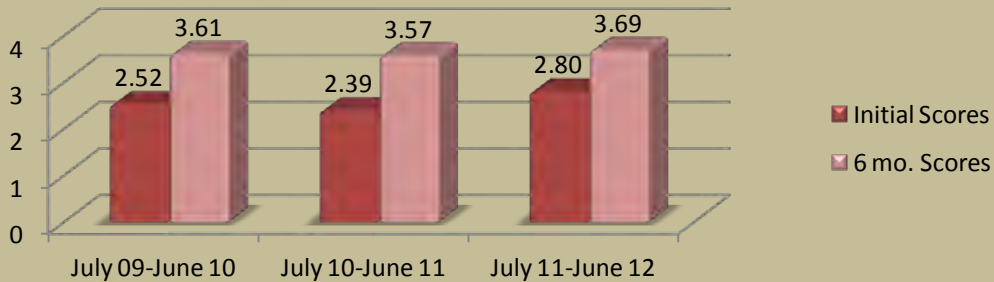
CBCAP Three Year CAPI Scores

Initial Scores
"6 mo Scores"

July 09-June 10: 206.68, 188.87
July 10-June 11: 205.71, 178.72
July 11-June 12: 186.23, 147.88

CBCAP Three Year Parent Stress Index Scores

Initial Scores
6 mo. Scores

July 09-June 10: 92.28, 77.28
July 10-June 11: 88.35, 77.11
July 11-June 12: 84.43, 76.95

CBCAP Three Year Change In Family Satisfaction

Initial Scores
6 mo. Scores

July 09-June 10: 2.52, 3.61
July 10-June 11: 2.39, 3.57
July 11-June 12: 2.80, 3.69

The Missouri CBCAP model is recognized by the federal funding agency as attaining the highest level of program standards and performance indicated by evidenced based outcomes and successful replication of the program in other communities.

Other evidenced-based and/or promising approaches include:

- Community collaboration

- Implementation of a lead agency coordination model

- Development and incorporation of standardized forms

- Payer of last resort flex pool funding for emergency family needs

- Develop partnerships with proven community programs such as Circle of Parents, Parents As Teachers, and Head Start

- Incorporate proven prevention models such as resource mothers, safe crib, infant massage, home visitation, respite care, Circle of Parents, and family development credentialing

- Quarterly review of annual operational plan as part of evaluation process

- The ability for communities and their stakeholders to build long term relationships and work together collaboratively as one unit for the benefit of families and children

Peer Review

Peer review has been an important component critical to the success of the CBCAP program in Missouri. Children's Trust Fund implements a peer review process with the local community sites whereby each of the CBCAP sites review their own performance on a quarterly basis against site-specific goals and objectives, as outlined in their annual operational plan using the logic model. An evaluation panel comprised of CTF staff, board members, grant consultants, and a former community grant recipient meets with and evaluates each site on a quarterly basis. A report card is then issued to each site summarizing their quarterly performance against site-determined goals and objectives. This process allows for optimal, systematic feedback to the sites that can be measured, documented, and reported on an ongoing basis rather than receiving one report at the end the year.

In conjunction with the evaluations, each site is required to attend a statewide CBCAP meeting held three to four times per year in Jefferson City. Each site provides input into the development of the agenda. Time is set aside at each meeting for a specific peer review exercise whereby the sites, both in small work groups and as a whole, critique, provide feedback and share information with each other regarding a predetermined topic, such as the development of care plans for clients, problems and solutions with the coordinated provider network, etc.

In addition, the two most recent sites have been paired with the two existing sites to provide additional opportunities for technical assistance, observation, and peer to peer learning. This adds an important

layer of interaction and relationship building to the multiple levels already established in previous and current groundwork state lead organization to community network sites; community to community, local community to family, and family to family within each community.

Missouri's statewide network has expanded and become stronger as a result of the success of the CBCAP Program and other family support initiatives and programs across the state. Children's Trust Fund is excited to continue and expand this partnership on multiple levels and appreciates the opportunity to develop, support, expand and enhance the network of CBCAP programs within the state in order to more effectively serve Missouri's diverse population and more effectively prevent child abuse and neglect seeking positive outcomes for all children and families.

School-Based Service Worker Contracts

During the 2013-2014 academic years, Children's Division contracted with 41 school districts throughout the state for 61 school-based service workers. The school-based service workers are employed by the school districts. The primary goals of the school-based service worker agreement include the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families.

A monthly tracking form is completed by every school-based service worker and returned to the designated Children's Division liaison by the fifth day of each month while school is in active session to document the school-based service worker's activities for the month. The Children's Division liaison collects the information and documentation for potential future evaluation and quality improvement.

In addition to aggregate data, the school-based service workers provide summary information on child abuse and neglect prevention activities performed for the children and families served and any community collaboration they had during the month. Services provided include referrals for child abuse/neglect, counseling and mental health assessment, attendance or academic issues, classroom behavior, health/medical/dental issues, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, and housing assistance. Local community collaboration is documented monthly and includes: speaking/presentations, written materials/workshops/training given or attended, contacts made with the local Children's Division office, and Family Support Team meetings attended.

The Children's Division liaison communicates with school-based service workers on a regular basis through e-mail, phone, and written correspondence and provides information about workshops or conferences, newsletters, and Children's Division policy that may benefit the school-based service worker program.

Restrictions under Family Educational Rights and Privacy Act (FERPA) continue to prohibit providing identifying information on clients from the schools which limits the ability to determine effectiveness of the program. However, workers provide activity accounting in compliance with the state contract.

Workgroup for Racial Equity

Missouri has a statewide workgroup to address the disproportionality of children of color in the child welfare system. The workgroup meets quarterly and includes representation from each region of the state including representatives from contracted agencies, Office of the State Courts Administrator, and Missouri Juvenile Justice Association. The workgroup evaluates disproportionality data at various service points and discusses ways to reduce it. Data is reviewed from all program areas to ensure institutionalized racism is not affecting outcomes for children of color and to ensure all families have equal access to services. When the workgroup uncovers an issue, a plan is developed and implemented in an attempt to effect change. For example, when foster care was identified as a service point needing attention, the workgroup developed a plan to provide racial awareness training to staff statewide.

Through the support of Casey Family Programs, all Children's Division employees received racial awareness training during the 2010-2011 statewide initiative. The training challenged staff to think about how these issues can impact the development of policies, programs and practices that will reduce racial/ethnic disproportionality and disparity and improve outcomes for all children and families involved in the child welfare system. Pursuant to the workgroup's strategic objective to have a statewide training plan, the workgroup recommended racial awareness training be made available on a regular, ongoing basis and required for all new staff. In response, Children's Division contracted with a trainer to provide a six-hour training course entitled *Disparity and Disproportionality in Child Welfare*. Consistent with the workgroup's recommendation, all new staff are required to complete this training course within the first year of employment. To date, twenty-one sessions have been provided to approximately 630 new staff. A representative from Casey Family programs continues to be a vital part of this workgroup and the continued partnership will allow the Division to further its goal to address disproportionality of children of color in the child welfare system.

In addition to the state level workgroup, regional workgroups collaborate to discuss local concerns. These regional groups vary in composition but could include stakeholders from the region including law enforcement and service providers. The regional workgroups also develop plans for change when concerns are identified.

Crossover Youth Initiative

In 2012, Missouri was selected to participate in the Crossover Youth Initiative. Crossover youth is defined as a youth who moves between the child welfare and juvenile justice system or those known to both systems concurrently. These youth typically require a more intense array of services and tend to have more extensive mental health needs. An implementation team from Missouri, comprised of representatives from the Children's Division, Division of Youth Services, Department of Mental Health, Office of the State Courts Administrator, and the 26th judicial circuit attended training with Georgetown University in 2012 and system level and community level initiatives were established. A judge and a former foster youth also attended the training. One system level initiative is to develop an assessment tool to assess risk for crossing over. One of the community level initiatives is to pilot the crossover youth practice model in two communities with training and consultation provided by Georgetown. If

successful, the goal would be to continue expanding the practice model. Jefferson and Greene counties were initially selected as the pilot sites for the practice model. An initial site visit and training was held in May 2013.

The Missouri Crossover Youth Policy Team was established to lead this statewide initiative which includes both system level and community level change. Team membership includes representation from the Missouri Supreme Court, Department of Mental Health, Division of Youth Services, former crossover youth, Washington University, the Office of State Courts Administrator, Children's Division, Department of Health and Human Services, Missouri Juvenile Justice Association, and the Department of Elementary and Secondary Education. Members have become "champions" of the cause within their agency and throughout their networks. Members also facilitate concrete support in the form of funding to support a state level coordinator position within the Children's Division, resources to contract with local focus group facilitators, connection to partnerships such as the child trauma project, and much more. Even the Georgetown Center for Juvenile Justice Reform (CJJR) training, consultation, and technical support is provided as a result of a Memorandum of Understand between the Department of Social Services and the Office of the State Courts Administrator (OSCA).

Progress on Community Level Initiatives

1. **The Crossover Youth Practice Model (CYPM) will be piloted in two communities with training and consultation provided by the Georgetown CJJR.**
    Progress: The pilot communities were selected based on need (data on prevalence of crossover youth), interest (commitment from court and local stakeholders) and capacity (prior history with system change or reform efforts) through an RFI process. The initial sites are in Greene and Jefferson counties. Training on CYPR was provided in conjunction with Georgetown CJJR. The Crossover Youth Policy Team has begun developing a strategy for CYPM expansion to other sites.

2. **As part of the planning process, partners will map out the life history of approximately 40 youth. This will include a review of their system involvement and identification of missed opportunities and turning points in their lives.**
    Progress: A sampling plan was developed and 20 children in each community were selected for review. File reviews were conducted and a timeline from birth to present was developed, noting system contacts, services received and their duration, significant milestones, significant environmental issues and other relevant information. The purpose of the case reviews was to detail system involvement, identify missed opportunities, and turning points in their lives. OSCA compiled a list of missed opportunities which was provided to the local sites and statewide policy team.

3. **The Crossover Youth focus group coordinator and OSCA researchers will conduct focus groups with youth, their parent figures, foster parents, and youth serving professionals in Jefferson and Greene counties to receive feedback on their experiences with the system and increase their engagement in the process.**

Progress: Two coordinators were selected in each community to recruit participants. Focus groups were held in August 2013. The major theme of the groups was "help", kinds given and received, its impact, and ideas for how to improve the help given to children and families. Focus group information was provided to sites and the statewide policy team. Common themes centered on information sharing and trust.

Progress on System Level Initiatives

1. **Develop an assessment tool for risk of crossing over/offending to administer in child welfare cases.**
   Progress: Tools were requested from other jurisdictions. A tool will be developed and implemented within 12 months and then validated within the first two years.

2. **Develop state policy guidance and a joint case management protocol, allowing youth to receive services in a more fluid and integrated way from multiple systems.**
   Progress: This will be accomplished within 12 months. Work is still being done in this area.

3. **Expand trauma informed practices and training across systems, including juvenile detention centers. Screen court involved youth for trauma exposure by modifying existing needs assessment tool.**
   Progress: The Missouri Crossover Youth Policy Team coordinated with the Ozark Center in Southwest Missouri. Ozark Center received a National Child Traumatic Stress Network grant through the Substance Abuse and Mental Health Services Administration to address child trauma. As part of this grant, Ozark Center is validating a community child trauma screening tool to be used in the community by non-clinicians, and creating a data network based on this tool to provide information to caregivers and make facilitated referrals to providers who are trained in trauma. The Department of Mental Health worked with Ozark Center to obtain permission to expand the validation of this tool into the two Crossover Youth pilot sites.

4. **Develop method to identify dually involved youth in the OSCA Juvenile Information system and implement a statewide data integration tool across youth serving state agencies.**
   Progress: OSCA staff conducted a site visit in Columbia, SC at the South Carolina data repository. The goal is to have a strategy in place by the end of the project year to move forward in developing such a repository in Missouri. Funding is being sought in this effort.

Challenges

At both the state and community level, the initiative has engaged many participants from across agencies. With the inclusion of so many people come challenges with multiple, often competing, priorities and initiatives and even with arriving at a common understanding of what is meant by "crossover youth". Creating a trauma screening tool that can be used across agencies is one example of the challenge. Many state and local agencies are currently considering using a trauma screening tool. A meeting was held in July 2013 to try and coordinate these efforts. Another related challenge involves

the inherent tension between this initiative which focuses on a specific population of youth and the general population of youth who could potentially benefit from the actions of the initiative. With COYI, everything is related to everything else and at times keeping the focus narrow enough to experience progress is difficult.

As the Crossover Youth Practice Model expands to additional jurisdictions, changes must be sufficiently embedded in the system through a set of best practices. These best practices will have to accommodate variations in community characteristics. The Missouri Crossover Youth Policy Team envisions system-wide implementation of many strategies within five to seven years.

Another challenge will be developing data collection systems to support data-driven decision making and results-based accountability. Data silos will have to be broken down and systems developed to integrate data across agencies. This will be a massive undertaking and require unprecedented levels of cooperation. The South Carolina experience provides an excellent model for how to proceed.

Practice and culture changes within state agencies, local courts, and communities will be another predominant theme in ensuring the effectiveness of Missouri's Crossover Youth Initiative. Missouri has a long history of collaboration, with some changes sustained and grown over time, while others produce limited impact or serve as short lived innovations. Philosophy, culture, practice, and financing will all have to align for maximum impact and sustainability.

State Youth Advisory Board

The Children's Division recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the OYP training which is provided to all new employees. The Professional Development and Training Unit receive the State Youth Advisory Board members contact information on a quarterly basis and work with the contracted Chafee providers. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will continue to speak at requested events, such as foster parent appreciation dinners, throughout the state.

Through the State Youth Advisory Board (SYAB), youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn, can empower other youth in out-of-home care. SYAB members and other current and former foster youth have been involved in panel presentations and various state/area conferences regarding what the CFCIP has meant to them and how it can make a difference.

Members of the State Youth Advisory Board (SYAB) represent all children and youth who have been in or are in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing Children's Services policy and procedural input to Children's Division (CD) administrative staff/Juvenile Court. The SYAB decides what goals and activities

they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). The youth must be ages 15-21, but if a youth turns 21 during the term, or leaves Children's Division custody, he/she can finish the remainder of the term if in good standing. In previous years the age requirement was 16-21 but this was amended by the board in CY13. Many youth age 15 were active in the local board and were instrumental in helping with the youth conference. Consequently, the board voted to allow this change in the handbook. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, and Censor. Officer elections are held annually in the summer. The board also may consist of three non-voting, ex-officio members. An ex-officio member must be a current or former foster care youth who served at least a one year term as a board member or alternate within the last three years. There are currently no ex-officio members and have not been for the last five years. Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance. The community member understands and respects the guidelines that are adopted by state board members. In SFY12, the SYAB had three community members participate throughout the year, and in SFY13, five community members participated. In SFY14, the SYAB had four community members participate throughout the year to assist with special projects.

Tricia Phillips, Children's Division Unit Manager, discussed strategic planning for the Performance Improvement Plan and Council on Accreditation and how to improve Another Planned Permanent Living Arrangement services. Scott Montgomery, Children's Division Child Abuse/Neglect Program Development Specialist and Elizabeth Tattershall, Resource Home Licensing Program Development Specialist, presented on their program areas in an educational format and answered questions that the youth had. As a result of planning for Child Advocacy Day it became evident that some education on policy versus legislation was needed for the youth to effectively advocate to the legislators. Many youth on the board have been a member for less than a year and the group needed to take a step back for education before advocating. Youth also received informal training on Advocacy Tips, What is Advocacy, Tips for an Effective Advocacy Day, Asking for Help, and Meeting with Legislators in the Capitol. Clark Peters, University of Missouri –Columbia, Assistant Professor also came for input on an education support project he is working on assisting youth in making the transition to college. Tim Decker, Director, Children's Division also attended an entire meeting as a special guest.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well but membership overall is kept at approximately thirty youth to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. SYAB has final authority on membership approval. As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings for a one year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and provide chaperoning throughout the attendance at SYAB meetings and activities. In SFY10, there were 36

members on the SYAB. There were 29 members on the SYAB in SFY11. In April 2012, there were 31 members on the SYAB. In April 2013, there were 30 members on the SYAB. As of February 2014, there are 29 members on the SYAB.

In SFY12, contract language for the Chafee and TLP contracts changed to state that the contractor shall provide an avenue for youth to communicate the youth's thoughts and feelings on issues that are important to the youth by means of a Regional Youth Advisory Board. The board should meet in a location that is geographically central to the population of youth, and should meet quarterly. This is a change from the previous contract which stated the format in which the communication may take place varies as deemed appropriate for the contractor's youth population, and may consist of the following:

- An advisory board that physically meets in a location that is geographically central to the population of youth

- An on-line, interactive web-based meeting site

- The utilization of Youth Advisory Boards (YAB) already in existence

The change was made as it was determined, in order to be most effective, the board needed to focus on foster care issues and face-to-face interaction was important so youth could meet other youth in foster care. By having a physical board comprised only of youth in foster care, it is hoped that there will be a stronger connection and improved communication between the local and state boards.

Language was included in the new Transitional Living Program (TLP) contract in SFY12 encouraging the contractor to coordinate with the Regional Chafee provider who has a board in operation.

The SYAB met on a quarterly basis for SFY14 and will continue to meet quarterly in SFY15.

The SYAB, as well as other older foster youth and alumni youth, have been active in participating in speaking engagements and workgroups to promote youth in foster care needs:

In SFY10:

- A SYAB member was a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, the review of child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.

- Two members of the SYAB participated in the Blue Ribbon Panel Task Force on Aging Out. This task force was formed to assess resources available to support youth in or exiting from care and to recommend ways to strengthen communication and collaboration among youth-serving agencies. One member of the SYAB participated in the Youth Independence Interdepartmental

Initiative that began in April 2010 to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations.

- An alumni youth was a member of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.

- An older youth was a member of the Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team. The Educational Advisory Team's mission is to collaborate to ensure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system.

- In August 2009, an SYAB member spoke at the Practice Summit regarding her experiences in care.

- In October 2009, members of the SYAB presented a skit and panel on the National Youth in Transition Database and transitioning out of care at the Midwest Foster Care and Adoption Association Annual Conference.

- In October 2009, the SYAB revised its handbook.

- In March 2010, a member of the SYAB presented at training for Juvenile Officers.

- The SYAB has been an active part of the Children and Family Service Review (CFSR) process and participated in a focus group in March 2010. Select members voted on by their peers will also participate in another focus group in June 2010. One member was on the CSFR Advisory Committee.

In SFY11:

- Two alumni youth participated in the Missouri Juvenile Justice Association Fall Conference in a panel presentation.

- Several youth from the St. Louis area had an opportunity via their contracted agency to meet with the Governor and discuss issues that were important to them.

- An SYAB member is also a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, the review of child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.

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- An older youth was a member of the Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team. The Educational Advisory Team's mission is to collaborate to ensure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system.

In SFY12:

- An SYAB member is available on an as needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement. However, in SFY12, input was not needed.

- One alumni youth and one SYAB member participated in the Youth Independence Interdepartmental Initiative that began in April 2010 to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations, however due to other obligations, their participation was minimal.

- Several youth participated in a panel presentation on experiences in foster care at the Alternative Care Conference in June 2011. The conference had court personnel, CD staff, Foster Care Case Management Staff, and resource providers in attendance.

- A youth representative was involved in a clothing allowance workgroup in July 2011 to review the current process and make recommendations for change.

- Several youth in care and alumni youth presented in a panel format at a conference in St. Peters for court personnel and Child Welfare staff about their experiences in foster care in July 2011.

- A Missouri youth participated in the Regional Independent Living Coordinators meeting in July 2011 and spoke about her experiences preparing to transition out of care.

- Missouri attended the National Youth in Transition Technical Assistance Meeting in Washington, DC in August 2011 and a youth representative attended as well. Missouri will attend again in August 2012 and has selected a youth team member for this event.

- In previous years, SYAB has had representation on the Children and Family Service Advisory Committee and the Missouri Task Force on Children's Justice. Both of these groups have opted to find a youth known to them versus a State Youth Advisory Board member, however as of April 2012, youth representation has not been finalized.

- Missouri participated in a shared learning collaborative (SLC) May 2012 in Los Angeles, California. Missouri had seven team members, including a youth participant. The SLC builds on the strength of Peer Technical Assistance and multiple jurisdictions together to receive peer technical assistance on a mutual topic of joint interest. The SLC engages jurisdictions in peer-to-peer learning through structured and facilitated discussions, providing the opportunity for multiple jurisdictions to learn from one another in one setting. The methodology also supports the development of individualized action plans to advance implementation efforts at the state and/or local level.

- A member of the SYAB and her foster parent attended the Proclamation signing with the Governor for Foster Parent Appreciation month. An older youth was asked to participate to bring focus to the need for foster parents for older youth in addition to giving recognition for foster parents who are willing to foster older youth.

In SFY13:

- Missouri attended the National Youth in Transition Technical Assistance Meeting in Washington, DC in August 2012 and a youth representative attended as well.

- In December 2012, several youth attended a Court Appointed Special Advocate meeting in Columbia to speak to the volunteers about working with Older Youth.

- An SYAB member is available on an as needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement. However, in SFY13, input was not needed.

- Members began collaboration with the State Foster Care and Adoption Advisory Board (SFCAAB). Two representatives from the SFCAAB attended a meeting and much of the meeting was devoted to collaboration on the Youth Adult Leadership and Empowerment Conference however, due to different needs, this collaboration was unable to come to terms for 2013's conference.

- Members developed talking points and a brochure for Child Advocacy Day.

- Members continued to support CASA with their VISTA Grant as an advisory council. This will be a function of SYAB for the term of the grant.

- Members revised their handbook to improve meeting processes. The last revision was in 2009.

- Members participated in making a video entitled "What's It All About, Missouri Youth Advisory Board Speaks out on Foster Care." A similar video was made several years ago but was dated. One meeting was devoted to the filming of this. The video will be debuted at the biannual Youth and Adult Leadership Conference. Feedback on changes for the video had been provided in SFY12. The project was done through the Professional Development and Training Unit and will be used for new staff and as an in-service training.

- Members received financial education from the Assistant Attorney General, Consumer Protection Division; Missouri Attorney General's Office and was assisted in developing a workshop for the youth conference on this topic.

- Members participated in a recognition ceremony with Citizen's Bank and Trust who developed the Student Checking Account Program that went into effect in SFY13. Members also shared their biographies for this program so that stakeholders had a representation of the youth the program was assisting.

In SFY14:

- An SYAB member is available on an as needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement.

- Several youth from the Kansas City area will participate in the Older Youth Summit in March 2014 which is an extension of the Youth Independence Interdepartmental Initiative that began in April 2010.

- A former SYAB member is a member in the Missouri Juvenile Justice Advisory Group. This is an appointed position by the Governor.

- SYAB members participate ongoing in STARS training.

- A youth from the SYAB is a member of the Healthcare Coordination Committee.

- A youth has been selected to be a member of the Child and Family Services Review (CSFR) Advisory Committee.

- Youth have been invited to participate in a stakeholders meeting in April 2014.

- Youth were invited to participate in an educational summit in July 2013 and a youth was a presenter.

- A youth presented at the Alternative Care Conference on improving educational success for youth in foster care.

Youth are made aware of opportunities for speaking engagements and memberships in advisory committees and internships as they become known or requested at the local, state and national level via meetings, email, and Facebook and this will continue in SFY15.

The Children's Division provides SYAB members and other current and former foster youth with a $25 per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement for their travel to any such event if they are transporting themselves.

The SYAB provided youth input on several different topics:

In SFY10:

- The SYAB shared their concerns regarding education and child abuse and neglect investigations.

- They developed a list of what qualities make a good case manager to assist in the hiring process.

- Members reviewed a VISTA grant for Court Appointed Special Advocates and agreed to be the advisory board for the agency.

In SFY11:

- The SYAB was consulted regarding implementation of the requirements of the Patient Protection Act, reviewing and providing feedback on the information sheet that is included in the exit packet.

- The CD launched a worker/child visitation poster campaign and many of the quotes used were from members of the SYAB.

- The SYAB provided input for the Urban Child Welfare Leadership meeting that administrative staff attended on the reasons for staying in care beyond age 18.

- The SYAB provided input on a brochure that includes information for Principals and Guidance Counselors as to what information should be included in this brochure.

- The Youth Independence Interdepartmental Initiative was working on obtaining an affordable automobile insurance plan for youth under the age of 18 and the SYAB was consulted on what would be deemed as affordable.

- The SYAB provided input as to educational concerns that they have experienced to share with the Youth Independence Interdepartmental Initiative who is working on some of these issues legislatively.

- The SYAB provided feedback on the Coordination Council for the Healthy Transitions Initiative mission statement. This is a program that is a federally-funded grant with the purpose to help youth aging out of the children's mental health system in Jackson County administered by Truman Mental Health facility.

In SFY12:

- Members shared what they liked and disliked about the clothing voucher process, how it works for them, and what could be improved.

- Members shared their experiences with asset building such as how they are able to save and this information was shared for the asset building initiative.

- Members gave input on how a recognition program for employers could work and how they could be a part of the process. This was a recommendation from the Youth Independence Interdepartmental Initiative.

- Members provided input on revisions for "What's It All About," a guidebook for older youth in care.

- Members viewed a video entitled "What's It All About, Missouri Youth Advisory Board Speaks out on Foster Care" made several years ago and provided input for revisions to the training unit who was working on revising it.

In SFY13:

- Members provided input on the Older Youth Consumer Surveys, the Older Youth Summit structure, and Foster Parent Recruitment campaign.

- Members provided input on some legislative proposals being introduced by the Department on auto insurance for foster youth, expanded Medicaid to age 26 for former foster youth, and reentry into foster care until age 21.

- Members provided input on Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care and how it could work and benefit Missouri youth in care.

In SFY14:

- Members developed talking points and a brochure for Child Advocacy Day.

- Members continued to support CASA with their VISTA Grant as an advisory council. This will be a function of SYAB for the term of the grant.

- The SYAB's thoughts were asked for inclusion for the In-Focus Continuous Quality Improvement quarterly newsletters throughout SFY14. In the January 2014 issue youth provided thoughts on family engagement – the importance of the working relationship between workers and parents from a youth perspective as well as experiences with the 24 hour meetings. An article on older youth as stakeholders was in the July 2013 issue. The SYAB will provide input on an upcoming article with the focus on case planning and the importance of involving youth.

- Youth also developed a poster to be used in the re-entry legislation campaign.

- Youth will provide input on suicide prevention and what can be done within the Children's Division at the March 2014 meeting.

- Youth will provide input on the Children's Division five year plan.

- Youth will provide input on a survey regarding driver's licenses for a task force on this issue at the March 2014 meeting.

- Missouri youth will participate in Foster Care 2 Success internship.

Input will continue to be provided as needed in SFY15.

Members were also trained in several areas to build their leadership and advocacy skills during meetings in SFY12:

- A representative from a contracted Chafee provider agency presented on "Communication and Personality Styles."

- A representative from a contracted Chafee provider agency presented on "Facilitating Workshops."

- Missouri's FosterClub All-Star 2011 presented on leadership and advocacy.

The SYAB assisted with development and implementation of the National Youth in Transition Database. The youth developed a skit that can be presented at seminars and workshops and a poster that is to be displayed in local offices encouraging youth to participate in the survey.

In April 2014, SYAB members and youth from regional boards will participate in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB developed talking points and will meet with legislators from their area. The youth will advocate for the ability to contract for automobile insurance and continued tuition and fee waiver funding. They will participate in a rally at the Capital. An educational workshop on advocacy will be provided. Participation in Child Advocacy Day will continue in SFY15.

In SFY11, the youth advocated for a re-entry policy, sibling placements, car insurance, and tuition and fee waiver funding. In attendance at the event were 56 youth and chaperones.

In SFY12, the youth advocated for a re-entry policy, on-time graduation, car insurance, child care safety, ability to contract, and tuition and fee waiver funding. Tuition and fee waiver funding continued and child care safety issues were addressed legislatively. In attendance at the event were 54 youth and chaperones.

In SFY13, the youth advocated for a re-entry policy, expansion of Medicaid, ability to contract, and continued tuition and fee waiver funding. Re-entry and expansion of Medicaid laws were passed and appropriations for tuition waivers continued. In attendance at the event were 56 youth and chaperones.

The Children's Division has invested in the FosterClub All-Star Program to send a youth to leadership training and participation in national leadership events. It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to

directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. For the past eight years, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY15. Each of these youth has and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

In SFY14, interviews will be held and a youth will be selected to represent Missouri as a FosterClub All-Star in Seaside, Oregon for the summer. Youth are provided with intensive leadership and public speaking training, and then sent to teen conferences and foster care-related events across the country. In addition to motivating, educating and empowering foster youth across America, the FosterClub All-Stars raise awareness about foster care. Missouri plans to utilize the youth upon his or her return to teach other youth leadership and advocating skills, particularly SYAB members, as well as represent Missouri in speaking engagements. It is anticipated that participation in the FosterClub All-Star program will continue in SFY15.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients were honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service.

- Four youth from Missouri were selected for this honor in 2013.

- Eleven youth from Missouri were selected for this honor in 2012.

- Four youth from Missouri were selected for this honor in May 2011.

The SYAB had an Adult Leadership and Empowerment conference in July 2011. The theme of the conference was "Voices for Change." The conference was held over three days in Jefferson City with over 200 youth and adults in attendance from throughout the state. The event was planned and hosted by members of the SYAB. Five workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The workshop topic areas included: self advocacy, coping skills, leadership, resources, and technology safety. Presentations on human trafficking and support teams were also held as well as an alumni panel presentation. The youth also performed California's NYTD rap and a skit and gave a presentation on NYTD. Informational brochures were made available on various topics/resources from Workforce Development, Department of Transportation, ETV, Missouri Reach, Department of Health and Senior Services, etc. The SYAB felt it was a great opportunity to bring together youth and adults to share what they have in common and to empower them on leadership and self advocacy. Youth in attendance were between the ages of 15 to 20, and youth of Native American descent were specifically asked to be considered for attendance. Missouri youth were honored to have Governor Nixon as the opening speaker.

The SYAB hosted an Adult Leadership and Empowerment conference in July 2013. The theme of the conference was "Take a Stand." The conference was held over three days in Jefferson City with over 200

youth and adults in attendance from throughout the state. The event was planned and facilitated by members of the SYAB. Five workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The workshop topic areas included: communication, relationships, education, transitioning tools, and financial education. A trivia night was held where information on NYTD, ETV and other important areas were topics. Bill Dampf, a national speaker and Penny Lorenz and Chad Burton, accident survivors from Think First! spoke on personal safety and taking care of yourself and others. The Director of the Department of Social Services and the Director of the Children's Division spoke at the conference. A presentation was given on personality colors and working together. The training video that the youth made in conjunction with the training unit was debuted at the conference and there was a youth panel. Many of the youth are making digital stories to be shared at the conference. Fun activities included a dance, carnival, and movie.

The SYAB will begin planning in June 2014 for another conference to be held Summer 2015 and will devote the majority of SFY15 to planning for the conference.

The SYAB has a Facebook page. The Independent Living Coordinator manages the acceptance of friends. The page is primarily used to communicate events, seek input and to correspond outside of meetings on tasks for planned events.

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference and no changes have been made to the plan and work continues on each of the goals.

They have 3 goals:

1. SYAB will plan and facilitate a conference for youth in summer 2015 – including developing workshops, eligibility for attendance, and seeking donations.

2. SYAB and regional boards will continue to make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.

3. SYAB will be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

In FY10, local boards became more organized. In June 2009, at the Youth and Adult Leadership and Empowerment Conference, local advisors and boards had the opportunity to consult for technical assistance with a Program Development Specialist from the National Resource Center on Youth Development and alumni youth from Missouri regarding development of youth boards. At the March 2010 meeting, youth shared ways to increase youth involvement in local boards. The SYAB has met with members of the State Foster Parent Advisory Board to see if efforts can be united and a partnering agency for foster adoptive parents assisted with a session at the SYAB Adult Leadership and Empowerment conference in July 2013.

Although the SYAB has grown and stabilized throughout the last five years, local regional boards continue to struggle with development and implementation in some parts of the state and work on this issue will continue in SFY15. The SYAB also has frequent turnover. The Independent Living Coordinator (ILC) communicates on a regular basis with members between meetings sending personal emails to each member after each meeting as well as sending a personal note on a youth's birthday to keep youth engaged. The ILC began following up with the Chafee provider on youth who were not at the meeting and reasons for this as well as discussing with members the importance of commitment and asking the right questions related to this in the interview process. Time has also been spent discussing the need to make all youth feel welcome by other youth and seniority youth have been pared up as roommates with new attendees. The fluctuation is in part due to the nature of youth moves and other obligations but work will continue to maintain stable board members. At present, the youth with the most seniority has two years of membership while in the past some youth have had four years of experience. Although the fluctuation is typical with many youth leaving and joining after a conference year, half of the members have been on the board less than a year and in order to spend less time on new membership, the SYAB will continue to work on this in SFY15.

In SFY12, language was added to the Transitional Living Program as well as the Chafee Foster Care Independence Program contracts to provide more defined criteria for having a youth board as well as youth participation in speaking engagements, workgroups and committees. The previous contract did not require a board to be comprised only of youth in foster care per se, and this was not deemed as effective for information sharing from the state level to the local level. Also, some contractors were not willing to transport youth outside of their region for speaking engagements and workshops so language requiring this is included in the new contract.

The Board uses a creed to assist with conduct at meetings. The board has had minimal conduct issues but this was thought to be another step of solidifying expectations of youth leaders on the board and was modeled after 4-H. The code of conduct was revised in CY13 to address behavior issues and meeting expectations.

The Children's Division will continue efforts to include Native American youth participation in leadership activities. As the concentration of Native American youth in Missouri is in the Southwest Region of the state, this is realistically the only region that will be represented by Native American youth on the SYAB, therefore only a few youth on the board will be of Native American descent. For FFY14, there were two members on the State Youth Advisory Board with Native American Heritage, one being the Chair. In February 2014 the Chair resigned. In SFY13, there were two members on the State Youth Advisory Board with Native American Heritage. In SFY12, there were approximately 12 older youth identified as Native American. Of these 12, one youth became a member of the State Youth Advisory Board. Two other Native American youth came to a meeting for potential election as representatives from their local board but opted not to join at the state level. In SFY11, Missouri had ten youth in March 2011 whose race was identified as American Indian/Alaskan Native and all ten had been referred for Chafee services. Of the ten, four did not meet the age requirement to participate in youth leadership boards and one was served by a contracted agency that provides its own independent living services versus utilizing the Chafee contract. The remaining five participated in local youth boards.

The SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care.

State Youth Advisory Board members, as well as other older youth in care throughout the state, will continue to be active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members will continue to present at CD's Older Youth Program Training statewide, and other local presentations. SYAB will continue participating at the national level in an internship in Washington, DC, through Foster Care 2 Success and the FosterClub All-Stars.

The SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities.

The Children's Division is always looking at ways to improve practice with older youth. The youth voice is powerful and when possible and feasible, CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY15.

Education Advisory Team

The Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team was formed in SFY08. The Educational Advisory Team's mission is to ensure children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice, and youth in out-of-home care. The Educational Advisory Team convenes on a quarterly basis, alternating between in-person meetings and teleconferences.

A subgroup of the Education Advisory Team was formed in 2012 to work on sharing domicile information for foster children. This subgroup updated a cooperative agreement established in 1998 between Department of Social Services and Department of Elementary and Secondary Education which allows domicile information to be shared in order to implement the requirements of a state statute. This agreement allows for improved communication between the Division and the schools. Along with the agreement, a specific form will be updated for school districts to use to obtain domicile and parental rights status information changes. Members of the subgroup include representatives from Department of Elementary and Secondary Education (DESE), a residential care facility, the Children's Division, and the Division of Youth Services.

The workgroup provided guidance to DESE to assist in revising the definition of "awaiting foster care" as it pertains to McKinney-Vento eligibility in the state of Missouri. In January 2014, DESE finalized their operating definition of "awaiting foster care." Now that the definition has been revised and implemented, the workgroup will need to discuss practice implications associated with the change.

Foster Care Case Management Partnerships

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. Missouri believes child welfare is a complex arena and remains open to innovative

approaches for case managing foster care children. Open communication with contracted providers is a critical component of Missouri's privatization effort. This was evident throughout contract development and continues through meetings which occur on a regular basis at the local, regional, and state levels.

This partnership includes Continuous Quality Improvement (CQI) meetings at the local, regional, and CEO levels to address operational and collaboration issues at all possible levels. Issues which could not be resolved at the local level are referred to the regional CQI. Issues which cannot be resolved at the regional level are referred to the Program Manager's meetings.

Though Missouri is now in the ninth year of a performance based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private Quality Assurance (QA) and Quality Improvement (QI) Specialists.

Program Manager meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. This meeting is co-facilitated by a contractor and state agency representative. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. In recent years the group has discussed strategies to increase parent/child and sibling visitation, identify evidence based mental health practitioners, transition foster youth to adulthood, and improve placement stability.

CEO meetings are also held on a quarterly basis. Items of discussion have included resource development, improving outcomes for older youth, performance measures, and SACWIS compliance.

Joint QA/QI initiatives at the regional level include circuit CFSR Readiness Assessments, Program Improvement Plans to address deficiencies identified through the circuit self assessments, and Peer Record Reviews. Contracted staff, including their QA Specialists, are invited to attend the local CFSR/PIP meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice.

Joint QA initiatives at the state level include federal reviews such as worker visits with children and CFSR and AFCARS/data integrity. Contracted QA staff are invited to attend CD QA Unit meetings twice per year. The contracted QA specialists are now routinely engaged in data quality initiatives developed to achieve improved data integrity.

The Foster Care Case Management agencies have case management representatives on the CFSR/PIP committee, which continues to meet on a quarterly basis.

In February 2009, Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools. Annual summits were reintroduced in 2013 and sponsored by Casey Family Programs. This year saw the 2nd Annual QA/QI summit where staff learned about the importance of effective messaging when relaying data.

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a statewide plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Such activities include numerous multi-disciplinary, collaborative educational opportunities. Original members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator (OSCA) staffs both committees.

Appointed members include:

- Honorable Elizabeth Swann, Associate Circuit Judge, 11th Judicial Circuit. Judge Swann is also the liaison to the Family Court Committee.

- Honorable Stanley Moore, Presiding Judge, 26th Judicial Circuit

- Honorable Anne-Marie Clarke, Family Court Commissioner, 22nd Judicial Circuit

- Ms. Beth Dessem, Executive Director, Missouri CASA

- Ms. Bettie Haug, Director of Child Protection/Family Court, 23rd Judicial Circuit

- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit

- Mr. Aaron Martin, Attorney at Law, 19th Judicial Circuit

- Mr. Perry Epperly, Family Court Administrator and Chief Juvenile Officer, 31st Judicial Circuit

- Mr. Robert Prue, Assistant Professor, University of Missouri-Kansas City, School of Social Work

- Mr. Dean Aye, Foster Parent

- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services

- Mr. Jeff Adams, Training Director, Children's Division, Missouri Department of Social Services

- Ms. Teri Armistead, Legal Issues Training Coordinator, Children's Division, Missouri Department of Social Services

Fostering Court Improvement Project

One initiative of the Juvenile Court Improvement Project is the Fostering Court Improvement (FCI) project. This is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project

judicial circuits. It combines training regarding case flow management with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through the AFCARS website and other sources within the Children's Division and the courts. Other data sources from CD Quality Assurance (QA) staff assist circuit court staff to identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. These sites received training in mid-October 2006. The project expanded to include the following three circuits which participated in the training provided in September 2007: Circuit 23 (Jefferson County); Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties); and Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties). The 2nd (Adair, Knox, and Lewis Counties), 5th (Andrew and Buchanan Counties), 40th (Newton and McDonald Counties), and 45th (Pike and Lincoln Counties) circuits joined the project in January 2009. They received their training in September 2008. Each circuit volunteered to participate in the project at that time. Since the training, the 40th Circuit opted to withdraw from the program. In January 2011, the 19th (Cole County) and 42nd (Crawford, Dent, Iron, Reynolds, and Wayne Counties) circuits joined the project upon completion of training. In 2012, the 11th (St. Charles County) circuit was added and the 12th (Audrain, Montgomery and Warren Counties) circuit joined FCI in 2013.

The 10 - 15 member FCI teams attending the training included the following: Judges, court personnel such as juvenile officers and court administrators, juvenile clerks, attorneys who represents the state (JO attorney & DLS attorney), attorneys who represent parents, GAL/CASA, Children's Division, and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly basis. The Office of States Courts Administrator and the CD provide technical assistance to the project sites to assist them in identifying systemic areas for improvement and to develop and implement reform efforts. This support includes on-site visits and attendance at the monthly meetings.

The circuits are responsible for reviewing the data collected by the Children's Division and the Juvenile Court to determine areas for improvement. Several circuits have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These materials range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Court and agency practices have changed to better serve children. Guardians ad litem are being appointed sooner. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. Collaborative relationships with schools and law enforcement have formed. In addition, communities are being involved in ways not seen before.

Statewide meetings are held for all of the participating FCI sites twice a year. Training on trending child welfare topics is generally provided at the statewide meetings. There are also networking activities such as breakout sessions by different child welfare topics and also program updates given by each FCI circuit.

Small local grants are awarded to the FCI sites to assist in their ability to implement strategies to improve services and outcomes for children and families. Many of the sites utilized the funding for the development of parent handbooks, foster care school liaison handbooks, older youth resource handbooks, video education programs, older youth activities, collaboration trainings, sibling visitation initiatives, local court trainings, and crossover youth trainings. Many of the FCI teams hold lunch meetings to assist them in their ability to implement strategies to improve services and outcomes for children and families and provide meals so that staff may attend without taking time away from daily activities.

The future of the FCI Project continues to grow as additional circuits continue to request to participate. Utilizing a judicial engagement project will be a way to increase participation and enhance existing locations. The goal of FCI is that every circuit will adopt these practices and it will no longer be a "project" but a common practice statewide.

Adoption Resource Centers

Missouri adoptive parents have had the benefit of access to Adoption Resource Centers since House Bill 11 (2007) provided funding for the purpose of establishing Adoption Resource Centers (ARCs) in Kansas City and St. Louis. The motivation for these centers was the prevention of adoption disruption. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers in effect served the eastern and western portions of Missouri and were staffed by Midwest Foster Care and Adoption Association in Kansas City and Foster and Adoptive Care Coalition in St. Louis.

The types of services identified as essential services to be provided have included:

- Respite care resource development and referral

- Support groups for adopted youth

- Educational advocacy services

- Crisis intervention

- Mental health and behavioral services, including an Adoption Certificate program for adoption competent mental health professionals.

During the 2013 legislative session funding was increased by $150,000 to fund two new ARCs in southwest and central Missouri as well as $300,000 to support the existing ARCs in western and eastern Missouri.

5 Year History of Service Provided by Adoption Resource Centers

Fiscal Year	Number of Families Served	Number of Children Served	Number of Adoption Disruptions Avoided
2009	2,298	3,473	107
2010	2,180	3,399	258
2011	517	437	103
2012	1,425	1,390	213
2013	1,922	1,712	326

As the ARCs expanded in SFY14, the four groups met to develop common goals for succinct reporting of outcomes to the Missouri legislature regarding efficacy of the program. The following tracking measurements were established.

- Families served

- Children served

- Adoption disruptions avoided

- Adoptive parent support groups

  o Number of attendees

- Adoptive youth support groups

  o Number of attendees

- Respite providers developed

To assist with the expansion and build collaboration with the four ARCs, Children's Division enlisted the assistance of the National Resource Center for Adoption. As a result of that assistance the four ARCs decided to meet quarterly, once per year in each of the ARC locations with the intent of sharing the activities occurring at each of the ARCs as well as reviewing the outcome measurements and developing in the coming year and carrying out over the next five years the Diligent Recruitment Plan elements determined by the ARCs.

In addition to post adoption supports being provided by the Adoption Resource Centers, the Eastern and Western Centers were awarded funding in the SFY14 budget to carry on Extreme Recruitment Activities.

In 2008 the Children's Division was awarded a Diligent Recruitment Grant. The purpose of this project was to improve permanency outcomes for children (10 - 18 years old) who were wards of the State of Missouri for 15 months or more and resided in St. Louis City, St. Louis County, St. Charles County, and Jefferson County by providing diligent recruitment services, education, and training. During Phase I (Project year 01), project services and evaluation methods were finalized. Phase II (Project Years 02-05) consisted of program and evaluation implementation. In 2013, the grant ended. At the conclusion of Extreme Recruitment® services, goals to reconnect 90% of youth with a network of supportive adults and attain 70% permanency were not met. Actual results were 75% reconnection and 21% permanency of those placed with a match. The participants and evaluators determined the need for strong supportive services for families accepting children from foster care as well as early family finding through programs such as 30 Days to Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care**.**   The two participating ARCs developed the following outcome measurements to be reviewed over the next five years as indicators of efficacy moving forward with the extreme recruitment model.

Extreme Recruitment Report 3/28/14

Foster & Adoptive Care Coalition
Midwest Foster Care and Adoption Association

Program Outputs				
Output Goals	**Measurement**	**Outputs for Reporting Period**	**Year-to-date Outputs**	**Comments**
Approximately 15-17 youth served per recruiter each year	Documentation of cases served on a caseload list	16 youth began Extreme Recruitment services between October 2013-December 2013	65 youth have been served with Extreme Recruitment services since July 2013	An average of 16.25 youth per recruiter (includes cases carried over from prior to July 2013)
Identify at least 40 relatives/kin in 97% of cases with equal emphasis on maternal and paternal sides of the family	Documentation on genogram and weekly action plans	At least 40 relatives /kin have been identified for 16 of 17 (94.1%) youth started during the reporting period (October 2013-December 2013).	At least 40 relatives/kin have been identified for 53 of 65 (81.5%) youth.	The team is not always able to have equal emphasis on maternal and paternal sides of the family. A few of our cases either have no biological family

				(from out of the country) or the father is unknown.
All recruitment methods (general, targeted, child-specific, and diligent recruitment) are conducted for 97% of children	Documentation on the Concurrent Recruitment Checklist	All recruitment methods (general, targeted, child-specific, and diligent recruitment) have been conducted for 11 of 11 (100%) youth.	All recruitment methods (general, targeted, child-specific, and diligent recruitment) have been conducted for 48 of 56 (85.7%) youth.	Reasons all methods were not utilized include: youth not willing to participate in targeted or general recruitment methods and teams not allowing recruitment because they felt the youth were not emotionally or behaviorally stable.
90% of cases meet weekly at least 90% of the time	Documentation on each weekly action plan of the date of the meeting. If no meeting was held for a particular week, the action plan should still be dated and the reason for missing the weekly should be documented in the "update" section	10 of 12 (83.3%) cases opened during the reporting period met weekly at least 90% of the time.	Weekly meetings were held 90% of the time for 59 of 65 (90.8%) youth served through Extreme Recruitment.	Meetings were missed the week of Thanksgiving, Christmas, and New Years for some cases.

Program Outcomes				
Output Goals	**Measurement**	**Outputs for Reporting Period**	**Year-to-date Outputs**	**Comments**
90% of youth are reconnected with a safe/appropriate relative/kin (reconnection is defined as phone, letter, e-mail, or face-to-face contact with someone how has not contacted the youth in the past 6 months)	Documentation of reconnection in case file	14 of 16 (87.5%) youth started in the reporting period are reconnected with a safe/appropriate relative/kin.	Currently, 51 of 65 (78.5%) youth are reconnected with a safe/appropriate relative/kin.	A number of youth had maintained connections with family while in care, so reconnections were not achieved.
70% of youth are matched with a permanent resource (approximately 10-12 matches a year per recruiter). A match is established when the youth's team and the placement resource agree that the placement resource is the identified permanent placement	Documentation of match agreement in the case file	8 of 16 (50%) youth started in the reporting period are matched with their permanent resource.	16 of 27 (59.3%) youth with closed cases were matched with a permanent resource. 25 of 45 (55.6%) youth with open or on hold cases were matched with a permanent resource.	Permanent resources are still being sought for the 6 youth with on hold and 3 youth with open cases who have not already been matched.
4-6 youth per recruiter have adoption or guardianship finalizations each year	Documentation of finalization date in the case file	6 finalizations occurred during this reporting period	20 finalizations occurred since 7/1/2013	
70% of youth maintain or improve functioning – measured by the CAFAS (or other approved child functioning measure) from baseline to case closure	Child and Adolescent Functional Assessment Scale conducted at baseline and case closure	We will not have a measurement on improvement of CAFAS scores until case closures.	9 of 18 (50%) improved functioning 16 of 18 (88.9%) maintained or improved functioning	

Quarterly Case Record Review Results from February 2014 review – 7 cases reviewed				
Document	Percent Compliant	Percent Partially Compliant	Percent Non-Compliant	Number of Cases N/A
Informed Consent	83.3%	0%	16.7%	0
Demographics Form	100%	0%	0%	11
Case File Review	94.4%	5.6%	0%	0
ER Staffing	94.4%	0%	5.6%	0
Child Assessment	94.4%	0%	5.6%	0
Child and Adolescent Functional Assessment Scale	94.4%	0%	5.6%	0
Youth Connections Scale*	-	-	-	-
Initial Genogram	100%	0%	0%	0
Weekly Action Plans	100%	0%	0%	0
Contact/Family Finding Log	94.4%	5.6%	0%	0
Roadmap to Permanency	84.6%	7.7%	7.7%	5
Natural Support Checklist	84.6%	7.7%	7.7%	5
Concurrent Recruitment Checklist	92.9%	0%	7.1%	4
Closing Report	93.3%	0%	6.7%	3
Quality Standard	Percent Compliant	Percent Partially Compliant	Percent Non-Compliant	Number of Cases N/A
At least 40 relatives/kin were identified with equal emphasis on maternal and	73.3%	0%	26.7%	3

paternal sides of the family				
Attempts were made to establish paternity	86%	0%	14%	1

State Technical Assistance Team

Partners through the Department of Social Services (DSS), State Technical Assistance Team (STAT) assist in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality and other child-related investigations at the request of the department, law enforcement, or other child protection agencies. STAT is responsible for managing Missouri's Child Fatality Review Program (CFRP) including training and support for the 115 county-based multidisciplinary CFRP panels, as well as collecting data to identify trends, patterns and spikes in the number of child deaths to facilitate the development and implementation of prevention strategies.

STAT is supervised by the DSS Deputy Director and is available 24 hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During 2013, STAT opened 191 investigative cases, up from 162 cases were active in 2012. Of the 191 cases, 63 (33%) were sexual abuse, 83 (43%) were exploitation, 9 (5%) were child fatality, 25 (13%) were physical abuse, zero were neglect related and 11 (6%) were listed as other. Prosecutors filed 58 felony charges on STAT investigations during 2013. It should be noted that additional felony charges may have been filed by other investigative agencies, but if STAT was not the primary investigative agency, they are not included in these totals.

This multidisciplinary approach has proven to be a key link in the investigation of children's events and evaluation of child fatalities which ultimately leads to meaningful prevention strategies.

The Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern and identified trends and patterns of risk. The State Panel continues to recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, among other types of child deaths. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports from 2002 to 2012 are available for review at the following website: http://www.dss.mo.gov/re/cfrar.htm.

As a result of the reviews of individual child fatality cases, local CFRP panels made other specific recommendations for prevention during 2013. Some of these included adequate prenatal care during pregnancy; appropriate safe sleep arrangements for infants; traffic safety, proper restraints and following traffic laws; appropriate parenting techniques and adequate supervision of young children; suicide prevention; firearm safety; when to seek medical care; fire safety; never leave a child alone or unattended in or around a vehicle; signs of child abuse and when to report; water safety; outdoor

weather safety; ATV and bike safety; farm equipment safety; illegal drugs and prescription abuse; recognition of mental health concerns; and road signage and maintenance.

STAT notifies Central Office policy staff of all identified trends, patterns and spikes of risk to children. Practice Alerts have been sent to all CD staff addressing safety issues involving children, infants and toddlers. The CA/N hotline number is available on the website accessible by the public, and information about the 1-800 hotline number is routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training on investigating child fatalities. Additional prevention efforts in the form of PowerPoint presentations and information fact sheets can be reviewed at the following website: http://www.dss.mo.gov/stat/prev.htm.

Missouri Prevention Partners

Missouri Prevention Partners is a collaborative group of public and private agencies who have implemented interventions on a statewide basis which address the prevention of child abuse and neglect. This group of partners represents diverse approaches and perspectives in dealing with child maltreatment within a spectrum of prevention at the individual, family, community and societal levels. Missouri Prevention Partners meet about every two months and are presently engaged in developing a strategic plan or framework to guide statewide and local efforts in providing evidence-based and best practice approaches to the primary prevention of child abuse and neglect.

Goals for this group are:

- Administration and Leadership - Create an infrastructure to enhance and support child abuse prevention in Missouri

- Public Education and Outreach - Increase public awareness and involvement in child abuse prevention efforts in Missouri

- Prevention Programming – Promote the identification and use of evidence-based practices and promising approaches

- Resource Development – Develop flexible and sustainable funding mechanisms to support child abuse prevention efforts statewide

- Influencing Policy and Legislation – Impact policy and legislative issues through child abuse and neglect prevention focused advocacy

The agencies involved in the Missouri Prevention Partners include: Department of Social Services, Department of Health and Senior Services, Department of Mental Health, Department of Corrections, Department of Public Safety, Children's Trust Fund, Kids Hope United, Practical Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Association, State Technical Assistance Team, and Missouri KidsFirst.

Head Start

During FY13 the Missouri Department of Social Services, Missouri Head Start State Collaboration Office, and the Missouri Head Start Association came together to develop a Memorandum of Agreement (MOA). The MOA presents a framework for the local Children's Division offices and Head Start agencies to work together to develop local collaboration plans. For the MOA, Head Start includes both Early Head Start and Head Start.

The local collaboration plan is designed to improve the coordination of services for the children and families served by both agencies. Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness. Accessing services also aids in ensuring:

- Reduction in the recurrence of child maltreatment

- Consistency in addressing risk of harm

- Consistency in addressing families' needs for services and/or provision of services

- Availability and accessibility of needed services

- Fully engaging parents in child care choices

- Providing input to Children's Division field staff for consideration in case planning, service delivery, and goal attainment through the Family Support Team involvement

- Diligent efforts to meet children's early educational needs

- Assessment of mental health needs of the parent, as well as developmental and social/emotional needs of the child and provision of mental health services

Missouri's Community Partnerships

Each of Missouri's twenty partnerships are governed by their own broad-based, representative board and they are all non-profit corporations. With the exception of some of the most rural counties in Missouri, the Community Partnerships make an effort to provide services to all of the counties in the state. The most concentrated service delivery area would be in those counties in closest proximity to their base county. The well being of Missouri's families and children is at the heart of every initiative on which the network of private/public partnerships focus.

The Family and Community Trust (FACT), also a non-profit corporation, is comprised of state department heads and leaders from the corporate and civic arenas. This 19 member board provides guidance and

direction to the 20 partnerships. The board meets regularly each year and most of the Community Partnerships are represented at those meetings. The FACT web site is http://mofact.org/

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During this fiscal year the partnerships have generated over 300,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over $8 for every $1 of state funding provided them in FY13. They continue to be a good return on investment.

The Community Partnerships are involved in initiatives that support the welfare of children and families in the State of Missouri.   Preventing child maltreatment through various programs is a key component within each community. The Community Partnership serving the Crawford, Dent, Maries, Phelps, Pulaski and Texas Counties is known as The Community Partnership.   The program Young Parents (YP) has helped their participants find resources and support services to help these teens achieve educational goals, increase their parenting and life skills and develop healthy relationships. They served 59 clients in FY13 in the Phelps County area. Critical to the success of this program is to connect the teens to community mentors.   More than half of the program participants were matched with a community mentor who adds another mechanism for stability.

The Community Caring Council in Cape Girardeau has as one of its nine active Priority Issue Councils the Youth Development Committee. This group has been instrumental in guiding the THRIVE Community initiative: TEACH, HOPE, REACH, INVOLVE, VALUE, and ENCOURAGE (youth).   The goal is to increase the number of assets for youth through interaction with meaningful adults and positive peers in their homes, schools, neighborhoods, youth programs and churches.   THRIVE has developed a relationship with the Division of Youth Services in their Southeast Region. They provided weekly asset-based group activities to youth in the Divisions' care.

Washington County Community Partnership in Potosi has worked with its community partners for over 15 years to address many issues focused on improving the well being of children and families in this area of the state. Notably, five of those issues have shown measurable improvement: teen pregnancy, tobacco usage, women's health screenings, asthma and child abuse and neglect.   At the center of their success in these efforts is their ability to raise awareness of the issues and to bring the major partners to the table to develop strategies to address them.   Their efforts have paid off. Since 2007 the teen pregnancy rate has dropped 44%, clinics have started recommending cessation classes to smokers over 80% of the time, the percentage of women over 40 getting mammograms has more than doubled, the child asthma rate, as measured by ER visits has decreased by 56%, and the substantiated child abuse rate has decreased by 49.9% in the past 10 years.

Across Missouri the network of Community Partnerships have efforts similar to these to help each community's   unique needs. The ability to coordinate their services with other local partners produces very effective results*. Attachment C Community Partnerships* contains two Community Partnerships reports which highlight examples of work relating to helping the needs of Missouri's families and children.

CFSR Advisory Committee

Formation of a committee to provide feedback for the Program Improvement Plan began in 2005 and has evolved into a Child and Family Services Review (CFSR)/PIP Advisory Committee governed by a charter. The CFSR/PIP Advisory Committee's centralized focus is to build an advisory infrastructure which leads to a broader collaboration which will improve access and service availability, as well as reduce services and funding fragmentation.

The responsibilities of the CFSR Advisory Committee are as follows:

- To provide feedback on the Child and Family Services Plan

- To provide assistance to the Children's Division with the CFSR process

- To identify additional local stakeholders throughout the state of Missouri who might provide assistance and/or services through or in conjunction with the Children's Division

- To assist the Children's Division in identifying and increasing resources for at risk families

- To assist in the development of a PIP

- To develop a stakeholder process to collaborate on the PIP

For more information regarding the CFSR Advisory Committee and Charter, see http://dss.mo.gov/cd/cfsr. The Charter provides the scope of work which includes a review of the Program Improvement Plan and the Title IVB Plan, including progress data.

The Children's Division has worked diligently to educate attendees on complex issues facing child welfare. Through this education, key stakeholders are better equipped to understand the child welfare arena and the need for multiple disciplines and key stakeholders to make a difference in a life of a child. In turn, when appropriate, the advisory committee may create recommendations on various topics for consideration to the Children's Division Executive Team.

During recent quarterly meetings, the committee has been encouraged to expand their role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare issues, the Division appreciates the wealth of knowledge available from the members of this group. For instance, there was a recent change in legislation allowing former foster youth over age 18 to re-enter care. The CFSR Advisory committee provided invaluable assistance in communicating this change to a hard to reach population. The committee has also provided input on strategies to assist staff in better engaging with families.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. They are committed to protecting Missouri's children by improving the response to child victims and educating communities on how to prevent child abuse from occurring. The Missouri KidsFirst Board of Directors is

comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws. Missouri KidsFirst has three main program areas: The Missouri Network of Child Advocacy Centers, Prevent Child Abuse Missouri and Sexual Assault Forensic Exam, Child Abuse Resource and Education (SAFE-CARE).

The Missouri Network of Child Advocacy Centers is a membership program under Missouri KidsFirst. The Network operates with program guidelines developed by the Network Directors. Each Director of the accredited regional centers in Missouri serves on the Network. There are 15 regional child advocacy centers in Missouri, with 23 locations, serving each of Missouri's counties. The Executive Director of Missouri KidsFirst works with the Network Directors in achieving the goals of the Network. Missouri KidsFirst works with all the Child Advocacy Centers coordinating service delivery, providing support, advocacy, training and technical assistance to each of the regional centers in Missouri.

Prevent Child Abuse Missouri, a program of Missouri KidsFirst, strives to create a statewide movement that explains how child abuse and neglect can be prevented and the role each organization plays in achieving that goal. The economic and social viability of every community depends on the healthy growth and development of children, supportive environments for children, and healthy, stable and nurturing families. Prevent Child Abuse Missouri works to create this movement through several projects including: Stewards of Children Child Sexual Abuse Prevention Education, Pinwheels for Prevention campaign, promotion of Child Abuse Prevention Month, and the Go Blue campaign. They also offer a framework for building home-school-community relationships through training, a variety of resources, networking, technical assistance and other professional development opportunities.

Missouri KidsFirst contracts with medical resource centers to provide training and support to medical professionals working with children who are suspected victims of child maltreatment. Missouri Child Advocacy Center's provide access to qualified trained SAFE-CARE providers. Quality SAFE-CARE evaluations are an integral part of the response to child maltreatment. The primary objective of the SAFE-CARE Network is to provide comprehensive, state-of-the-art medical evaluations to alleged child victims in their own communities. The Network includes medical professionals from a wide range of experience, from urban to rural, small private practice to large children's hospitals. Each plays a valuable role in providing a coordinated multidisciplinary response to child maltreatment in Missouri.

Supervision Advisory Committee

The Division continues to receive recommendations from the Supervision Advisory Committee (SAC). The SAC consists of fourteen supervisors representing all regions of the Missouri Children's Division. Additionally serving on the committee are the Children's Division Quality Assurance Unit Manager, Training Manager, CFSR Coordinator and a University School of Social Work Faculty Member. The membership and activities of the SAC are conducted in accordance with the group's Charter. The agency provides support to ensure the implementation of the SAC's strategic plan. The SAC provides formal recommendations to the Director following each quarterly meeting in an effort to influence Children's Division leadership in moving forward the agenda of continually improving supervision in the state of Missouri. The SAC continues to review the group's strategic plan annually.

Over the course of several years the SAC has influence Children's Division's policy, practice and leadership. All levels of management turn to SAC for information, feedback, direction and recommendations. For example, SAC included the reduction of non-supervisory tasks in the strategic plan. SAC evaluated, discussed and recommended a redaction unit to handle requests for printed case records and to ensure the proper information was provided to the requestor. After this recommendation was shared with Executive Team, a redaction unit was created and implemented, thus decreasing the additional strain on supervisors.

The SAC committee was also instrumental in the creation of the Supervisory Case Review Tool and process (discussed in-depth in the case review section) and the revisions of the tools in 2012. They reviewed the existing tools and gave feedback on changes needing to be made. The committee reviewed the document after final revisions were made and approved the language within the document. The SAC continues to be an advocate for the review process and the use of data within case consultations.

The SAC strategic plan also includes the goal of increasing communication within the Children's Division. The committee recommended the creation of a supervisor only distribution list, and the posting of workgroup activities on the intranet as this allowed each supervisor to remain informed and current on state child welfare issues. In addition, SAC recommended new initiatives or policy changes be reviewed at the meetings to inform and evaluate positive and negatives regarding the issue. The group has also advocated for information to be provided to supervisors in a timely manner before releasing the information to staff. Policy staff regularly attend SAC meetings to share upcoming projects or policy changes for the group's feedback.

The SAC is continuing their work in the following areas: clinical supervision training, organizing a supervisory training conference, recommendation of a career ladder, a loan forgiveness program, improving staff access to legal consultation in regards to paternity issues, consistent performance appraisals for supervisors, and worker retention.

PROGRAM SUPPORT

Technical Assistance and Field Support

Staff in Central Office provide technical assistance and field support in a variety of ways. In addition to the examples described below, other field support activities are described in the FCS, IIS and foster care areas of the Assessment of Progress section.

Program Development Specialists (PDS) and Administrators from Central Office have continued to work with Child Advocacy Centers (CACs) statewide to develop best practice models and protocols for MDT investigations. In addition, PDS have partnered with staff from the Missouri Office of Prosecutorial Services (MOPS) and CACs to offer POST-certified MDT training to five (5) MDT sites around the state during 2013. These trainings will continue to be offered on an ongoing basis.

Missouri statute, revised in 2011, requires law enforcement to notify DSS of all suspected victims of human trafficking. CD has worked in partnership with the Information and Technical Systems Division (ITSD) of the Office of Administration to build a web-based interface for law enforcement to notify both CD and the Family Support Division (FSD). Email distribution groups were created within each Division. When the information is entered by law enforcement, alerts are sent to either CD or FSD depending on the victim's age (minor or adult). This does not replace the need for Law enforcement to call the CA/N hotline however CD's response will be focused around those cases which are screened in (report or referral) and/or those cases in which a child has been taken into protective custody. Information specific to the use of the web-based interface (https://dssapp.dss.mo.gov/ReportMOHumanTrafficking/) has been sent out to partnering agencies within law enforcement statewide via the Department of Public Safety's (DPS) broadband approach which included the Missouri State Highway Patrol, Sheriff's Association, Police Chief's Association, and a spotlight in one of their newsletters. Central Office has also been taking part in the development of a local MDT response to concerns of human trafficking in Boone County.

In CY13, a field support request was received asking Central Office staff to assist Jackson County with licensing and relicensing foster and adoptive homes, worker child visits, record maintenance, and Family Support Team (FST) Permanency Planning Review Team (PPRT) meetings. Jackson County was experiencing significant turnover and requested assistance in teaching new staff and enhancing case management practice. When Central Office staff attended FST and PPRT meetings, they taught new and experienced staff how to properly conduct the meeting and how to write a written service agreement. In communication with field staff, Central Office staff reinforced the importance of worker/child visits and documentation.

National Resource Center Training and Technical Assistance

The Children's Division received TA from the National Resource Center for Youth Services resulting in two-day train the trainer sessions, September 12 and 13, 2013, using the Culture of Care curriculum with participants charged with the task of training same with their respective licensed residential child care agencies staff. The goal of the training is to increase child safety and nurturance while placed in residential treatment. In order to build training capacity in Missouri, there are plans for Children's Division Residential Program Unit Regional Licensing Consultants to team teach a two (2) day Culture of Care train the trainer session in collaboration with the National Resource Center for Youth Services June 5 and 6, 2014. The National Resource Center for Youth Services in currently in the process of revising the curriculum to include trauma informed information.   The plan is for the Children's Division Residential Program Unit Regional Licensing Consultants to provide the Culture of Care train the trainer sessions, when needed, in the future. However, the Children's Division Residential Program Unit plans to request TA from the National Resource Center for Youth Services if/when the Culture of Care curriculum needs revision in the future in recognition of the National Resource Center for Youth Service's extensive experience, cutting-edge knowledge and expertise.

Research Initiatives

The Children's Division permits research and release of data involving persons served. In doing so, however, the Division exhibits due regard for study subjects' participation rights with emphasis in areas of privacy and confidentiality. All research and release of data involving persons served is conducted in accordance with applicable legal requirements.

Persons requesting to do research are required to complete and submit an *Application to Conduct Research* to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies, and they must provide copies of their HIPAA-compliant consent forms. Additionally, they must describe the specific data they are requesting and explain why the identifying information is essential to their research, and they must provide a detailed plan outlining how they will maintain confidentiality of the identifying information used in their research. The researcher must commit to sharing findings with the Division upon completion of the study. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with Missouri statutes and with policies and procedures set forth by the Children's Division.

Persons serving on the Research Committee include the following:

- Divisional Privacy Officer

- Division of Legal Services Representative

- Quality Assurance Manager

- Quality Improvement Manager

- Program and Policy Unit Manager

- Early Childhood Unit Manager

The following is a status update of studies reported in past years:

1. University of Missouri: Missouri Institute of Mental Health, Diligent Recruitment

The purpose of this project is to improve permanency outcomes for children (10-18 years old) who are wards of the State of Missouri for 15 months or more and reside in St. Louis City, St. Louis County, St. Charles County, and Jefferson County by providing diligent recruitment services, education, and training. During Phase 1 (Project year 01), project services and evaluation methods will be finalized. Phase II (Project Years 02-05) will consist of program and evaluation implementation. The study is designed to improve the lives of hard to place/adopt children.

Current Status: This study has ended. The Division is still awaiting the findings of this study.

2. Washington University: Violence Prevention for Adolescent Girls with Prior Maltreatment

The goal of the Violence Prevention for Adolescent Girls with Prior Maltreatment project is to address a critical gap in the theoretical and empirical literature by adapting an evidence-based trauma treatment program for adolescent girls who have experienced maltreatment which targets prevention of later violence. Information will be obtained through a randomized controlled evaluation of a trauma focused cognitive behavioral therapy (TF-CBT) intervention for girls in the child welfare system. The study will test whether an evidence-based group format of TF-CBT, used in community settings, is effective in reducing trauma symptoms in adolescent girls in the child welfare system, replacing maladaptive coping strategies, reducing aggressive/violent behaviors, intentions and beliefs, and increasing self efficacy and social problem solving skills.

Current Status: This study has not yet ended. It is planned through 7/31/14. The Division is anxiously awaiting the findings of this study.

3. St. Louis University, Washington University: Vanguard Phase of the National Children's Study (NCS)

The National Children's Study (NCS) is a planned observational longitudinal study that will enroll and follow a nationally representative sample of approximately 100,000 children born in the U.S. to participating women from before birth through their 21st birthday. The goal of the NCS is to provide information which will ultimately lead to improvements in health, development, and well-being of children. The primary aim of the NCS is to investigate the separate and combined effects of environmental exposures (chemical, biological, physical, and psychosocial) as well as gene-environment interactions on pregnancy outcomes, child health and development, and precursors of adult disease. The NCS Vanguard Study is designed to determine the feasibility, acceptability, and cost of the elements that will form the main study.

Current Status: This study has not yet ended as it is a longitudinal study. The Division looks forward to receiving an update from the researcher on any interim findings as the study continues.

4. University of Georgia; University of Missouri, Healthy Relationship and Marriage Education Training

The goal of the Healthy Relationship and Marriage Education Training Project is to meet the safety, permanency, and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. This project is funded in part by two federal Healthy Marriage grants. Related to the goal of better safety, permanency and well-being needs of vulnerable children as a result of increased awareness of child welfare staff on healthy marriages and relationships: Missouri has recognized an improvement in key safety, permanency and well-being outcomes monitored as part of the PIP process since this training

commenced, however, there is no certainty that the improved outcomes were a direct result of the training. Regarding the connection to reducing disporportionality, by working with parents to strengthen their relationships, child welfare workers can help prevent children from being separated from their families; when children are placed in out-of-home care, workers can help pave the way to successful reunification where possible. Reducing bias, providing more support services and increasing the number of permanent homes could each help allay the issue of disproportionality in the foster care system. In addition, African-American families tend to be more distrustful of the child welfare system. Some families may not seek help due to this distrust, and may therefore be more likely to have their children removed from the home (GAO, 2007). This supports the need for a curriculum designed to provide child welfare workers the necessary training to help these families. Child welfare workers would benefit from knowledge about healthy marriages and relationships so they can help families at risk of losing their children, as well as families with whom children are placed – both during placement and after they leave the foster care system.

The primary purpose of this project was not to reduce racial disproportionality, but rather it was a secondary anticipated outcome the researcher hoped to influence child welfare professionals' knowledge and ability to work with families and couples to encourage healthy relationships, thus strengthening families. The evaluation team in Georgia did not include reducing racial disproportionality in their results as it was a secondary goal, not primary goal and the extent of direct relation from the training to better outcomes would not be certain at this stage.

Information was gathered from child welfare workers and administration as well as social work undergraduate and graduate students at universities in order to provide insight into the current attitude of the child welfare workforce and future workforce on the role of marriage and relationship education in their work with vulnerable children and families. The survey responses helped ensure that the curriculum developed was as strong and receptive to the workforce needs as possible. The dissemination of research-based health relationship and marriage education curriculum is hoped to yield results including healthy marriage, family, and parent-child relationships, improved father involvement, significant reductions in risk factors, reduced racial disproportionality in the child welfare system, and most notably, improved safety, permanency, and well-being of children being served by the children welfare system.

Training for agency staff resulting from the study is currently being provided between April through July 2013. Missouri received a report from the researcher following round two of the training in late 2012. The researcher reported that overall, based on responses from participants who completed the training, it is evident that the HRMET could be useful to child welfare professionals. The pre-, post, and follow-up evaluation data indicated that there were positive changes in the knowledge, attitudes and practices of the participants over time. Missouri is awaiting a final report from the Researcher. Upon receipt of the final report, CD Administration and the Training Unit Manager will discuss the benefits of the training to determine the benefit and feasibility of continued training on the subject.

5. Missouri Institute of Mental Health: Youth in Transitions: Saint Louis System of Care

Youth in Transitions: Saint Louis System of Care is a longitudinal federally funded initiative to ensure that children and youth with severe emotional disturbance (SED) who are served within the St. Louis child welfare system receive needed mental health support through critical transitions into and out of the child welfare system thereby growing into successfully functioning adults. The study will explore the relationship between service use and outcomes by linking the services and costs data with outcome data collected through national evaluation on youth who are enrolled in Youth in Transitions: St. Louis System of Care. As part of the project's requirements, data is collected from the Children's Division on all youth participants. A Memorandum of Agreement was enacted between the Children's Division and the Missouri Institute of Mental Health to complete this study. This study was expanded to include St. Charles County.

6. Research Triangle Institute: National Survey of Child and Adolescent Well-Being (NSCAW) II

A renewal was approved for continuation of the National Survey of Child and Adolescent Well-Being (NSCAW II). This is a national longitudinal study of children and families in contact with child welfare and will relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors. The study examines the interplay among the history and characteristics of children and families, their experiences with the child welfare system, other concurrent life experiences, and outcomes. It brings to bear perspectives from child welfare, child development, and other fields to focus on children's well-being, including their health and physical well-being, social functioning, academic achievement, mental health, and behavioral adjustment. It relates these to developmental stage, prior experience, caregiver behavior, social services, and community environment.

NSCAW I was the first study to make available nationally representative longitudinal data drawn from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers and teachers and data from administrative records. It also was the first national study to examine child and family well-being outcomes in detail and to relate those outcomes to family characteristics, experiences with the child welfare system, community environment, and other factors.

This additional study (NSCAW II) will address crucial program, practice, and policy issues regarding the dynamics of the child welfare system and outcomes for children and families, and compare the findings between NSCAWs I and II.

By participating in NSCAW, states and agencies, including the Missouri Children's Division, have contributed to this major national effort to strengthen child welfare policies, programs, and services to children and families.

The current status of the study is collecting data through interviews with children, caregivers and caseworkers for the 36-month follow-up.

7. Crittenton Children's Center – Evidence Based Trauma Therapy (EMDR) Outcomes Among Children and Adolescent Inpatients

The purpose of this study is to determine efficacy of an evidence-based trauma therapy currently in use with child and adolescent inpatients who have histories of Type I and Type II trauma, compared to skills-based cognitive-behavior therapy, which is also currently used with the same population. Types I and II trauma as defined by psychiatrist Lenore Terr: Type I refers to a single traumatic event. Type II refers to multiple traumatic events.
It is hypothesized that EMDR therapy is more effective for both younger children and adolescents in acute hospital and residential placement. The caregiver and participant (inpatient) having provided informed consent, will be contacted six months following discharge for post-test data collection.

8. Washington University: Spine Injury in the Pediatric Victim of Non-accidental Trauma (NAT)

The purpose of this retrospective study is to search the trauma registry at the Saint Louis Children's Hospital to better characterize the institution's experience with spinal trauma in the pediatric NAT patient. This information will provide information needed to better report the incidence, distribution, and outcomes of spinal injury in pediatric NAT victims in the absence of any formal studies on the subject.

9. Washington University: Car surfing in the pediatric trauma patient: a single institution experience

The purpose of this retrospective study is determine the number of patients and the injury severity found in patients treated at Saint Louis Children's Hospital for injury secondary to car surfing through a search of the trauma registry.

10. Washington University: Evaluation of Brain Injury and Development in the Preterm Infant

The purpose of the study is to identify preventable factors associated with poor developmental outcome in preterm infants. Families were recruited from the NICU at St. Louis Children's Hospital and included all infants born <30 weeks gestation.

11. Collaborative study between Missouri State Courts Administrator and Missouri Department of Social Services Children's Division: Capstone Project – Crossover of Older Youth in Jefferson and Greene Counties with Child Abuse/Neglect and Status or Delinquency Referrals.

The objective of this project is to extract information from case files across agencies on 2 sets of youth; one group with Child Abuse and Neglect reports who have no delinquency referrals by age 16 or older and the other set who do have delinquency referral(s) indicating crossing over. The goal is to identify missed opportunities and turning points in their lives.

The following are studies newly approved since last year's APSR.

1. Worker retention analysis (University of Missouri)

2. A study of HSCT in immune function disorders using reduced-intensity preparatory regimen (Washington University School of Medicine)

3. Determinants of Resilience: Mental health, maltreatment and adaptive behavior (University of Kansas)

4. The Pediatric Cardiomyopathy Genetic Study (The Pediatric Cardiomyopathy Genetics Study Group and Washington University School of Medicine)

5. CPS Caseworker perceptions of the relationship from caregiver substance abuse to child (Washington University)

6. Regional Partnership Grant: Preserving Families through Partnership Together (RPG) Project (Alternative Opportunities Incorporated)

7. Effects of Working Conditions among Child Social Workers on Turnover and Delivery of Services (Missouri State University)

Family and Children's Electronic System

Missouri's automated system, Family and Children's Electronic System (FACES), became fully operational on July 31, 2010 with the implementation of the final SACWIS component, Resource Management and Financial Management.

Since becoming fully operational, Missouri has been concentrating on addressing issues from the Pre-SAWIS Review in 2011 and system's change requests approved through the state Change Control Board. The focus of these changes was to not only work towards achieving SACWIS compliance, but to address usability and make adjustments that would increase staff productivity and reduce duplication.

The formal SACWIS Review was held on September 16-20, 2013. Missouri expects to receive the final SARGe report in April 2014 that will note strengths and findings from this review. Missouri is already in the process of evaluating any potential findings and is moving forward with the necessary system changes. These changes are prioritized with other changes which need to occur in the production environment. Children's Division continues to strive to prioritize and incorporate enhancements to the automated system which will support not only staff in the field, but policy and practice.

Some of the system enhancements completed this past year include integrating the referral process for Older Youth services, developing a separate adoption function in FACES to more clearly define a child's adoption spell, a new Investigation/Assessment monitoring screen to assist staff and supervisors with monitoring case activity and a new Personal Home Page that contains critical alerts and other case specific information for workers. In addition, beginning in July 2013, the FACES Help Desk began offering follow-up FACES Training to field staff and contracted case management staff at the request of

their supervisor or Circuit Manager. Management is able to tailor their training requests to meet the specific needs of their staff.

Mobility Project

Children's Division staff do not currently have the ability to perform some of their job functions while in the field working with the families and the children they serve. Providing tablet application technology will enable staff to enter key information directly into FACES while out in the field thus reducing time spent in the office entering information and reducing administrative burden.

A focus group of field staff from across all regions of the state was convened to identify the mobile applications and devices which would be useful in the field. The group identified that any mobile device implemented in the field would need to have the following capabilities:

- Ability to take photos

- Minimum of 32 GB of storage

- Wi-Fi

- 3G/4G

- Bluetooth

- Security/encryption

- Ability to access FACES from the device using a VPN connection

The group also identified the following four specialized FACES applications and forms portal as top priority for development:

- Contact Screens/Participant Characteristics

- Written Service Agreements

- Visitation Logs

- Safety Assessment

- Forms portal containing fillable forms used by each of the program areas when out in the field will need to be available on the devices

Each of the seven regions (NE, NW, SE, SW, KC, St. Louis City and St. Louis County) identified an initial field user/tester who would be involved in development of the four FACES applications and various

forms and testing of the mobile devices (iPads) in the field. After development and initial testing, the mobile technology will be provided to the full field unit for each of the initial users (56 total users). The initial users will assist their immediate unit with training on the iPads and applications. These seven initial pilot units will test a larger rollout of the iPads.

Evaluation of the project is being done in partnership with the University of Missouri-Columbia. The following are the outcome and process measures for the mobility pilot:

- Improved timeliness of contact entries will be measured in FACES

- Case review results will show an improvement in the quality of contact entries

- PERFORM outcome measures will increase
  - ✓ Initial contact with alleged victim during investigations/family assessments
  - ✓ Timely child abuse and neglect investigation and family assessment conclusions
  - ✓ Chief Investigator 72 Hour Signature
  - ✓ Monthly Summaries completed within 30 days
  - ✓ Worker visits with children conducted monthly
  - ✓ Worker visits with parents conducted monthly (intact and foster care involved families)

- More timely documentation will prevent documentation lapses during changes of workers (turnover)

- Worker satisfaction will be evaluated through a survey or focus group method

- Stakeholder satisfaction will be evaluated through an interview, survey or focus group method

If the mobility pilots prove successful, a staged statewide rollout plan would be implemented for all field staff in I/A, AC and FCS program lines (approximately 1500 field staff).

Quality Assurance System

The Program Improvement Plan (PIP) was approved in October 2011. The Quality Assurance System was instrumental in achieving the goals and objectives of the program improvement plan. The QA and QI regional team played a pivotal role in achieving most of the activities described in the PIP. Coaching provided by QA/QI Specialists to field staff has been essential in furthering support and training to improve practice in key areas. Activities are described below.

Strategy 1: Increase Safety for Children

QA Activities:

Each QA specialist informed circuits falling below a 90% threshold in meeting the initial timeframe requirement. The QA specialist also informed Central Office electronically regarding the alert, for monitoring purposes, and informed the QI Specialist, to provide assistance to circuits for practice improvement strategy development. When a circuit failed to meet the threshold, individual circuits with

support from the QA/QI specialist determine and develop a Plan of Change (POC) mechanism to strategize for unit and individual improvements. Also, local Program Improvement Plans with support of QA/QI specialists were modified to include initial contact strategies for circuit-wide improvements if 90% is not achieved. Through these modifications, some of the local PIP strategies have been: increased supervisor monitoring, use of multi-disciplinary team, completing a delayed contact form to assist in identifying barriers, conducting targeted case reviews and hold roundtable discussions to identify strengths and barriers for initial timely contact.

The QA unit also revised the Supervisory Case Review Tool and implemented a "Q" Review process to include Framework of Safety questions. These case reviews are discussed further in the Case Review section. The Framework for Safety Model was incorporated into the case review tool.

Strategy 2: Increase Accountability and Oversight to Align Practice with Policy

QA Activities:

The QA unit revised the Supervisory Case Review Tool (SCRT) to help meet this strategy. Revisions to the form and statewide training occurred in 2012. Training for newly hired supervisors continues today. QA/QI specialists attended the regional trainings sessions to discuss the "Q" reviews as well as explaining the support they provide to the supervisors during the case review process. The training highly emphasized the use of the SCRT in case consultations which assisted in aligning practice with policy.

The tool was modified to include in-depth questions and an expanded tip section to provide guidance and references such as statutes, and federal and policy requirements. These additions assist supervisors in answering questions and researching policy or laws quickly.

The *PERforM* process was not included in Missouri's PIP, however, the enhancement of this process has impacted the accountability and oversight of practice as the monitoring of two outcome measures per program area for all staff levels is continual. The QA Specialists have created unique ways on how to share this information with staff and encourage data accuracy. The Southern Region adopted a "Go Green" chart to motivate staff to meet the performance measures. When each measure is met, the item changes color to green and the goal is to change all measures to green. The Northern Region is using the Olympic gold, silver, and bronze to motivate staff. The result of measuring the adherence of policy in casework has also bridged the gap between practice and policy.

Strategy 3: Support Staff with enhanced training, tools, guides and educational materials using case consultations, coaching and mentoring

QA Activities:

QA/QI specialists provide coaching and mentoring to encourage improvement changes by the circuits. Each Circuit has developed local program improvement plans identified by case reviews and other data measures including the PERforM reports as mentioned above. This coaching and mentoring occurs on

many levels such as: specialists to worker, specialists to supervisor, specialists to circuit managers and specialists to Regional Director

Strategy 4: Collaborate with other Agencies to Improve Practice

QA Activities:

Permanency Summits were held in June 2012 in Kansas City and St. Louis. Judge Stephen Rubin from the National Council of Juvenile and Family Court Judges and the National Resource Center for Judicial and Legal Issues was the national speaker and discussed encountering and overcoming court barriers. Missouri's juvenile judges were mandated to attend the permanency summits by the Supreme Court. QA/QI specialists also attended and aided in facilitating group discussions about barriers and improvement planning in the local teams.

Quality Assurance and Quality Improvement Specialists also reviewed the submitted permanency summit plans to ensure the strategies were data-informed, and spoke with Circuit Managers as needed to identify strategies which needed to be adjusted.

Accreditation Update

According to Section 210.113 RSMo (HB 1453), it is the intent and goal of the General Assembly to have the Department (Children's Division) attain accreditation by COA within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). To achieve accreditation, Missouri's child welfare system was reviewed and measured against over 800 nationally-recognized standards of best practice. Accreditation was achieved circuit by circuit over five years. On January 14, 2010, the Children's Division of Missouri Department of Social Services was deemed to be a COA-accredited agency for a four-year period. In January 2013, the Children's Division began the reaccreditation process.

To maintain accreditation, the Children's Division continues to embrace and promote a culture of change and commit to excellence within a system built around a philosophy and management technique of continuous quality improvement.

Internal Process Established for Accreditation Maintenance

Accreditation Maintenance Plans were put into effect in each circuit upon notification of the circuit's approval. Fourteen regionally-based QA and QI Specialists conduct quarterly accreditation maintenance visits to all COA-approved circuits in their regions. As part of the Accreditation Maintenance Plan, QA and QI Specialists regularly review the quality and content of case records, resource records, and local personnel files. Additionally, they ensure circuits are following policies, procedures, and practices required to maintain accreditation standards. Items assessed include:

- Continuous Quality Improvement (CQI) processes including stakeholder involvement

- Facilities and building inspections

- Circuit emergency plans

- COA-related trainings for staff and foster and kinship care providers

- Caseload sizes

- Supervisor to worker ratios

Achievement of Reaccreditation

The reaccreditation process is similar to the accreditation process. The Children's Division has prepared an agency Self Study (which addresses COA's 8th Edition Standards) and submitted it to COA, as evidence of policy and practice. The next phase (and present phase) of the reaccreditation process is for COA Peer Review Teams to visit Missouri and review policy and practice, through interviews and observations during on-site visits to designated regions in the state. These designated regions are comprised of multiple circuits assigned to one Peer Review Team for on-site review for approximately four to five days. This schedule of on-site review began in March 2013, with the Central Office, and will continue through June 2014 until all circuits have been visited. Once the on-site review for each region is completed COA provides the Children's Division with positive and critical feedback and the Children's Division has a chance to respond. Upon response COA will then issue further questions or requests for clarification, or determine that region is in compliance. Once all regions are deemed in compliance the Children's Division, as a whole, will become a COA reaccredited state-administered child welfare agency.

The Children's Division will then continue the process of maintenance for a four year period through ongoing continuous quality improvement efforts aided by the work of QA and QI Specialists within each circuit.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

Missouri does not have federally recognized Indian tribes in the state. However, there are two Missouri Indian Centers, Kansas City Native American Indian Center and the Springfield Indian Center, which are active in the state. Coordination has been maintained with Missouri's two active Indian Centers over the past year.

When any child enters out-of-home care, contact is made with the parent or custodian of the child, by the Children's Service Worker to inquire if the child has any American Indian or Alaskan Native heritage. The Children's Service Worker completes the Indian Ancestry Questionnaire, CD-116, to document that the child does or does not have Indian/Alaskan Native heritage. If it is found that the child has Indian/Alaskan Native heritage, the worker then competes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

Per policy, phone contact to the appropriate ICWA representative of the tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's Native American heritage.

Children's Division ensures that notification is provided to the Native American parents, custodian and/or tribe by certified mail with a return receipt requested, of the pending proceedings and of their

right of intervention, either through direct notification or by providing information for the notification to the juvenile court.

Ongoing communication and consultation with the Indian Centers allow the Children's Division to ensure when Native American children must be placed into alternative care that the placement reflects the true values of the child's Native American culture. Special preference is made to place the child with a member of the child's extended family, in order of ICWA placement priority. As of February 28, 2014, of the 143 foster children whom identify themselves as having Native American heritage, 47% were initially or within thirty days, placed with relative or kinship providers. The other 53% were placed in foster homes, mental health facilities, transitional living homes or residential facilities.

Consultation with Missouri's Indian Centers is important when placing a Native American child in out-of-home care. The child's Native American tribe has the right to intervene at any point in the proceedings and absent good cause to the contrary, may receive a transfer of jurisdiction of the case to the appropriate tribal court.
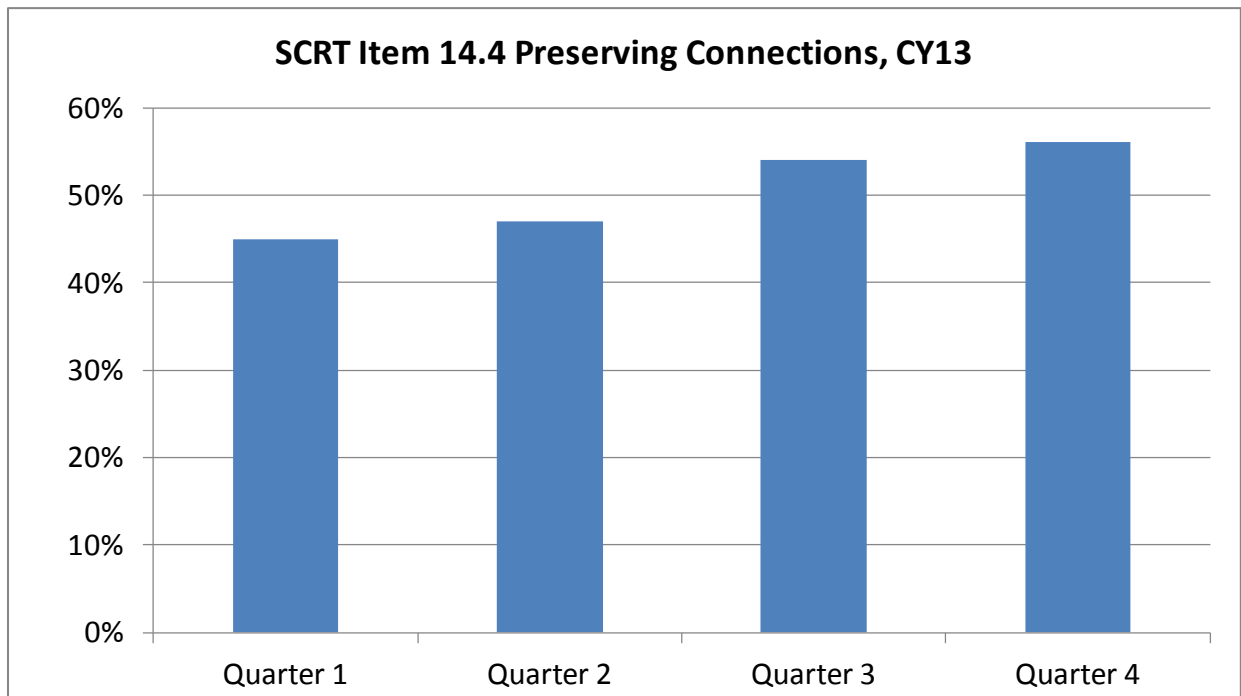
The Indian Centers participated with the CD in regard to training and consultation on the latest policy developments. In addition, Indian Center's representatives participate in the CFSR Advisory Committee to provide feedback on the CFSP. A CD Specialist not only solicits feedback but has worked diligently to build relationships with these two Indian centers to promote a comfort level to freely exchange information.

In June 2013, policy, training material, and forms were sent to the Kansas City Native American Indian Center for review of ICWA compliance. Dr. Prue who works with the KC Native American Indian Center and is also a professor at the University of Missouri, Kansas City, School of Social Work, was the point person for the review. Dr. Prue's shared the information provided by the Division to the Board of Directors of the Kansas City Indian Center meeting. The board reviewed and made recommendations and suggestions to improve policy and training. At this time the Division is taking all suggestions and recommendations under advisement.

A specialist in CD Central Office requests a report, once per year, from Research and Evaluation on all cases indicating Native American Heritage. The specialist reviews the case contacts and narratives to ensure Indian Child Welfare Act (ICWA) compliance. If compliance is not met, the specialist contacts the case manager and works together to move the case towards ICWA compliance. During Best Practice Case Reviews (BPR), there are currently two questions in regards to ICWA compliance when reviewing alternative care cases; the Indian Child Welfare Act Checklist (CS-123) completed upon entry into alternative care and the Indian Ancestry Questionnaire (CD-116) completed with the family upon placement of the child. If the file does not show proof of either form, a comment is made on the review tool for the worker and supervisor to review. It is expected that the worker will complete both forms to be in compliance with policy and practice. Missouri began using Best Practice Review (BPR) results recently, as discussed in the QA Section, and found from In CY13, 48% of cases reviewed had the checklist completed as required. In addition, the Indian Ancestry Questionnaire was used in 47% of the

cases reviewed. BPR's are on-going and practice improvements for these are addressed through on-going CQI processes at the local circuit level.

Missouri also uses the Supervisory Case Review Tool (SCRT) results. There are two ICWA related questions in the tool, supervisors are to answer. The results are used during case consultation between supervisors and their staff to make improvements where needed. Item 14.3: *Was there sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, an Indian tribe?* The results for the fourth quarter, which were very similar to the first, second and third quarter, were 94%. The second question, item 14.4; *if the child is a member of, or eligible for membership in, an Indian tribe, was the policy followed?* The results increased each quarter as seen in the chart below:

SCRT Item 14.4 Preserving Connections, CY13

Quarter	Value
Quarter 1	45%
Quarter 2	47%
Quarter 3	54%
Quarter 4	56%

In June 2013 a Practice Point was posted for all staff titled, *Indian Child Welfare Act (ICWA) Throughout the Life of the Case.* The purpose of this Practice Point was to remind staff of the statutory requirements to comply with ICWA. In the work of each of the programs of the Children's Division, staff should engage the family to collect a comprehensive assessment of the family's culture, including cultural heritage. Staff were directed to continue to ask and document findings and steps towards ICWA compliance throughout the life of the case*.*

In August 2013, the 72 Hour Plan, FST-2 form was developed to assist staff in completing a preliminary written plan which allows the family to begin working on tasks while the assessment process is completed. The FST-2 is required to be used during A Family Support Team meeting should be held 72 hours of the child coming into alternative care. The FST-2 is required to be used during this meeting. Specifically the form has an ICWA check box and a question asking if the child has any Native American Heritage. This process is just one way to remind staff the importance of asking if the child or family has

Native American Heritage. By asking these questions in the beginning of case planning, staff are able to proceed if need be with ICWA compliance.

Reviewing cases to ensure compliance is now easier to demonstrate as improvements have been made to the date and text box fields on the existing Alternative Care (AC) Opening Summary and the AC Monthly Progress Summary views on the case narrative screen in FACES as of March 2014. Indian Child Welfare Act (CD-116 and CD-123) is now a narrative section in the Opening Summary and is mandatory. Staff are encouraged to continue efforts throughout the life of the case documenting information in regards to ICWA in the AC Monthly Progress Summary.

In the FACES system, a Family Support Team screen requires the case manager to select a "yes" or "no" as to whether the child has Native American heritage. This information may come from self-disclosure by parents, family members or if applicable, the child. When the worker checks the "yes" box, a text box appears for the case manager to report how this information was obtained and through what source. The information is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned to a child. As of February 28, 2014, there were approximately 143 foster children in Missouri whom identify themselves as having Native American heritage according to the data pulled from Research and Evaluation.   Nineteen of those children are registered tribe members.

The chart below reflects the number of children in foster care who have identified themselves as having Native American heritage. This number has increased as a result of the raise in the foster care population, awareness of field staff on the importance of documenting a child's heritage, and the tools provided to staff through education, training, memos, Practice Points, new forms and policy revisions.

Foster Children with Native American Heritage

Year	Number
2010	50
2011	84
2012	82
2013	122
2014	143
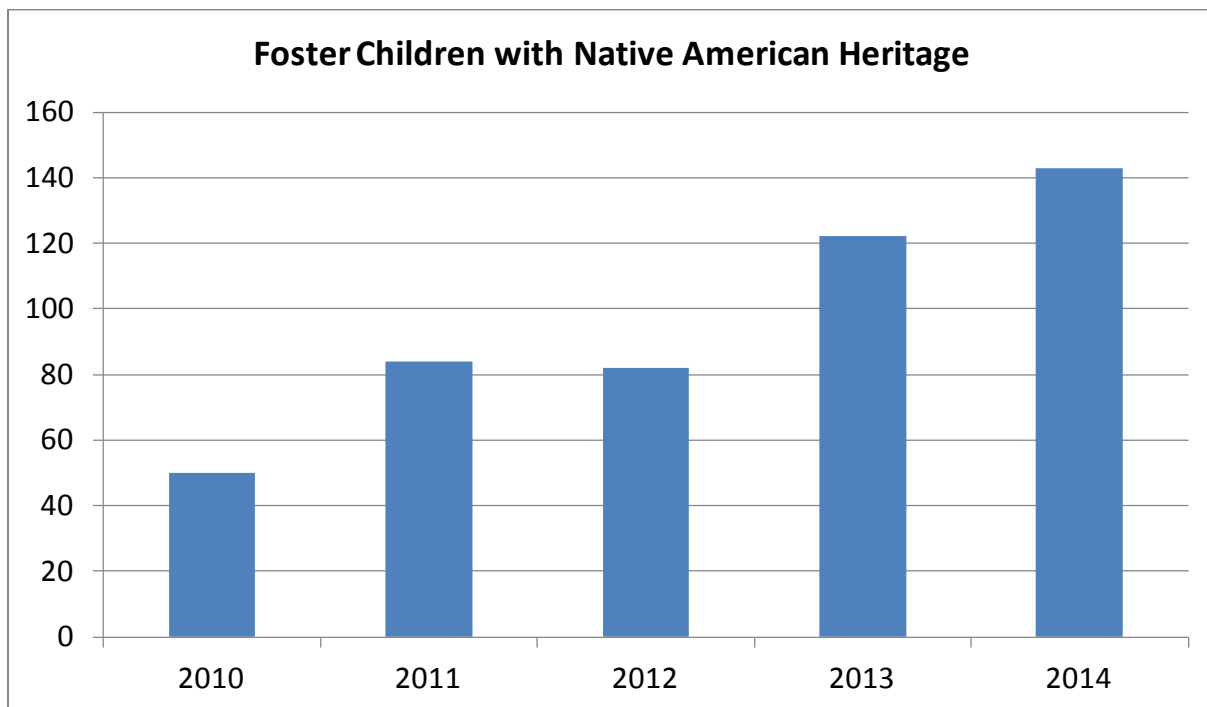
Missouri's APSR is posted on the Children's Division website and available to all tribes. Additionally, the CFSR Advisory Committee has a standing member representing the Kansas City Native American Indian Center. The annual APSR is reviewed by this committee each year.

Over the past five years, CD Central Office improved compliance with the ICWA, utilizing training through the National Resource Center (NRC) to provide ICWA training to top level management from each of the regions as well as to field staff across the state. An Indian Ancestry questionnaire was developed as well as an ICWA checklist, brochure and ICWA compliance flow chart. Policy was modified to clearly and concisely guide a worker through the ICWA process when a Native American child has been identified. Children's Division Central Office staff attended the American Indian Symposium and were trained on Indian culture and effective tribal collaboration. Staff attended workshops on ICWA compliance issues.

All benefits and services under the programs are made available to Indian youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services. As of February 28, 2014, there were 33 older youth with Native American heritage. Nearly all 33 older youth have been referred or are in the process of being referred to the program.

FOSTER AND ADOPTIVE PARENT RECRUITMENT

Missouri utilizes a diligent recruitment model for potential foster and adoptive families that reflect ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. Demographic data is captured on currently licensed foster and adoptive homes as well as demographic data on children in foster care. Because the foster care population is disproportionately African-American, specific attention is given to enlisting the assistance of organizations including houses of faith. Each circuit uses data collected to identify the recruitment needs in their individual communities. As Missouri moves to privatization of recruitment and retention of foster and adoptive homes in the entire NW quarter of the state a strong focus has been put on analyzing the child data and recruiting families to meet identified needs.

Circuits are required to develop and implement annual recruitment plans which reflect the characteristics of available children needing placement and strategies for recruiting specific to the circuit. The Children's Division modified the current informal monitoring of circuit plans to a more formal process. FY12 recruitment and retention policy revision incorporated a template for each circuit to use to ensure consistency in outcome measures reported. The Division utilizes the internet link, Submit an Adoption Foster Care Event/Activity, for circuits to post specific recruitment activities and events in their areas and to inform the state of efforts to increase the number of resource homes. The multifaceted approach includes:

- Person to person contacts by foster/adoptive parents which has proven to be the single best method for recruitment

- Utilization of bus and grocery store checkout ads in locations consistent with the ethnic and racial make-up of children in foster care for a specific area

- Recruitment of distinct individuals based on a child's special need

- Community informational meetings and events to educate about foster care and adoption (shopping malls, fairs, libraries, bookstores)

- The news media (newspapers, radio station, television station, cable network station, special interest bulletins)

- Displaying flyers, pamphlets, posters, handouts, bumper stickers, pencils, bags, electronic notices

- Foster Parent Recognition Month which honors and recognizes foster parents and provides an opportunity to recruit foster/adoptive parents

- Coordination with faith-based partners in communities throughout the state to showcase the photos and profiles of children currently waiting for adoption. These children are also representative of the population of children being recruited for in foster care.

The Division is mindful when developing promotional materials for the foster adopt program focusing on children's characteristics (race, ethnicity, age, etc.) which comprise our foster care and waiting adoption population.

The CD has devised several strategies in an effort to continue meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meetings continue to be held with Juvenile courts to address procedures for filing of Termination of Parental Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The number of finalized adoptions in SFY SFY09 was 1091, SFY10 was 1,133, SFY11 was 1,171, SFY12 was 1,148, and in SFY13 there were 1222. Finalized adoptions have increased by 12% over the past 5 years. (Source, Children's Division Research and Evaluation Unit)

Adoptions finalized in Missouri during fiscal years 2009-2013 are as follows:
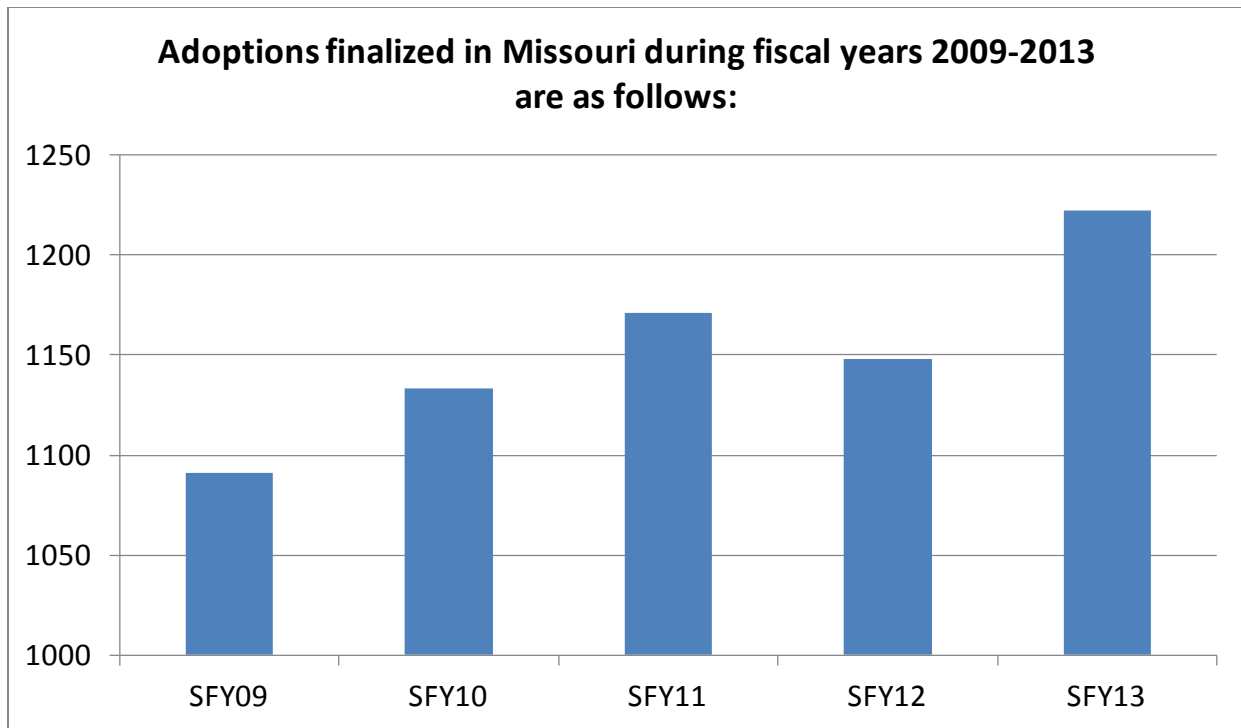
As of January 7, 2014, there are approximately 2,266 approved adoptive homes currently available for placement of adoptive children at this time. As of January 7, 2014, there were 1,182 children who have a goal of adoption and awaiting adoptive placement or finalization of adoption. (Source, Children's Division Research and Evaluation Unit) The FACES system collects characteristic data on existing physical, mental and emotional disabilities as well as presence of any learning disabilities for children in CD care and custody. The FACES system collects capacity or interest information on families available for adoption consistent with those disabilities as well as age and gender preferences. The profile of the youth and the profile of families can be compared. Beginning January 1, 2012, a new performance requirement was implemented for adoption staff. In an effort to improve recruitment efforts, 75% of children with a goal of adoption must have a profile featured on AdoptUSKids. The measure is specific to each job classification and program area and is intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in their recruitment efforts. The measure can be used by supervisors to identify practice issues and develop a plan for improvement. When managers begin to complete the employee's annual performance appraisal, this is an item adoption staff's ratings will be based. The report is based on a quarterly point in time comparison of all children having a case goal of adoption (not placed in pre-adoptive placements) listed in AdoptUSKids Data Base. Missouri continues to work to expand usage of the AdoptUSKids system to enhance matching capabilities. As of March 17, 2014 there were 336 children listed on the AdoptUSKids website who are available for public viewing. There were a total of 157 families registered on the AdoptUSKids website as of March 17, 2014, 34 of them who registered during SFY13. (Source, AdoptUSKids.org)

The CD adoption recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices

may select. Through these activities, the CD desires to reach all potential families regardless of their cultural and socioeconomic status.

 The core activities of the recruitment plan include:

- Distribution of informational packets

- Completing family assessments timely, within 90 days

- Regular use of the media for recruitment

- *Home for the Holidays* collaboration with the Dave Thomas Foundation

- Utilizing and maintaining CD Internet web page and working with two national sites where CD children are featured

- Photo listing: http://www.dss.mo.gov/cd/adopt. This web site lists profiles and a picture of Missouri's waiting children. During SFY13 there were 3566 inquires on the State Partner Site. (Source, AdoptUSKids.org) This site is maintained by the Collaboration to AdoptUSKids http://www.adoptuskids.org site. The AdoptUSKids and National Adoption Exchange www.adoptex.org are national websites where Missouri's waiting children are featured

- Celebrating National Foster Care month (May) and National Adoption month (November) and including media campaigns and print materials for recruitment

- Continued collaboration with community agencies and maintaining the CD recruitment efforts

- Wednesday's Child features in Southwest Missouri sponsored by KSPR and managed by the Adoption Exchange, A Place to Call Home sponsored by KSDK in St. Louis and managed by the Foster and Adoptive Care Coalition.

Missouri utilizes a webfront database for calls received by a toll-free number, as well as calls received as a result of specific adoption activities and events. For instance, the Southeast region has begun a Wednesday's child feature in addition to the two mentioned above. The Adoption Exchange tracks the number of calls received as a result of those events to assist with determining the effectiveness of those activities.

Additional Activities:

- Northwest Adoption Event

- Northeast Adoption Event

- Linking Hearts Adoption Event in Rolla MO which partners the Community Partnership, the Pan-Hellenic organizations of Missouri University of Science and Technology and the Children's

Division in an effort to host children and allow them to meet families interested in fostering and adopting

- MO Heart Gallery

- National Recruitment Saturday Celebration in St. Louis County

- Profiles of waiting children run in the Kansas City Star

- Wait No More and Cherish Kids Adoption Events for featuring kids in the Heart Gallery and allowing potential foster and adoptive families to meet with seasoned foster and adoptive families to determine if parenting public agency kids is right for them.

- *Life is Better with Kids Around* campaign developed with Hughes Marketing which ran television ads in the major Missouri markets in FY14

One of the outcomes from the Placement Stability Workgroup was tools to educate potential relative and kinship providers regarding the placement process and to aid staff in fulfilling the statutory requirement to notify all adult relatives within 30 days of custody. The tools were introduced with memo CD13-59 and include a notification letter and brochure for relative and kinship individuals as well as talking points for staff.

FY11 legislation created the Recruitment and Retention of Foster and Adoptive Parents Task Force. The task force members were appointed by Interim Director of the Department of Social Services, Brian Kinkade. Members included representatives from foster/adoptive parents, private agencies and contractors, the faith based community, and Children's Division staff. The task force convened for five meetings beginning in September 2011. The group reviewed data, policy, and practices related to children in foster care and foster, relative, kinship, and adoptive parents.

The Task Force for Recruitment, Licensing, and Retention of Foster and Adoptive Parents final report is posted on the CD Internet.

The recommendations of the task force are divided into four categories: near-term items requiring CD policy and practice changes; long-term options with CD policy/practice impact requiring additional research and planning; policy recommendations which would involve statutory or regulation changes; and long-term process improvement to research innovative and evidence based practices.

The overarching theme of the recommendations centers on respect for foster and adoptive parents as members of the professional team. CD recognizes that resource providers are critical players and provide valuable insight and expertise into the child's overall wellbeing.

Many recommendations from the task force pertain to increasing supports, enhanced or revised training and professional development, and improved and targeted recruitment efforts. The task force members have continued to meet quarterly in 2012 and 2013 to learn of and contribute to the progress of action steps developed from the recommendations. Individual work groups have also met through 2013 to

complete the action steps. Policy and practice changes have been made to further the work of the larger task force including release of a memo and policy change CD-12-88 which addresses communication and information sharing with resource parents. Another policy and practice change is to the in-service training policy. Memo CD13-71 introduced improvements to how in-service training hours may be obtained by resource parents. In addition, a memo and policy revision regarding recommendations of required in-service training topics is in development and will be implemented early calendar year 2014. These topics include, trauma informed care, psychotropic medications, healthy relationships, sibling placements, and laws, policies and practices governing child welfare.

The following steps are required for every foster/adoptive applicant and other adult household member (age 17 and older):

1. The CA/N background screenings are conducted by the local CD.

2. CA/N background screenings are requested from every state where the applicant and household member 17 years old and older has lived since 17 years of age.

3. Case.net, the Missouri State Courts Automated Case Management System, is examined for any reference to Orders of Protection filed, either for a child or an adult. There are limits to the use of Case.net.

4. Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services (DHSS) and searches the following systems:

   • CA/N records (findings of "Preponderance of Evidence" or "court adjudicated", or prior to August 28, 2004, "Probable Cause" findings)

   • Employee Disqualification List, maintained by the Department of Health and Senior Services (DHSS)

   • Child-care facility licensing records maintained by DHSS

   • Residential living facility and nursing home records, maintained by DHSS

   • Employee Disqualification Registry, maintained by Department of Mental Health

   • Foster parent licensing records, maintained by the CD

   • Sex Offender Registry information, maintained by Missouri State Highway Patrol (MSHP)

State and national criminal record checks are completed for each household member age 17 or older, or any person under the age of 17 who has been certified as an adult. Fingerprints are required. The Missouri State Highway Patrol completes a state criminal record check and then electronically sends the fingerprint images to the FBI for a national search of criminal records.

The criminal record check may reveal open and closed record information on individuals consisting of arrests, prosecutor and court actions, correctional supervision, and release. All felony and serious misdemeanor arrests including sexual offender registration information as defined under 589.400, RSMo. All alcohol and drug related traffic offenses are considered reportable criminal offenses.

The CD Background Screening and Investigation Unit (BSIU) maintain a log of all criminal background checks completed on alternative care providers and applicants. Beginning in July 2005 the CD began using electronic fingerprinting. In the past seven years BSIU has logged over 59,272 fingerprint results. Each year there is an average of 8,500 fingerprints logged.

The division utilizes the electronic scan service for the collection of fingerprints. Applicants register with Missouri State Highway Patrol (MHSP) Missouri Automated Criminal History Search, MACHS, in order to schedule their fingerprinting appointment. After the FBI completes its search, results are forwarded to the MSHP, who forwards the results to BSIU.

ADOPTION INCENTIVE PAYMENTS

Over the previous 5 years Missouri has received the following Adoption Incentive Payments:

- FY 2008 $488,000
- FY 2009 $576,000
- FY 2010 $472,000
- FY 2011 $1,108,000
- FY 2012 $1,099,039

These funds have been utilized to support the Missouri Adoption Heart Gallery, as well as development of and Recruitment Campaign for Foster and Adoptive Parents including a new media campaign which premiered in 2012 with commercial advertisement featured on television stations in major media markets around Missouri as well as a web banner campaign around the developed theme of Life is Better with Kids Around. Additionally, these funds have been used to provide financial support to Missouri Adoption Resource Centers each year the Division has been able with this funding to expand support of the centers and as a result in September 2013 two additional centers were supported by the Children's Division/Adoption Incentive Funding. (The number of families and children served and increase in services referenced in the Adoption Resource Center section of this report) Payment has also been possible for funding of contracted termination of parental rights attorneys to expedite timely TPR and Adoption.   In 2013 we also be able to support attendance of foster and adoptive parents as well as staff at the North American Council on Adoptable Children Conference which will be held in Kansas City in July 2014.

In the next 5 years Missouri Children's Division will continue to work on expansion of the recruitment campaign materials in collaboration with the privatized recruitment and retention contractor, Cornerstones of Care. This expansion includes finalizing a recruitment video for which the video footage

has been taped and an initial demo video developed. The video is comprised of three segments. The first segment is a commercial length video to be used at church services or other recruitment venues. The second segment is approximately five minutes long and is for use at orientation class or information meetings for prospective foster and adoptive resource parents and the third section is approximately 15 minutes in length and for use in pre-service training. The video segments are interviews with foster and adoptive parents, youth who have been adopted as well as youth who have exited the foster care system without legal permanency. These segments were shot with the intention of expressing to interested resource parents the reality of parenting children from foster care temporarily or permanently through adoption and the perspectives of the youth touched by this system.

The Children's Division will continue to fund the Adoption Resource Centers and their expansion as explained in the Adoption Resource Center section of this report including the two programs involved with Extreme Recruitment, Missouri Heart Gallery and TPR Attorneys with the goal of increasing permanency for foster youth timely as well as funding activities identified in our diligent recruitment plan.

STATISTICAL AND SUPPORTING INFORMATION

Sources of Data on Child Maltreatment Deaths

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children's Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are accepted for investigation, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The SACWIS system captures all fatality reports and screened out referrals. Missouri additionally determines substantiated findings when a death is due to neglect (in addition to abuse) as defined in statute unlike many other states. The FACES system does not obtain a "reporter" description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional status of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels. While there is not currently an interface between the state's FACES system and the state's Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the State Technical Assistance Team (STAT), who tracks all deaths and oversees the state's child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT has the capacity to make additional reports of deaths to the hotline to ensure all deaths not otherwise reported are captured in FACES. The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the "Preponderance of Evidence" evidentiary standard of proof.

It is noteworthy to mention that since Missouri captures 100% of child abuse and neglect reports and referrals based on the hotline (CPS) agency being the central recipient for fatality reporting combined with the statute which requires coroners and medical examiners to report all fatalities, Missouri could

appear worse; i.e., a higher number of fatalities, when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities. Missouri is able to thoroughly report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

In Missouri, agencies have a "check and balance" with each other to ensure no child is overlooked in reporting of child deaths. Monthly, the DHSS Bureau of Vital Records reports child deaths to STAT. Additionally, CD keeps an internal log, maintained by Central Office, and performs an as needed comparison with STAT.

In 2011, STAT transitioned CFRP statewide data collection processes over to the National Center for the Review and Prevention of Child Deaths' (NCRPCD) Internet-based case reporting system which allows for the collection of more comprehensive data on child deaths from all causes. A portable document format version of the database can be found at http://dss.mo.gov/stat/pdf/dataform-2-2s.pdf. Another STAT requirement is the Child Fatality Review Program Final Report, found at http://dss.mo.gov/stat/pdf/886-3883.pdf, which must be completed on every reviewable child death.

Education and Training Vouchers

In 2011-2012, there were 291 youth funded from ETV. Of those 291, 149 (51%) were first time funded.

In 2012-2013, there were 291 youth funded from ETV. Of those 291, 159 (55%) were first time funded.

Final information for 2013-2014 is not available at this time.   As of December 5, 2013, 503 youth have applied for ETV and 287 youth have been funded. In FFY13, 571 youth applied, and 291 were funded. Missouri will continue to monitor fluctuation in our funded youth numbers. If there is a significant change, CD will evaluate with service providers. There is a small difference in the numbers but it is not considered significant and can be attributed in part due to Missouri Reach, the tuition waiver program, now providing funding for youth that would have previously accessed ETV.

Inter-Country Adoptions

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post- adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

Children's Division collects information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. A records check revealed here were no children who entered states custody who were adopted internationally in CY 2013. The record review did reflect that there were two children who

entered state custody in January 2011. The sibling group was adopted from Russia. They entered care as a result of sexual abuse by the adopted father. The adopted father is incarcerated for sexual abuse charges. The adoptive mother is deceased. Neither the case record nor adoptive father could provide any information as to the adoption agency or age of the children at adoption. The goal for the children is adoption and they are currently placed in a pre-adoptive home.