

**Missouri Department of Social
Services,
Children's Division**



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SERVICE REPORT**

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**Title IV-B Child and Family Services Plan
2019 Annual Progress and Services Report**

**State of Missouri
Department of Social Services
Children's Division**

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Link to 2019 Annual Progress and Services Report found at: <http://dss.mo.gov/cd/cfsplan/>

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INTRODUCTION

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services. The Children's Division works in partnership with families, communities, the courts and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. The division works with all parties to safely maintain children in their homes whenever possible and to secure safe, permanent living arrangements when out-of-home placement is necessary. The Children's Division administers the Child Abuse/Neglect Hotline, School Violence Hotline, Intensive In-Home Services, Family Centered Services, Adoption Services, Independent Living, Foster Care, Residential Licensing and preventive services including Early Head Start, Home Visitation Program, Educare, Child Care Subsidy, and other early childhood and early intervention strategies. The division is responsible for the assessment and investigation of all reports to the Child Abuse/Neglect Hotline. These services are administered statewide within a centralized organizational framework.

Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into five regions with each governed by a Regional Director. In the Jackson County urban area, the Regional Director and the Circuit Manager position are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri's five regions are: St. Louis, Jackson County, Southeast, Region, Southwest Region and the Northern Region (East and West).

GENERAL INFORMATION

Collaboration

The Children's Division has for many years collaborated with stakeholders in the development of policy and practice. During the second round of the Child and Family Service Reviews, Missouri developed the CFSR Advisory Committee. The purpose of this collaborative advisory committee is twofold; first, to serve as a vehicle for cross system collaboration to promote the achievement of better outcomes for the children, youth and families; and second, to fulfill an ACF requirement for a collaborative process.

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth and families. A broader collaboration of this kind will benefit families in improved access and service availability, and a reduction of services and funding fragmentation. Standing members include Children's Division managers, representatives of Department of Elementary and Secondary Education, Department of Mental Health, Office of State Courts Administrator, Department of Health and Senior Services, Children's Trust Fund, CASA, Missouri Coalition Against Domestic and Sexual Violence, the health care community, private child welfare agencies, public university partners, a tribal representative, as well as foster/adoptive parents, foster youth and front-line staff.

As the Division developed the goals and objectives for the 2015 – 2019 Child and Family Services Plan (CFSP), several groups were consulted for assistance. The CFSR Advisory Committee regularly reviews data and practice standards, and provides input and feedback. Their guidance was valuable in the development of the five year plan. This group continues to be a part of the implementation and monitoring of the CFSP. As the Division continues to strive to meet the goals of the strategic plan, this group was consulted throughout the process. The Annual Progress and Service Report (APSR) is reviewed by this committee each year.

In addition to the CFSR Advisory Committee, the State Youth Advisory Board (SYAB) and the Foster Parent Advisory Board were asked for input. Field staff and management were also instrumental in the development and modification of the plan.

A representative of the Office of State Courts Administrator (OSCA) sits on the CFSR Advisory Committee as well. The Division continues to collaborate with the courts through a variety of mechanisms. A member of the Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 15 Fostering Court Improvement (FCI) sites in the state. The FCI groups are 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. In addition to the above projects, an OSCA representative participates in the planning and development of the Division's quarterly In-Focus newsletter, a newsletter developed to provide guidance to the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

The Children's Division will continue to seek the guidance of the above groups for the implementation and monitoring of the CFSP.

Following is information on the various groups and committees with whom the Division collaborates on a regular basis. Their input is valued and necessary for the continued improvement of Children's Division practice and outcomes.

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 historically worked with Missouri's Children's Division at the state level. 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), and as an on-going member of the Parent Advisory Committee state planning team. CTF also consults with CD staff regarding information maintained by CD (services and child abuse reports) and how child abuse and neglect prevention service providers can use the data to develop family plans and improve outcomes. CTF requires potential grantees to use CD data in assessing need.

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 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.

More recently, Children's Division has been exploring strategies to better engage parents, including expanding the use of the Parent Café Model. Funding through the CBCAP and the Missouri Department of Mental Health's Project LAUNCH grant has supported the development of Parent Café Training Institute trainers in Missouri making implementation of the Parent Cafés more accessible and affordable. CTF is excited about and supports the Children's Division's efforts to more meaningfully engage parents.

Background Information

Over the past 18 years, the Missouri CTF has primarily used CBCAP funding to partner with 18 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.

Many Missouri communities have multiple services that work to reduce risk factors and enhance protective factors. However, funding requirements, competition and boundary issues often leave service providers acting individually in their work with families. A lack of framework or mechanism to bring service providers together in a coordinated way inhibits collaborative work on behalf of families and makes individual services less effective, especially for families with multiple needs.

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 is an ongoing challenge. 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 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. Given the small number of funded sites, this data is not used for statewide planning. However, local Children’s Division staff have consistently participated in the Provider Network, and are aware of assessment data for families served.

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 that families experience. This model provides 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 better serving the consumer, children and families, and in doing so reduce the likelihood of child abuse and neglect occurring. The coordination of services happens 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 FY18, CTF continued supporting this model by awarding Community Based Child Abuse Prevention continuation grants (CBCAP) to three sites:

Stone and Taney Counties – Great Circle – “Growing Healthy Families”

McDonald County – The Alliance of Southwest Missouri – “McCO Project CARE”

Adair County – Great Circle – “Project THRIVE”

Each CBCAP community is awarded an average of \$100,000 in funding for up to five years. During the first six months of the first year of the project, 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.

Parent Engagement and Leadership

In addition to the parent engagement and leadership activities that community-based sites are required to build into their programs, CTF uses CBCAP dollars to support a state level Parent Advisory Council (PAC). The PAC has evolved through the collaborative work of stakeholders including CTF, the Department of Mental Health, Department of Health and Senior Services, Department of Social Services/Children's Division, Lutheran Family and Children's Services and the Head Start Collaboration Office among others. Members of the PAC continue to meet as well as engage in leadership activities at the national, state and local levels. Examples include PAC members presenting community trainings, participating in Child Advocacy Day, reviewing grant proposal for prevention funding and participating in national parent advisory councils.

Training

CTF also uses CBCAP funding to support training initiatives, including statewide and regional trainings. Currently, CTF uses CBCAP dollars to sponsor a biennial prevention conference and to support the following training initiatives:

- Missouri's Prevent Child Abuse America chapter, Missouri KidsFirst, is taking the lead on providing the Stewards of Children, Darkness to Light child sexual abuse prevention training. As a sustainability strategy, a network of trained Stewards facilitators has been developed and continues to grow
- The *Strong Parents, Stable Children* training and toolkit are designed to be user-friendly, cost neutral and appealing across sectors. It is also modularized, so that it can be presented in one extended training or used as an ongoing learning tool. The curriculum and supporting videos are accessible at <http://ctf4kids.org/about-prevention/protective-factors-training/>.
- Parent Café Training Institute Train the Trainers. In an effort to sustain the Parent Café work, CTF and Project LAUNCH have worked with Be Strong Families to develop model trainers in Missouri.

School-Based Service Worker Contracts

During the 2017-2018 academic year, Children's Division contracted with 38 school districts throughout the state for 59 school-based service worker positions. The school-based service workers are employed by the school districts and serve the administration's school(s) of choice. 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 provision of services to strengthen families. The contract reimburses school districts 35% of the school-based service worker's salary and benefits, not to exceed \$12,049.80 per academic year.

The school-based service worker completes and submits a monthly tracking form to the Children's Division liaison each month school is in session reflecting the school-based service worker's activities for the month. Data is reported on referrals made to the school-based service worker, types of contact made with the child or family, and what referrals the school-based service worker made to community resources on behalf of the child or family. In addition to the aggregate data, the school-based service worker provides narrative information on child abuse and neglect prevention activities performed for the children and families served and any community collaboration they had during the month. The Children's Division liaison collects the documentation and data for program evaluation.

After much consideration, Children's Division has decided not to renew the SBSW contract after the current academic year. Restrictions under the Family Educational Rights and Privacy Act (FERPA) prohibit the schools from providing identifying, child-specific information which has prevented the ability to measure true effectiveness of the program with respect to the prevention of child abuse/neglect. Additionally, the contract is held by only 6% of the school districts in the state. With the contract's limited presence across the state, it was determined state dollars would be better directed toward prevention programs with a broader statewide impact and with proven outcomes.

Crossover Youth Initiative

Background: In 2012, Missouri was selected to participate in the Crossover Youth Initiative at Georgetown University's Center for Juvenile Justice Reform. Crossover youth are defined as any youth who has experienced maltreatment and engaged in delinquency and has had any level of contact with either the dependency (child welfare), or delinquency (juvenile justice) systems. These youth have a unique set of risks and challenges and typically require a more intense array of services, and the leadership within Missouri's youth serving agencies are committed to improving both the experiences and outcomes for these youth.

System level goals include the establishment of a Missouri Crossover Youth Policy Team to drive the initiative forward. Team members from several core youth serving agencies have become champions of the cause, and facilitated concrete support in the form of funding to support a state level coordinator position within the Children's Division, which was filled in July 2014. Resources were provided to contract with local focus group facilitators in model sites, provide trauma training, conduct research, collect and report data, provide technical assistance to communities, as well as to develop, implement and support sustainable best practices throughout systems involving crossover youth.

There are several outcomes expected through both the local and system-wide changes including a reduction in foster youth who formally crossover to delinquency, increased collaboration among youth-serving agencies, a safe reduction in out of home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

Additionally, 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 was launched in four judicial circuits from 2014-2017 encompassing nine counties. They 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). Areas where CYPM improved outcomes included fewer new status offenses, fewer new sustained petitions, more youth attending or graduating school, improvement in mental health issues, fewer new juvenile arrests, more diversion or dismissals, and more youth in permanent living situations. In 2017, the leadership among these sites were enlisted to provide feedback and data to CJJR Consultant and Crossover Youth Coordinator to incorporate into developing statewide policy and protocol.
2. The Crossover Youth State Policy Team provided training and technical assistance to communities desiring to make system improvements for crossover youth but were not ready to launch the entire CYPM. An assessment and intervention process was developed for circuits to address the unique needs of Crossover Youth. The Crossover Youth Initiative Coordinator facilitated the assessment in partnership with circuit leadership to make recommendations to improve the experience and outcomes for crossover youth. The assessment and interventions were based on the values and principles of the CYPM. The State Policy Team has provided this training and technical assistance to the 2nd and 22nd Judicial Circuits inclusive of four counties. The 2nd Circuit developed and implemented an effective protocol for dually adjudicated youth committed to Children's Division and Division of Youth Services. The 22nd Circuit developed a new protocol for Child Welfare involved youth who become involved with the courts for delinquency.

Progress on System Level Initiatives.

Missouri is in the process of developing statewide policy which is aligned across youth serving agencies for case management protocols and a Crossover Youth toolkit to support the implementation of best and promising practices for this population. This is expected to take place over a 3 year period from 2017-2019. The foundational work completed for this process in 2016 includes the shared framework for Crossover Youth developed by the State Policy Team, the Juvenile Officer Standards, and reflective learning from implementation of practices in the model sites. The six key elements identified in the shared framework are using developmentally appropriate interventions to build wellbeing, building a trauma informed youth serving system, using evidenced based and science informed practices, using data to drive policy and practice changes, developing an equitable youth serving system and a sense of collective responsibility. The foundational principles of the Juvenile Officer Standards are best practices as outlined in the Center for Juvenile Justice Reform's Crossover Youth Practice Model. In 2017 a

workgroup comprised of Child Welfare and Juvenile Justice Professionals in the field was formed to assess current Crossover Youth practices and make recommendations for statewide changes. The workgroup received training about Crossover Youth and collected regional feedback across agencies about what is working well and what challenges exist in practice for Crossover Youth including cross agency collaboration between Children’s Division, Juvenile Court, Juvenile Office, Division of Youth Services, and Mental Health Providers.

The group met in January 2018 to evaluate field feedback against established shared philosophy, Juvenile Officer Standards and CJJR’s best practices and develop recommendations for changes. The group presented their findings and recommendations to the State Policy Team in March of 2018 and is committed to seeing through the development of multi-system policy developments, inter-agency agreements and the development of a Crossover Youth Toolkit to guide local practice. The recommendations presented to and approved by the State Policy Team in March 2018 are summarized below.

Develop Capacity: Conduct a review of current data that shows the interface between systems and will reflect the number of youth in each identified target population of Crossover Youth to understand the numbers. Develop agreements between agencies to share both aggregate and case specific data in order to best serve this population

Culture: Assess participating Agencies’ Cultures to develop more quality collaborative relationships. Seek opportunities to educate and empower judges to make decisions in Crossover Youth cases more consistent with best practice. Develop tools for engagement between Judges, Juvenile Officers, and Children’s Division

Practice: Engage in the development of best practice through the creation of protocols per agency that supports collaborative case management between each agency. This will include the following:

- Exploration of the need for specialized workers for crossover youth or other specialized populations.
- Creation of a strategy/plan to prevent youth from crossing over including identifying youth at risk for crossing over, and identifying effective interventions for at-risk youth. These interventions should include opportunities for pro-social activities and the utilization of Team Decision Meetings for all potential placement changes.
- Create supports for families and foster parents.
- Strengthen multi-system transition planning for youth exiting DYS and/or CD custody.
- Provide consistent transition planning for youth exiting and crossing between agencies including the local Juvenile Office, DYS and CD.

Sustainability: Develop agreed upon cross systems process and outcome measures to ensure accountability that will show the impact of developed practices. Provide for Quality Assurance through the creation of a QA mechanism to ensure the practices are being implemented and carried out with fidelity. Provide comprehensive training and technical assistance to include but not limited to understanding each system (DYS, CD, JO, OSCA), roles responsibilities of each agency, and competencies for collaboration. Integrate crossover into other initiative conversations. Develop adequate cross-system representation including all partners serving this population.

The work group gathered in June to begin mapping out case management processes for the various Crossover Youth populations on which the protocols and practice guidance will be written. They also began to conceptualize an implementation toolkit which will be provided for circuits to change their practices for Crossover Youth.

Challenges

At both the state and community level, the initiative has engaged many participants from a wide range of community partners. Challenges include the multiple, often competing, priorities across youth serving agencies. Another related challenge involves the level of collaboration necessary to implement wide sweeping changes to impact practice across youth serving agencies. Although there is a deep commitment to improving Missouri's youth-serving agencies, changes of this magnitude are coming along slowly and there are systemic challenges among local jurisdictions that must be addressed for successful implementation. Some of the systemic challenges include ineffective cross-agency communication, role confusion among staff and poor histories of collaborative work. The shared framework document was created to address challenges of this nature and an additional cross agency work group is making progress on role clarification that can be applied to Crossover Youth work. Additionally, the current limitations in data systems do not allow for the kind of data collection and sharing necessary to support needed changes. Children's Division is examining possible system changes to more accurately track Crossover Youth prevalence and outcomes. This is being done in coordination with the courts to the extent that is possible within the current limitations. The Missouri Crossover Youth Policy Team envisions system-wide implementation of comprehensive policy and practice changes within 1-2 years.

Brief Update

1. The Crossover Youth Initiative includes a collaborative effort among several youth-serving state wide entities comprising the Crossover Youth State Policy Team which supports both statewide and local level priorities to improve practices for youth involved in both child welfare and juvenile delinquency. Since 2012, in partnership with Georgetown University's Center for Juvenile Justice Reform, four judicial circuits inclusive of nine counties launched the Crossover Youth Practice Model. Process and outcome measure reports for the first two pilot sites became available in 2016. Additionally, two research efforts, state wide case reviews and pilot site focus groups, were completed to identify risk factors and missed opportunities to better serve Missouri's crossover youth. The results of this research were used in model sites to inform the protocol development for this population. There are also state-level priorities aimed at system and culture change toward best practices. The most comprehensive goal is the development and implementation of standard multi-system responses reflective of best practices. A gap analysis was developed to assess specific opportunities for policy and practice changes across several state agencies to improve services to this population. Additionally in 2017, the Juvenile Officer Standards, including best and promising practices for Crossover Youth went into effect and the State Policy Team developed a shared framework for Crossover Youth in 2017. Building on these two foundational pieces, a workgroup comprised of Child Welfare and Juvenile Justice Professionals in the field was formed to assess current Crossover Youth practices and make recommendations for statewide changes. The group is scheduled to continue its work into 2018

to bring together field feedback, established shared philosophy, Juvenile Officer Standards and CJJR's best practices develop policy and practice changes. There are several outcomes expected through both the local and system-wide changes including a reduction in foster youth who formally crossover to delinquency, improved cross-systems functioning among youth-serving agencies, a safe reduction in out of home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

State Youth Advisory Board

The Children's Division recognizes the importance of and remains committed to youth involvement, development, and empowerment. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the Older Youth Program (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 to provide speaking engagements for youth. Other opportunities for youth include Transitional Living Advocate and Court Appointed Special Advocates trainings. Youth are often invited to participate on panels and to facilitate and lead workshops. Youth will continue to speak at events as requested, such as foster parent appreciation dinners held 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 Chafee Foster Care Independence Program (CFCIP) has meant to them and how it can make a difference.

Members of the SYAB represent all children and youth who have been or are currently 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 CD administrative staff/Juvenile Court. The SYAB determines the goals and activities to pursue for upcoming meetings and carries 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 to serve, but if a youth turns 21 or leaves Children's Division custody during the term; he/she can finish the remainder of the term if in good standing. 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 each 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. Currently, there is one ex-officio member on the board whose term expires in June. This youth transitioned from care at 21, attends college, and was on the board as a member from September 2012-June 2016. In SF18, there was an ex-officio member who was appointed in March 2017 to assist with the Older Youth Conference. She was on the board from June 2013 until September 2015. She is in foster care and placed in a Transitional Living Program. She came back to the board to specifically help with the Youth and Adult Leadership and Empowerment conference which was held in July 2017. Prior to last year, there had not been any ex-

officio member for seven years. Youth on the board at the point of “aging out” have at times expressed an interest in ex-officio membership but have not pursued the position. Reviewing the SYAB Handbook in which the requirements for the ex-officio member are outlined is on the agenda for March 2018 meeting.

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 as adopted by state board members. In SFY18 to date, the SYAB has had eight community members.

In June 2017, after submission of the SFY17 plan, two community members came to the SYAB meeting to assist with conference planning. A volunteer and co-worker of the ILC from Children’s Division came to present information on a Resource Round Robin that was to be offered at the Youth and Adult Leadership and Empowerment Conference in July. A Chafee Specialist from Preferred Family Healthcare, one of the contracted providers, presented information on games and activities of the Carnival that was to be offered at the Youth and Adult Leadership and Empowerment Conference in July. Preferred Family Healthcare sponsored the Carnival for the youth and many adults assisted so youth on board could also participate in the fun.

In September 2017, two guest speakers came to the meeting. The Director of the Office of Child Advocate, who is also a member of the Missouri State Foster Care and Adoption Board, came to discuss her roles with each agency and how these agencies can assist the board and all youth in care. There were several new youth on the board from the interest being spurred at the Youth and Adult Leadership and Empowerment Conference in July so it was thought to be a good time to invite this guest. Many youth have questions about what to do when something is not going right as well as questions on foster parents. A representative from the Children’s Division came to speak on resource provider requirements to complement the other information being shared. This topic is always of interest to the youth and the ILC tries to arrange a presentation every couple of years on this topic, especially if there is high membership turnover.

In November 2017, there were three community members. Two Chafee Specialists, one from the NE Region/Family Facets and one from the 25th Circuit/The Community Partnership presented information on Family Support Team and Permanency Planning Team Participation and Advocacy. This was done so youth could have ideas on how to advocate for themselves and why they needed to be a part of the meeting to give voice to what was happening in their lives. A representative from Children’s Division facilitated a conversation on youth preference in receiving information. Many said that they prefer to have a hard copy of any paperwork and do use Facebook as a means for social media. The three youth that have completed an internship through FosterClub presented information to board members on their experiences so youth could see if they would be interested in applying for this opportunity. At this meeting, all Chafee Specialists were invited to participate to have a discussion on Local Youth Advisory Boards. To facilitate the discussion, members divided into groups with youth and adults from their region and used one of the agency’s foundational mapping tools from Signs of Safety of what is going well, what could be better, and what are some next steps in order to strengthen and improve Local Youth Advisory Boards.

Although not considered community members, in addition to these guests at the November meeting, two SYAB

members gave a workshop on “Presentation Skills.” This was done to assist youth in feeling comfortable with conference planning, participating in workshops, and trainings they may be involved with as an SYAB member. Both of the youth presenters are officers and representatives of FosterClub All-Stars. This is a good example of how Missouri’s investment into this internship opportunity provides something in return for youth on the receiving and giving end.

In March 2018, there are three community members and two youth members presenting information to the board. Dr. Patsy Carter, Director of Children's Clinical Services for the Department of Mental Health and Children’s Division, along with one of the SYAB Officers, will be conducting a focus group on psychotropic medication. The information gained will be used for a statewide webinar for CD staff. An SYAB member will be presenting a conference idea. A SE Chafee Specialist from Preferred Family Healthcare will present information on a poverty simulation as a possible activity at the next youth conference. A CD Program Development Specialist will present the “Lifecourse Game” as a topic suggestion for the next conference. This was an activity shared at a meeting attended with Department of Health and Senior Services and it was thought it would be a good conference activity.

The Children’s Division Director has attended all meetings in SFY18 and the youth have stated he is an “honorary member.” The Director listens to the youth’s opinions on various topics. He facilitated a specific discussion on advocacy at the November meeting and will present at the March meeting. The youth feel valued and empowered by his attendance and participation. Several youth have sought assistance from him outside the meetings with situations they are encountering. In addition to the Director attending, a Deputy Director has also participated in most of the meetings as has a regional Field Support Manager. In March, several guests will be in attendance. Guests are welcome as long as there is space to accommodate them and they agree to the confidentiality of the personal information shared by the youth. Guests are discussed with the SYAB officers prior to the meeting.

In SFY18, three of Missouri’s FosterClub All-Star representatives are members of the SYAB. Two youth have assumed leadership positions as the Chair and Scribe. Both youth have assisted the board with conference planning, leadership and advocacy training from their internships. As they are both 21, they will finish their terms in SFY18 as new officers will be elected in June 2018 and take over in September. Although they will no longer be members, it is hoped that they can come back to assist as a community member or an ex-officio member if the need arises.

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 under forty to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. The SYAB has final authority on membership approval. Some regions have more than one local youth advisory board and therefore send several more than the required three representatives, particularly in the more rural regions.

As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings, making 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 chaperone the attendance at SYAB meetings and activities.

As of March 27, 2018, there are 34 members on the SYAB.

The Transitional Living Program contract contains language for youth to participate in a local board as well. Contracts for Chafee were rebid in SFY16 and were awarded for the Transitional Living Program in April 2017. There are no changes to the requirements and processes regarding SYAB. The Chafee contract will be rebid in SFY19 and a requirement for Chafee to be responsible for recruiting, transporting, and chaperoning youth from the contractor's region for general attendance and participation at the bi-annual Youth and Adult Leadership and Empowerment Conference was added. Although many of the providers have assisted with this, there were a couple of regions in which reinforcement in the contract was thought to be beneficial in this matter.

The SYAB did not make any changes to the handbook in SFY18. The handbook will be reviewed and revised as needed in SFY18. It was on the agenda for the November meeting if time allowed and is on the agenda for the March meeting if time allows – youth will be given a choice of two topics to address, the other being conference planning continuation.

The SYAB met on a quarterly basis for SFY18 and will continue to meet quarterly in SFY19.

The SYAB as well as other foster youth and alumni youth have been active in participating in speaking engagements and workgroups to promote the needs of youth in foster care. The following are activities which occurred in SFY18.

- An “adult former victim” of child abuse/neglect is 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, reviews child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.
- One youth is 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.
- Two youth are members of the Children and Family Service Review (CFSR) Advisory Committee.
- Two youth are members of the Trauma Committee. This committee is composed of Central Office staff representing various program areas, as well as a relative provider and a foster care provider. The committee provides oversight and recommendations to the Division’s work toward becoming a trauma-informed agency. Practices and policies are reviewed to ensure consistency with trauma-informed principles.
- A SYAB member is available to participate in the Continuous Quality Improvement (CQI) Statewide meetings as requested. CQI is a process by which all staff looks at the agency as a whole and develops plans for improvement. The voice of youth has been added as a regular feature to the CQI InFocus Newsletter each quarter beginning in 2016.
- Two youth are members of the Task Force on the Prevention of Sexual Abuse of Children.
- In SFY18, fourteen youth from across the state participated in the Child and Family Service Review stakeholder interview with our federal partners.

- SYAB members participate ongoing in STARS training.
- Numerous youth from the Southeast and St. Louis Regions participated in Older Youth Summits. The events are part youth facilitated. Youth were also involved in youth panel discussions at each summit. The Older Youth Summits are an extension of the Youth Independence Interdepartmental Initiative which began in April 2010. Missouri plans to continue summits throughout SFY19 and youth will be an integral part of these events.
- In February, four youth applied for the FosterClub All-Star internship.
- Youth were nominated for FosterClub's Outstanding Young Leaders.
- Missouri encourages youth to apply for the Congressional Coalition on Adoption Institute internship but it is not always known if a Missouri youth was selected.
- A SYAB member is a part of the Youth Empowerment Task Force. Three alumni youth also sit on this task force through their professional capacities.
- One youth is on a workgroup to develop a webinar on psychotropic medications.
- A couple of youth participated in a luncheon hosted by the Governor and First Lady.
- Judicial Engagement Team (JET) Conclave II in Kansas City in October as an opening speaker.
- Signs of Safety International Gathering in Kansas City in October as an opening presenter.
- One youth will attend the Independent Living Coordinator's Meeting in Washington, DC in July 2018 as a youth ambassador.
- A youth will be invited to participate in a workgroup on LGBTQ training, policy and practice development in SFY18.

The activities represented in this section are at the state level or region wide. However there are many local activities in which youth participate as well.

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 SFY19.

The Children's Division provides SYAB members and other current and former foster youth with a per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement to any such event if they are transporting themselves. Youth attending leadership events via SYAB are reimbursed \$25. Youth attending meetings, workgroups, or committees that require most of the day, receive \$35.

The SYAB provided youth input on several different topics in SFY18:

- Members developed talking points and a brochure for Child Advocacy Day;
- The SYAB's thoughts have been solicited for inclusion in the In-Focus Continuous Quality Improvement quarterly newsletters in the past but were not requested in SFY18 to date; however should input be needed SYAB members will provide this.

Input was also requested for projects on various topics in SFY18 outside of the SYAB meetings via email: Foster Care Bill of Rights, newsletter title, recruitment of foster parents and training specific to older youth, survey on youth homelessness, and a survey on psychotropic medications.

Input will continue to be provided as needed in SFY19.

In April 2018, SYAB members and youth from regional boards participated 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 met with legislators from their area to talk about issues important to the youth. Youth participated in a rally at the Capital. An educational workshop on advocacy was provided. Lunch was hosted by the State Youth Advisory Board which allowed all youth in attendance to meet one another, talk about their experiences during the day, and hear what is happening with the State Youth Advisory Board.

Items youth want to improve:

Exploring options prior to use of psychotropic medication and utilizing telemedicine to expand access for quality services, increased support to foster homes including maintenance increase, training, and resources, support of proposed legislation which allows birth certificates at no cost to youth in CD custody (HB1470), minors in foster care to contract to open a bank account (SB805), modifications to provisions relating to adoption and post-adoption contract agreements (HB2426), and modifications to mental health screenings so they are done in accordance with the schedule recommended by the American Academy of Pediatrics.

Participation in Child Advocacy Day will continue in SFY19.

Children's Division has invested in the FosterClub All-Star Program to send a youth to leadership training and participation in national leadership events. The FosterClub All-Star program is in Seaside, Oregon during 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 utilizes the youth upon his or her return to teach other youth, particularly SYAB members, leadership and advocating skills as well as to represent Missouri in speaking engagements.

It is the philosophy of the agency by providing this type of leadership training and national exposure, 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. Since 2006, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY18-19. Each of these youth has been and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The 2015 All-Star is a member and officer of the State Youth Advisory Board and the Youth Empowerment Task Force.

The 2016 All-Star has been a member of the SYAB since June 2014. She is the current Chair of the SYAB. She uses her skills and provides input at the meetings and facilitates group discussions.

The 2017 All-Star has been a member of the SYAB since March 2014.

It is anticipated participation in the FosterClub All-Star program will continue in SFY19.

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 are honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. In 2015, four youth received this honor. In 2016, one youth received this honor. Four youth in Missouri were selected for this honor in 2017. In 2018, three youth were recognized for this achievement. Missouri will continue to nominate youth for this honor in SFY18.

The SYAB hosted an Adult and Youth Leadership and Empowerment conference in July 2017. The theme of the conference was “Reading Our Past, Writing Our Future.” The conference was held over three days in Jefferson City with over 200 youth and adults participating from throughout the state. The event was planned and hosted by members of the SYAB throughout SFY17. This biannual conference had workshops and presentations geared toward topics related to transitioning and life skills, including NYTD, Chafee, and ETV. The event was fun, educational, and allowed youth to interact with other youth and supportive adults throughout the state. There were six workshops presented designed to empower and educate youth on subjects relating to their independence. The workshop topics included: self-esteem, relationships, cultural diversity, resiliency and personal history, and relationships. Additional events included an alumni panel, a “meet the Directors” session, carnival, and dance.

The SYAB feels it was a great opportunity to bring youth and adults together to share what they have in common and to empower them toward 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.

Some of the meeting time for SFY18 will be spent on planning for the conference.

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. The youth continue to value and work on the goals set out in the strategic plan.

The three goals are as follows:

- SYAB will plan and facilitate a conference for youth in summer 2019 – including developing workshops and eligibility for attendance and seeking donations.
- 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.
- 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.

Work has been done on these goals in SFY18 and will continue in SFY19. Conference planning begins at the March 2018 meeting and will continue throughout the remainder of SFY18 and SFY19. At the November 2017 meeting a strategic planning session was held with chaperones and youth regarding local youth advisory boards and there is a check in on this discussion at the March 2018 meeting. Separate from SYAB, strengthening of youth boards has been a topic with the Older Youth Transition Specialists

and the ILC has asked that they attend locally if they are able, assist with sharing meeting times and locations, and check in regularly with the contractor to see how they can help and how things are going. At each SYAB, regions give a report of what the local youth advisory board is doing. In this report out, which is not formal, many report on community projects that their local boards have done. It is also during this report out that some youth report that they have not met since the last meeting. When this occurs, which is becoming more rare, the ILC informs the Regional OYTS for monitoring as this is a contractual requirement. Sometimes there is staff turnover which contributes and this is understandable to a degree but it also is something seen as a priority and something that should be offered to all youth. A meeting with the Chafee providers is scheduled in March 2018 and youth boards are a topic of discussion. CD plans to implement a statewide newsletter in late SFY18 or early SFY19 and information on how to get involved in local boards will be one of the item topics.

The Officers of the SYAB attempted to organize a community service project for the board for the September meeting but the times did not correlate well with the meeting time of the board. The local food pantry and the Department of Conservation were contacted for potential opportunities.

In the past year or so, the SYAB has also designated a new region, North Central. The SYAB is primarily comprised of youth from participation in Chafee, however some Transitional Living youth participate as they are working with the Chafee agencies via Transitional Living.

An effort is made to prevent turnover on SYAB. The Independent Living Coordinator (ILC) communicates on a regular basis with members, sending personal emails to each member after meetings as well as sending a personal note on a youth's birthday to keep youth engaged. The ILC follows up with the Chafee provider on youth whose names are not submitted on the lodging list prior to the meeting which has greatly curtailed absences. At each meeting, the importance of commitment, asking the right questions and responding to emails is discussed with members. These topics are also discussed in the interview process. Time is spent discussing the need to make all youth feel welcomed by other youth and seniority youth have been paired up as roommates with new attendees.

There is one youth with membership of 4 years who has previously been an officer, one youth with 3 ³/₄ years of membership who is an officer, and three youth with 2 ¹/₂ years of membership. The board has an ex-officio member and he has been a member since September 2012, becoming the ex-officio in September 2016. As members are asked to make a year commitment, members with a longstanding history reflect the importance of the board and are vital to the success of the board for historical knowledge, particularly in a conference planning year. Even though these youth with longstanding history do not always serve in the role of an officer, they become natural leaders of the group. It is also typical for many youth to join after a conference and remain involved until the next bi-annual conference is held. The conference often inspires youth to get involved and stay involved to be on the other side. Some older youth remain on the board to participate in a final conference and resign immediately after, having been a part of something special. The conference is viewed as a recruitment opportunity as is Child Advocacy Day. Sixteen youth joined the board at the September meeting which was the first meeting after the conference and six youth resigned, staying on through the conference. As membership is not open in the meetings right before a conference, this allows for more youth to join after a conference. There is one youth on the board who joined in September who was previously a member

from June 2014-March 2016. As the membership age has been slightly lowered in recent years, it is anticipated Missouri will continue to see longevity in membership and some youth returning.

In past years there have been siblings on the board. There were two sibling sets on the board but three of these four youth resigned from the board in September. There is one foster sibling set who will be participating in the March meeting, one as a current member and one as a perspective member. The need for connections with siblings in the child welfare system is often a discussion topic of the board.

The board uses a creed to assist with conduct at meetings. Potential members must agree via signature to the conditions of the creed prior to becoming members and the creed is kept on file with the ILC. The board has had minimal conduct issues but this was thought to be another step to solidifying expectations of youth leaders on the board and was modeled after 4-H. The creed is specific so when an issue arises, it is easily handled.

The Children's Division will continue efforts to include Native American youth participation in leadership activities. Representation has been on the board from March 2012 to September 2015. In March 2016, a Native American youth joined the SYAB and remains on the board. In March 2017, a Native American youth became an Ex-Officio member to help with the conference and her term ended with the commitment she had made to see the board through to the conference in July 2017. The Children's Division will continue efforts to include Native American youth participation in leadership activities in SFY19 as well as incorporate diversity of all cultures. Chafee and Transitional Living providers are asked to extend leadership activities invitations to youth as appropriate.

The SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care. Throughout SFY18 and SFY19, youth input on the topic of normalcy was sought. The youth voice will continue to impact the direction of this work. Continued focus on how this important legislation is becoming part of everyday practice from the youth perspective will continue in SFY19 to improve the work on normalcy for youth in foster care.

SYAB 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 statewide Children's Division events as well as 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 in SFY19.

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, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY19.

State Foster Care Advisory Board

The Children's Division meets on a quarterly basis with the Missouri State Foster Care and Adoption Board (MSFCAB). The members of this board are appointed by the Governor of Missouri. The board was organized in 1986 by the then Director of the Division of Family Services to be an advisory board to

communicate between local foster parent advisory boards and central office. During the 2012 legislative session a new statute was adopted, 210.617 RSMo. This statute transformed the advisory board into the Governor-appointed board. The statute states:

1. There is hereby created within the department of social services the "Missouri State Foster Care and Adoption Board", which shall provide consultation and assistance to the department and shall draft and provide an independent review of the children's division policies and procedures related to the provision of foster care and adoption in Missouri. Additionally, the board shall determine the nature and content of in-service training which shall be provided to foster and adoptive parents in order to improve the provision of foster care and adoption services to children statewide consistent with section 210.566. The board shall be comprised of foster and adoptive parents as follows:

(1) Two members from each of the seven children's division areas within the department of social services delineated as follows:

(a) The northwest region;

(b) The northeast region;

(c) The southeast region;

(d) The southwest region;

(e) The Kansas City region;

(f) The St. Louis area region;

(g) The St. Louis City region;

(2) Area members shall be appointed by the governor, with the advice and consent of the senate, based upon recommendations by regional foster care and adoption boards, or other similar entities.

2. Statewide foster care and adoption association representatives shall be voting members of the board as approved by the board.

3. All members of the board shall serve for a term of at least two years. Members may be reappointed to the board by their entities for consecutive terms. All vacancies on the board shall be filled for the balance of the unexpired term in the same manner in which the board membership which is vacant was originally filled.

4. Each member of the board may be reimbursed for actual and necessary expenses incurred by the member in performance of his or her official duties. All reimbursements made under this subsection shall be made from funds within the department of social services' children's division budget.

5. All business transactions of the board shall be conducted in public meetings in accordance with sections 610.010 to 610.030.

6. The board shall elect officers from the membership consisting of a chairperson, co-chairperson, and secretary. Officers shall serve for a term of two years. The board may elect such other officers and establish such committees as it deems appropriate.

7. The board shall establish such procedures necessary to:

(1) Review children's division proposed policy and provide written opinions and recommendations for change to the children's division within thirty days of receipt of the proposed policy;

(2) Provide draft policy suggestions, at the request of the children's division or in response to issues by the board, to the children's division for improvements in foster care or adoption practice; and

(3) Fulfill its statutory requirement in accordance with section 210.566 to determine the content of in-service training to be provided by the children's division to foster and adoptive parents.

8. The board shall provide to the director of the department of social services, the governor, the office of the child advocate, and upon request, members of the general assembly, a written report of annual activities conducted and made.

9. The board shall exercise its powers and duties independently of the children's division within the department of social services in order to ensure partnership and accountability in the provision of services to the state's children affected by abuse and neglect. Budgetary, procurement, and accounting functions shall continue to be performed by the children's division.

The Children's Division created a mailbox for the Board to facilitate communication between the board members. All policy regarding resource parents and foster youth is presented to and discussed with the MSFCAB using email and at the quarterly meetings. Each member in turn provides information to their local boards and peers. Policy for resource parents and foster youth is only published after the MSFCAB has provided review and comment. Some examples of policy that the board reviewed during CY2017 include:

- Out of Home Investigation Corrective Action Plan
- Adoption Staffing
- Permanency plan of Legal Guardianship compared to Adoption Chart
- Service Delivery Grievance Regulation
- Foster Youth Records and Reports for Resource Parents
- Reopening a previously Revoked Provider
- Additional Respite Hours for Resource Parents
- Surveillance Cameras
- Parents Residing in Resource Homes
- Educational Stability and Support for Foster Youth

Task Force on Children's Justice

The mission and responsibility of the Missouri Task Force on Children's Justice is to assist the state in developing, establishing, and operating programs designed to improve child welfare; in particular, the handling of child abuse and neglect cases, the handling of child abuse related fatalities, the prosecution of

child abuse cases, particularly sexual abuse, and the handling of cases involving children with disabilities or serious health related problems. The Task Force is also charged with the oversight and distribution of federal grant money and reformation of policy and state laws related to the improvement of the investigative response to child abuse and neglect and the reduction of trauma to child victims.

The Task Force has been focused on improving the investigation and prosecution of child abuse and neglect and reducing trauma to children over the past two reporting periods. The Task Force has also been making efforts to connect its work to other child welfare program areas and objectives. At the August 2017 meeting of the Task Force, special guest Maddie McMillian from the Governor's Office gave an update of the First Family's top priorities, which included improving the child welfare system as a whole. Ms. McMillian described the first dinner of the new administration at the Governor's Mansion which hosted several foster children and their foster families. From both perspectives, this was a huge success. First Lady Greitens had previously identified an issue at our Child Abuse and Neglect hotline (CANHU) as not taking out of state calls and this was rectified and the hotline 800# is now available for use for out of state callers. The Foster Care Bill of Rights was signed by Governor Greitens. Also noted was the reversal on the restrictions on foster care. First Lady Greitens traveled the State speaking to stakeholders on how all can partner to fix issues within the system. The floor was opened up for discussion to the Task Force. Many members of the Task Force have had the pleasure of having the First Lady come to their establishments and see firsthand the work being done. The group discussed lack of counseling and treatment resources for our families, specifically sexual abuse victims and residential care for foster children.

During the November 2017 Task Force meeting, special guest Charisse Thibaut formerly of Missouri KidsFirst, who chaired the Taskforce on Prevention of Sexual Abuse of Children Mandated Reporter Training, spoke on how the mandated reporter training protocol was developed. The workgroup consisted of 16 people who worked on development in a subcommittee. They first sent out a survey to multidisciplinary contacts asking what they would like to see in the mandated reporter training. The workgroup came together to develop the content for training. Development took about one year and was very in-depth. They have had a very good response from the community that uses it.

In 2017, the Task Force continued to make significant progress in its efforts. The Task Force examined its work from previous years and re-evaluated its recommendations, including those identified in the three year assessment submitted in 2016, for improvement of the child welfare system's investigative and prosecutorial response to determine whether or not those recommendations continued to be priorities. Members maintained a high level of commitment to the work and were very active, engaged, and motivated to find ways to improve the investigation and prosecution of child abuse and neglect.

The Task force began the planning a Children's Justice Act sponsored conference in November 2017. CJA Task Force Member, Greg Holtmeyer, proposed that the Task Force sponsor a comprehensive workshop for multi-disciplinary team members to focus on sex trafficking, prostitution and male sexual abuse. The target audiences include counselors, therapists, law enforcement, Children's Division, schools, etc. The Task Force was in favor of such a conference and a subcommittee was formed. Finalization of the conference was completed in March 2018. The Conference will be called "Show Me a Helping Hand" and will be held at Lincoln University in Jefferson City, Missouri on June 21 and 22, 2018. The conference is free to all attendees. Two nationally renowned speakers on the topic of male

sexual abuse have been secured. The Task Force hopes that they can continue to sponsor our own conferences in the future.

The Task Force increased its efforts to link the work of the Task Force to the Child and Family Services Five Year Plan (CFSP), Annual Progress and Services Report (APSR), the Child and Family Services Review (CFSR), and the Court Improvement Program (CIP). During the past year, the Task Force met quarterly, reviewed and discussed activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation; cases involving suspected child maltreatment-related fatalities; and cases involving a potential combination of jurisdictions, such as intrastate, interstate, Federal-State, and State-Tribal, in a manner which reduces additional trauma to the child victim and the victim's family and also ensures procedural fairness to the accused. In addition to meeting quarterly, the Task Force via the use of subcommittees, held in-person meetings and conference calls, conducted case reviews, reviewed policy, tracked and evaluated proposed legislation, reviewed reports, and engaged in discussions which clearly displayed the value of having a multidisciplinary task force involved in the evaluation of the child welfare system's response to reports of child abuse and neglect.

The Task Force continued to keep the improvement of the investigation and prosecution of child abuse and neglect and reducing trauma to children as its primary target for its work moving forward while continuing to make efforts to connect its work to other child welfare program areas and objectives.

Missouri Coalition Against Domestic and Sexual Violence

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research and public policy. While work with adult survivors of child abuse and neglect is not the program's focus area, individuals coming to the programs may have a long history of abuse (or multi-abuse trauma history) which may include childhood abuse and neglect. MCADSV is a key partner in Missouri's child welfare system who has been actively involved in the Task Force on the Prevention of Sexual Abuse of Children, assisted with curriculum development for mandated reporter training, as well as work being done around children with problem sexual behavior. The Children's Division has contracted with MCADSV since the nineties to provide training and technical assistance on domestic violence for frontline staff. MCADSV is in the process of updating this training curriculum to better meet the needs of staff, with plans to eventually create advanced training modules. As a part of the development of advanced curriculum, MCADSV has partnered with the Children's Division to develop in-depth child welfare policy related to identifying and addressing domestic violence. Protocols at the Child Abuse and Neglect Hotline Unit (CANHU) have been developed, in collaboration with MCADSV, to improve screening practices related to children who are involved in or witness domestic violence. Policy has been developed to better educate staff on confidentiality requirements specific to individuals who receive services from domestic violence shelters. MCADSV continues to work with The Full Frame Initiative to incorporate the Five Domains of Well-Being into the practice of its member agencies, which the Children's Division is also actively incorporating into its foundation of practice. Staff from MCADSV have participated in Team Decision Making (TDM) domestic violence training to support the implementation of this model within the Children's Division. The Children's Division has incorporated MCADSV's standards and guidelines for batterer intervention programs into service and provider requirements under the Children's Treatment

Services (CTS) contract which was revised and released in March 2016. MCADSV has also worked with the Children's Division's Continuous Quality Improvement (CQI) process to include information on domestic violence, and is actively involved with the Child and Family Services Review Advisory Committee.

Full Frame Initiative

In 2017-2018, Full Frame Initiative (FFI) focused its work with Children's Division on deepening understanding and building capacity.

A team-based training was created to advance supervisor understanding of the Five Domains of Wellbeing and help them to support and develop their frontline staff's knowledge and understanding. This two day training, "Applying a Wellbeing Orientation in Daily Practice", was held with selected supervisors and their workers and integrated concepts of Signs of Safety and trauma informed language. Feedback from this training was received which confirmed the need for further integration of practice model concepts, however, it was noted that staff and management were overwhelmed by another training event to fit into their schedule, attend and practice. It was because of this feedback that this training was halted in 2018 and the focus shifted to using concepts from Five Domains of Wellbeing and trauma informed care to integrate into the already existing training of Signs of Safety.

Full Frame Initiative is invested and supporting the efforts to integrate the practice model, bringing all of the individual initiatives that make up the Missouri Practice Model, including the Five Domains of Wellbeing, into a seamless practice approach. In May and June 2018, FFI will be revising the Five Domains of Wellbeing Introductory training to more seamlessly integrate language and concepts within the new employee training, Child Welfare Practice Training. It is the expectation with the revised curriculum Five Domains of Wellbeing will be utilizing trauma-informed concepts and language and trainers of Child Welfare Practice Training will be able to connect concepts of the Five Domains of Wellbeing with Signs of Safety concepts and language.

In 2017, FFI collaborated with Children's Division to create facilitated peer learning labs for selected certified trainers of the Five Domains of Wellbeing. This cohort of learners was identified as "Five Domains of Wellbeing Active Coaches". These Active Coaches are deepening their understanding of the Five Domains of Wellbeing through facilitated peer learning and discussion so they can go into the field to coach and support on-going understanding, development and practice with frontline workers and supervisors. This is an ongoing capacity building strategy which leverages the Children's Division's resource of certified trainers to promote development within supervisors and workers throughout child welfare.

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 13th 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. These meetings are 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. Currently participants of this meeting are working together to make recommendations around improving the procurement process and identifying additional outcome measures. In addition there has been partnership around revisions and improvements to the next contract which will be bid in FY19.

Joint QA/QI initiatives at the regional level include local program improvement plans to address deficiencies identified through the circuits' self-assessments. Contracted staff, including their QA Specialists, is invited to attend the local planning meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice. Contracted case management agencies are not located in every circuit throughout the state, so invitations of contracted QA Specialists are limited to areas holding Foster Care Case Management contracts.

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 is invited to attend CD QA Unit meetings. The contracted QA specialists are now routinely engaged in data quality initiatives developed to achieve improved data integrity. For example, as data quality concerns are discovered and impact contracted agencies, the contracted QA specialists are notified of the issues and provided a listing for data clean-up. Contracted QA staff is provided monthly data concerning the demographics of children in foster care assigned to their respective agencies. Progress and performance in the areas of worker visitation with children and parents are also provided on a monthly basis.

The Foster Care Case Management agencies have case management representatives on the CFSR Advisory Committee, which continues to meet on a quarterly basis. In early 2018 the FCCM providers partnered with the Children's Division and community stakeholders to develop ideas for the Program Improvement Plan in response to the CFSR results.

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. Summits in 2013 and 2014 focused on the importance of effective messaging when relaying data and were sponsored by Casey Family Programs. In December 2016 there was an additional QA Summit that included QA staff from CD and the FCCM providers. This summit focused on the increasing LS1 population for the state of Missouri. All staff in attendance collaborated and brainstormed on actions that could be taken to safely reduce the number of children in alternative care. In 2017 QA/QI at the Children’s Division and the FCCM providers partnered around the development and training of a new case review tool. They will continue to partner in 2018 to complete random statewide reviews using this tool.

Since 2015 the FCCM providers have partnered with Children’s Division to implement the new MO Practice Model. This includes being trauma informed, recognizing sign of safety, and increasing access to wellbeing for children and families. Additionally in 2018 there was a Practice Model Showcase in which the FCCM providers were invited to attend and present on how they are implementing the MO Practice Model.

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 H. Mark Preyer, Associate Circuit Judge, 35th Judicial Circuit
- Honorable Anne-Marie Clarke, Family Court Commissioner, 22nd Judicial Circuit
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- Honorable Aaron Martin, Associate Circuit Judge, 26th Judicial Circuit
- Ms. Cindy Garrett, Deputy Court Administrator, 13th 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
- Ms. Julie Lester, Deputy Director, Children’s Division, Missouri Department of Social Services
- Ms. Tricia Phillips, Leadership and Professional Development Statewide Coordinator, Children’s Division, Missouri Department of Social Services
- Ms. Ellen Haynes, Legal Aspects Trainer, Children’s Division, Missouri Department of Social Services
- Vacancy due to retirement

Members of the committee were invited to attend the CFSR Exit Conference and Program Improvement Planning Meeting held in January, 2018 to provide input .

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 on 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. They received initial training in October 2006 and several circuits have requested re-fresher training as needed. Over the next several years, the project expanded to include the following nine circuits: Circuit 23 (Jefferson County), Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties), Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties), Circuit 2 (Adair, Knox, and Lewis Counties), Circuit 5 (Andrew and Buchanan Counties), Circuit 45 (Pike and Lincoln Counties), Circuit 19 (Cole County), Circuit 42 (Crawford, Dent, Iron, Reynolds, and Wayne counties), Circuit 11 (St. Charles County) and Circuit 12 (Audrain, Montgomery and Warren Counties). The 32nd Circuit (Cape Girardeau, Perry and Bollinger Counties) was added in January 2015. During 2017, the 33rd Circuit (Scott and Mississippi counties) and 41st Circuit (Randolph and Howard Counties) were added. Currently, 17 of Missouri’s 46 circuits participate in the FCI project.

The 10-15 member FCI teams attending the training include 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, CD staff, and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly basis. The Office of State 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 improvement 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. Guardian’s 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. Foster parent recruitment initiatives have increased. In addition, communities are being involved in ways not seen before.

In one circuit, several committees were created to help the FCI Team accomplish their goals. Through the Foster Parent Retention and Recruitment Committee, the FCI Team was able to organize and present a panel discussion of seasoned foster parents on the topic of “Defining your Role as a Member of the Professional Team” to current foster parents. This allowed foster parents to hear from seasoned foster parents and get answers to any questions they might have. This Panel allowed current foster parents to feel supported and should help to retain current foster parents. The Training Committee of the FCI Team also organized a circuit-wide training for Children’s Division and the Juvenile Office on “Reasonable Efforts and Affidavit Writing.”

In another circuit, the total number of LS1 youth decreased from 226 on November 30, 2017, to 186 on April 30, 2018. This represents a 15% reduction in the total number of children in care in the circuit in 5 months. An older youth summit was held in March of 2018 in one circuit.

A circuit that has been in FCI for ten years, has regular guest speakers talk about different programs available to the families that we serve. These include topics such as parenting programs, crisis nursery, and free counseling services. In March, the juvenile office hosted “Darkness to Light”, an educational program which was presented by the Office of Child Advocate. DJOs, case managers, CASA and G.A.Ls attended.

Several circuits have school personnel attend monthly meetings, while others host quarterly discussions with local law enforcement.

Statewide meetings are held for all of the participating FCI sites on an annual basis. Training on trending child welfare topics is generally provided at the statewide meetings. There are also networking activities such as breakout sessions on different child welfare topics as well as 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. Over the last year, FCI has been discussed with personnel from eight circuits. One of the circuits will be attending an FCI Workshop to become an FCI site in September 2018. For various reasons, the remaining circuits do not have a fully committed team ready to participate in FCI. In order to proceed with the training, the juvenile judge, circuit manager and chief juvenile office must be willing to take on the endeavor. In these sites, at least one party has not been prepared to move forward at this time. Utilizing the judicial engagement project may 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 Adoption Resource Center (ARC) services available since House Bill 11 (2007) and are currently providing funding for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Northwest, and Southeast. The motivation for these centers was the prevention of adoption disruption and support to resource families. 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 serve the eastern, western, central and southwest portions of Missouri and were awarded funding in the SFY18 budget totaling 1,412,500.

The Community Connections Youth Project (CCYP) was created to focus on increasing the quality of life experienced by youth impacted by the foster care system. By connecting youth to community-based resource providers, the hope is to maximize the impact of the health and well-being of former foster youth, producing a more effective continuum of care for this population. This new project is being launched through the Kansas City and Springfield centers and was awarded funding in the SFY budget of \$300,000 each.

There are common goals for concise reporting of outcomes to the Missouri legislature regarding efficacy of the program in which the ARCs developed. Outcome measurements in the quarterly reporting form captures numbers served in the following areas:

- Support Groups
- Respite Care
- Case Based Intervention
- Education (school advocacy)
- Crisis Intervention
- Training
- Specific Programs/Service of the ARC

In FY17 there were 6,660 families served, 17,856 children served and 113 adoptions disruptions avoided.

In addition to post adoption supports being provided by the Adoption Resource Centers, the St. Louis, Kansas City, and Springfield centers were awarded funding in the SFY18 budget totaling \$563,750.00 to carry on Extreme Recruitment Activities. Extreme Recruitment (ER) is a 12-20 week intensive intervention to identify relatives and kin for youth awaiting permanency in foster care. The ER staff includes family finders, as well as a private investigator, that mines the records of waiting children and identifies and then locates relatives and kin to be explored for potential placement. In addition to ER, the Adoption Resource Center on the eastern side of the state is using 30 Days Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care. Two hundred ninety children were served by the ER program in FY17.

State Technical Assistance Team

Partners through the Department of Social Services (DSS), the State Technical Assistance Team (STAT) assists 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 managed by a 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 CY17, STAT opened 172 investigative cases. Of the 172 cases, (69) 40% were sexual abuse, (79) 46% were exploitation or child sex offenses worked in the high tech unit, (2) 2% were child fatality, (22) 13% were physical abuse and neglect related, and (2) were listed as other. 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 would not be included in these totals.

In 2017, there were an additional 10 cases of sexual abuse which resulted in high technology forensic examinations. Sixty-nine individuals were arrested and charged with more than 111 felonies as a result of the High Technology Unit investigating exploitation cases.

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 2016 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 CY17. 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. Practice Alerts remind staff of important policies or practices and help ensure best practice continues to occur. 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 which is updated as needed: <http://www.dss.mo.gov/stat/prev.htm>.

Head Start

During FY17, the Missouri Department of Social Services, entered into a contract with the Curators of the University of Missouri on behalf of the University of Missouri – Missouri Head Start State Collaboration Office (MHSSCO) - Columbia. This contract includes both Early Head Start and Head Start. The contract period is for March 1, 2017 through February 28, 2018, with a renewal to go into effect March 1, 2018 through February 28, 2019. The funding amount is a firm, fixed price of twenty-five thousand dollars and zero cents (\$25,000.00) for services provided pursuant to the contract.

The contractor shall provide written reports to the Department on the following activities by August 31st and March 31st as they pertain to this contract:

- a. The development of the priorities in consultation with the MHSSCO Head Start Advisory Council;
- b. The setting of the program priorities identified by the Head Start Needs Assessment and the Federal Office of Head Start Priorities;
- c. The reduction of the program priorities to writing, and;
- d. The circulation of the final program priorities to the MHSSCO Advisory Council and the Department.

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 Community Partnerships

Missouri has a unique network of collaborative organizations which focus on child and family well being. These twenty Community Partnerships are all non-profit organizations governed by local, broad-base and diverse boards that seek to address local needs. Their outreach extends to the majority of the state and includes a wide array of services.

Because every community is unique the manner in which the CD connects with the partnerships varies. At the core of their work is to help identify local needs and build strong relationships to address them. The way CD utilizes these partnerships varies by community. When needs are identified, local staff approach the community partnership and collaborate to come up with a solution. Many times, this collaboration includes other partners and agencies from the community.

The Family and Community Trust (FACT), also a non-profit corporation, is comprised of 10 state department heads and nine 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 www.mofact.org. In addition to its work with the Community Partnerships, FACT is the Annie E. Casey Foundation KIDS COUNT grantee for Missouri and is working to battle childhood hunger as the statewide No Kid Hungry affiliate. The Executive Director of FACT is a standing member of the CFSR Advisory Committee.

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 nearly 300,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged nearly \$9 for every \$1 of state funding provided them in FY17. They continue to be a good return on investment.

The main focus of the Community Partnerships is the wellbeing of Missouri’s children and families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. Attachment A contains two reports, the St. Joseph Youth Alliance Result Report and The Families and Communities Together Result Report. These provide examples from the Partnerships Annual Result Reports which each Partnership submits. Across Missouri, the network of Community Partnerships has 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.

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 provides child abuse investigative training to Missouri's Children Division workers. 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. 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 adults and organizations play 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, Mandated Reporter Training, Pinwheels for Prevention campaign and the promotion of Child Abuse Prevention Month. 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 Centers 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. The SAFE-CARE Network also provides training to Missouri Children's Division Workers to help clarify the role medical forensics plays in child abuse investigations. New legislation, passed in 2017, also requires the use of SAFE-CARE providers in all Children's Division investigations on children under the age of four.

Supervision Advisory Committee

The Supervision Advisory Committee (SAC) consists of twelve supervisors representing all regions of the Missouri Children's Division. Additionally serving on the committee are the Children's Division Quality Improvement Unit Manager, member of the Training Unit, CFSR State Lead 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 quarterly meetings in an effort to influence Children's Division leadership in moving forward the agenda of continually improving supervision in the state of Missouri.

During each quarterly meeting, the Supervision Advisory Committee reviews the strategic plan and determines which goals and objectives to focus on over the next quarter. The following is a description of each strategic goal and includes a summary of progress towards completion.

Strategic Goal 1: Supervision Skill Building

This goal focuses on enhancing supervision skill building for all supervisors statewide. The first benchmark includes creating On the Job Training (OJT) for all supervisors across the State. Each SAC member has agreed to coordinate with their Regional Training Coordinator to consider options for developing supervisor on the job training activities based on the needs of each region. This item is still in development and supervisory training needs are currently being assessed by each region.

Strategic Goal 2: Supervisor Conference

This goal focuses on developing annual supervisor leadership and peer networking opportunities for all supervisors across the state. The Supervision Advisory Committee, along with support from the Leadership and Professional Development Coordinator are currently negotiating several ideas for supervisor leadership conferences to occur in each region in 2018 or 2019. The focus of the upcoming supervisor conference is coaching/modeling practice model implementation for supervisors to support frontline practice.

Strategic Goal 3: Recruitment and Retention

This goal focuses on increasing the recruitment of employees and increasing the retention of all employees. The Children's Division created a Management Analysis Specialist II position dedicated to statewide recruitment and retention efforts. The Management Analysis Specialist has regular meetings with SAC and shares information on turnover rates, demographic information on degree background, location, and years of experience, recruitment efforts with universities and the current recruitment and retention initiatives throughout the state. The SAC committee has also designated one member of the SAC committee to participate on the Recruitment and Retention workgroup to continue the feedback loop and support the development of new recruitment and retention strategies. The current recruitment and retention strategies include increasing recruitment efforts with colleges and universities, offering employment presentations to CD staff, including student loan forgiveness information at hiring, reviewing different hiring practices around the state to develop a more comprehensive statewide hiring approach and reviewing and piloting incentive programs such as work from home and using virtual desktop on the phone and personal computers to conduct agency business. In addition to engagement with the recruitment and retention specialist to address statewide recruitment efforts, the committee has engaged the SAC University partner to explore options for achieving consistent recruitment strategies and efforts across each region of the state.

As part of additional staff satisfaction efforts, SAC has negotiated on call compensation time for supervisors/stand by time in certain regions of the state where supervisors spend more time on call due to the number of staff. The next step for committee members is to identify trends in timeframes for on-call Alternative Care supervisors by surveying supervisors across the state. The objective of this goal is to achieve equity in compensation for alternative care supervisors across the state.

The committee members continue to explore opportunities to implement a performance based career ladder for supervisors. They are in process of developing a proposal to submit to the Human Resources Manager.

In addition to strategic plan goals, SAC has provided recommendations and feedback to leadership to enhance numerous initiatives across the State including the development of the FACES case review tool, on-call requirements for staff, Caseload analysis process, Child and Family Services program improvement plan and enhancing the feedback loop to more effectively share information about practice initiatives.

Regional Collaborations

In addition to the statewide collaborations described above, there are numerous collaborations occurring locally. Following are a few examples for each region.

Northern Region:

- All 23 circuits in the Northern Region are expected to ensure that schools and other requesting agencies receive training on mandated reporting for child abuse/neglect reporting.
- Adopt a Children's Division Worker (ACDW) has been implemented in two circuits in the northwest. This consists of churches being matched with FCS and CAN workers to provide support to families, including material items, as well as skill based support to include: mentoring, job preparation skills, tutoring, organization, cleaning assistance, etc. The goal of the program is to support prevention of abuse/neglect by creating supports for families where none or little exists, and by also providing basic necessities families need. Two examples of recent support provided by this program include: churches arranging and providing a taxi service for a child to attend an after school program and a retired school teacher providing mentoring to parents and tutoring to a child. Both of these cases are high risk, Family-Centered Services cases.
- Two Circuits are working with local churches and community organizations to provide Strengthening Families, a skill based intervention program for the entire family. The local churches and community "wrap around" the program to ensure no barriers are present and that the family has a positive experience. Childcare, meals, and transportation are provided. "Table hosts" will be present during meal time to sit with families and at a minimum, provide modeling and healthy conversation. The hope is through these relationships, more informal supports can be developed for the families. The main components of the curriculum are: Nurturing, Improving Communication, and Boundary Setting. The vision is in five years to see faith partners and community agencies providing this evidence based intervention program to families. Currently the involvement for this includes a few Children's Division staff from each office, several local faith partners, a few non-for-profit agencies, and the local Juvenile Offices.

- Bright Futures works with the Mexico Public School in Audrain County to identify needs of the youth who attend the school and connect them with local resources. The thought is when a community invests in the youth and meets their needs, they can focus on education. In return the results will be higher self-worth, staying in school, achieving a higher education, and being successful. The group meets monthly over lunch. In attendance at the meeting is the principal, school counselor, numerous faith based community partners, Juvenile Officer, Children's Division, and a youth from the school (high school level).
- The 14th Circuit Children's Division is collaborating with the City of Moberly and the Moberly Police Department. The City has obtained grants to purchase buckets full of cleaning supplies for families. The buckets contain anything from trash bags and laundry detergent to lice removal kits. This is a program the City plans to continue and the local office is excited to work with them on it.
- The 13th Circuit Children's Division has been working with the Child Advocacy Center, Rainbow House, in Columbia for the past two years to develop a protocol on how to address, investigate, and provide services to children who have been Commercially Sexually Exploited. The core group working on a protocol has been the Circuit Manager, Central Office program specialist, the Rainbow House, Boone County Sheriff's Department, Columbia Police Department representative, an emergency room SAFE nurse from University of Missouri, and at times a representative from True North Domestic Violence Shelter, as well as the Juvenile Office. A memorandum of understanding was signed by each discipline. The group has developed a protocol for the community and how to pull the multi-disciplinary team together in the case of human trafficking. Since the protocol has been developed, trainings in the community have occurred to educate the different disciplines about human trafficking and the protocol.
- Circuit 19 continues its work with Parent Cafe' to engage parents. Collaboration with the Central Missouri Foster Care Association continues in the hopes of starting a self-standing parent support and advocacy group.
- Several Circuits have begun working with the CarePortal, including Circuits 5, 6, 7, 12, 13, 19 and 23. The CarePortal allows the Children's Division to link families with needs to church members with resources to assist them. Tier 1 services are initiated in all of the circuits and Tier 2 supports are now being started in Circuits 5, 6 and 7.
- Circuit 41 has a supply closet for families and children in Alternative Care which is supplied by a local church. Staff are able to take items such as cleaning supplies and other household goods to families in need. Hygiene products and a few clothing items are on hand for all children entering or residing in foster care.
- There are several clothing and supplies stores for our resource parents throughout the region. Collaboration with Foster Adopt Connect in several NW Circuits. Angels Wings serves several NE Circuits and supply closets in many other counties.

Jackson County:

- Jackson County continues to have workers co-located with several community partners to support wellbeing and decrease the need for foster care in the community. Jackson County has memorandums of agreement with five municipal jurisdictions to have workers co-located at a local law enforcement station. There is a team of workers located with Kansas City and one or two workers with Independence, Grandview, Blue Springs, and Sugar Creek police departments. For nearly four years, one specialist works from an office within The Children's Place, a therapeutic day treatment child care center and for nearly three years, there has been a Children's Division specialist co-located within the Social Work Department at Children's Mercy Hospital. The presence at The Children's Place amplifies treatment coordination and seamless service delivery, and an office at Children's Mercy Hospital augments health and safety planning collaboration and supports discharge planning for children in families who may be involved with the agency and extraordinary medical needs. Again this year, Synergy Youth Resiliency Center provided space at no cost to the county for adoption recruitment/ family funfest activities, providing a natural festive arts and recreation venue for children and families to get to know each other and make a possible permanent connection.
- In the past five years, Jackson County's collaborative efforts alongside the faith community provide ministry connection to several local congregations for a variety of services that support positive wellbeing. We continue use of Care Portal, which is an on line request system that connects state workers with congregations who may be able to fulfill needs of a family - such as concrete/ physical goods or relational services such as transportation or mentoring. Jackson County began Tier Two requests in the Care portal, which are requests for relational services such as mentoring and tutoring. The downtown campus of the Church of Resurrection provides meeting space once a month at no charge for Permanency Planning Review Team (PPRT) meetings and the congregation coordinates the community partner (third party) attendance for these meetings. Congregations such as Evangel in south Kansas City volunteer to provide space, snacks and drinks for our workforce team meetings and adoption recruitment/ family funfest activities and each spring, there is coordination by a local church for prom dress boutique which provides prom dresses at no cost to youth in care. Evangel Church hosts a graduation event for older youth and youth adults in foster care and several congregations called out to their congregations to develop or support new foster and adoptive parents.

Southwest Region:

- The 26th Circuit currently has monthly meeting with the Lebanon School District. New policies and changes occurring with the Children's Division are shared with school administration or speakers provide information to the school in regards to abuse and neglect. The school also shares struggles and concerns which are discussed. Work with the Camden County Child Advocacy Council has continued for the past several years. A representative attends their monthly meetings at which time it is discussed what kind of needs and services the agency needs. The CAC runs a thrift store and provides the local office with funding such as gas cards, lice treatment supplies and other necessities for the families. The Circuit Manager and local DLS attorney meets with the Chief Juvenile Officer at least every other month to discuss concerns and new ideas for the Circuit.

- The 27th Circuit Children’s Division has developed a strong relationship and works collaboratively with the 27th Circuit Juvenile Office. The 27th Circuit Juvenile Officers are involved with open investigations when necessary, attend Family Support Team meetings on Family-Centered Service families, attend home visits with Children’s Division staff, etc. The 27th Circuit holds monthly court staffings between the Juvenile Office, GAL and CD staff for all three counties to better prepare for each month’s juvenile court hearings. Normally, these court staffings are held the Monday prior to the scheduled Juvenile Law Day. These court staffings allow for CD, the Juvenile Office and GALs to review the CD’s court reports and discuss if further information will be needed for the Juvenile Court Hearing. The 27th Circuit CD and JO managers also meet every other month to discuss upcoming statute and practice changes for each agency and how those changes will affect the circuit.
- Bright Futures of Clinton - Since September 2014, the Clinton Community has partnered with other Bright Future Initiatives to be able to provide for children’s needs in the Clinton School District. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support Clinton school children. The goal is to meet needs that may go unmet, and to also provide mentoring and other programs and efforts to help nurture local children into the thriving, successful, contributing adults the community knows they can be. Children who are hungry, cold, tired, humiliated, etc. cannot learn and succeed. It is the goal of Bright Futures Clinton to combat these barriers to success by forming relationships, connecting, and working together. Currently, CD has a staff serving on the Advisory Board. Examples of their projects including the following: community book drive, Monday with Mom, Back to School Fair, mentoring program, adopt a class/school, meeting individual students’ needs, etc.
- Door of Hope is a faith-based, non-profit organization, which provides parenting education and support to parents in the Clinton community. The organization recognized the importance of father involvement and have groups and individual meetings. Also, within the Door of Hope, they have a Maternity House called “Well of Hope” which is designed for teenage and young moms who may be homeless. Currently, there is a Henry County CD staff who meetings with Door of Hope to assure our families are receiving the support they need to be successful.
- Lily’s House- The goal of Lily’s House is to provide temporary and emergency housing to women and children in the Bates County area, and have plans to expand to surrounding areas. The founder of the organization who is a Bates County foster parent had recognized a need to keep mothers and children together despite their drug addiction. They plan to provide supports of parenting education and transportation. The organization has partnered with local professionals including Children’s Division in order to collectively serve the families of Bates County. Currently, there is a Bates County CD staff serving on the board.
- The 28th Circuit currently engages in collaboration with community partners throughout its four counties. Dade County has a monthly meeting – County Connections – which includes individuals from Health Department, Work Force Development, Emergency Management, Ministerial Alliance, OACAC, Conservation Department, CD, schools, County Commissioners,

BARCEDA Families, Community Partnership, and other individuals who have an interest in service to the community. The group has been involved in Drug-Take Back programs, school back pack weekend food projects, domestic violence prevention, child abuse/neglect prevention discussions, foster parent recruitment opportunities and other activities. Children's Division also regularly attends the Greenfield Area Ministerial Alliance. The Greenfield Area Ministerial Alliance partners with Children's Division to meet specific needs when they are identified for our families and children.

- Collaboration also occurs in each of the 28th Circuit's four counties with public schools. The Juvenile office coordinates meetings with a majority of the public schools monthly to share resources and agency information to help promote beneficial services to families. Children's Division actively participates in these collaborative efforts. Partnerships also exist with several non-profit organizations that support child welfare throughout the Circuit. Two of these organizations are the Child Advocacy Council and Fostering Hope. The Child Advocacy Council provides services such as financial support to families engages in services with Children's Division as well as promote child abuse awareness within the community. Fostering Hope is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support CD staff.
- Fostering Hope, in the 29th Circuit, is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support CD staff. Fostering Hope is primarily made up of foster parents but it has a wide network of faith and non-faith-based connections which contribute to the overall mission. Fostering Hope opened the Caring Closet, where foster children and resource parents can go to get clothes and some other needs met, above and beyond what the state can and does provide. The organization also partners with CD to hold a community child abuse prevention and awareness event. Also, the organization is an important partner in holding our foster parent appreciation dinner and employee recognition events. Fostering Hope helps agency staff connect children's needs with actual goods and services the youth need, which many times cannot be met in any other manner.
- One of the other major community collaborations in the 29th Circuit is One Joplin, where community leaders from nonprofit agencies come together to discuss and plan community awareness and interventions connected to major social issues. Children's Division was involved from the very beginning and has helped shape the agenda to include focusing on child abuse and neglect.
- Dallas County: the Dallas County Resource Group is a team that meets monthly in Buffalo, MO led by Rachel Badgett of the Dallas County Health Department. The group consists of people from local resource agencies, for example, the schools, DMH, Health Department, medical facilities, CD, BACA, LE, etc. sharing input on what their agencies are doing/involved in and making sure all community partners are in the loop. The DCHD has funding to address Maternal and Child Health and has selected "Intentional and Unintentional Injuries (including substance abuse)" as their focus this year, so meetings have included discussion around that topic at times.

- Webster County: the Supervisor sits on the Board for ZuZu house which is a collaboration to open a transitional living home for high school kids not in foster care. She also sits on the board for Parents as Teachers and meets monthly with the Forgotten Initiative to discuss collaborative efforts with foster kids/foster families/worker support etc. The CSW IV Investigator in Webster participates as a CD representative in drug court twice a month.
- Hickory/Benton Counties: Work with the Salvation Army provides CD with emergency gas vouchers, clothing and furniture for families in need. Benton County Youth Coalition (BCYC) is a non-profit organization that focuses on the betterment of the Benton County youth by preventing substance abuse through educating youth on its dangers. Faith Based Community Initiative involves numerous church organizations, CD, School, community members and volunteers. It is a nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support CD staff. They have obtained necessary supplies to meet the needs of children of all ages coming in to care. Community Rally: Once a year community members, churches, organizations and business' come together to provide wonderful Christmas party for the children in foster care. They provide gifts for all adopted and foster children, meal for all children and family as well as games and fun.
- Polk County: CD representative is a member of the ABC/TEAMS collaborative that works to identify issues/barriers for families in the community and identify solutions. An offshoot of this effort is the Opioid Summit Taskforce formed to address the challenges of opioid addiction within Polk County. A CD representative also attends the Polk County Area CIT meeting in conjunction with Polk County Law Enforcement and other Social Services agencies to discuss incorporation of Trauma Informed Treatment and response into law enforcement and social services interventions. Circuit Manager sits on Vision Board of Bolivar Area Ministerial Alliance a social services ministry similar to Salvation Army. CD is also represented on the Community Taskforce a collaborative effort involving the schools and various social service agencies to address the issue of Child Sexual Abuse in Polk County.
- In the 31st Circuit, the Child Abuse and Neglect Collaborative began meeting in January 2013. Five sub-committees were created to focus on supporting children in child welfare, family support, marketing, bringing in the faith community, and mental health issues. Membership includes representatives from many areas including: mental health, schools, child advocacy, BACA, childcare, victim's services, health/medical services, and public and private child welfare agencies. The Child Abuse and Neglect Collaborative has created six priorities with 19 tasks:
 - o Priority # 1: Prevent Child Abuse and Neglect through strengthening families
 - o Priority # 2: Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary resources and services
 - o Priority # 3: All suspected child abuse and neglect will be reported to the Missouri Child Abuse and Neglect Hotline
 - o Priority # 4: Springfield and Greene County will have a quality understanding of child abuse and neglect and will know how to respond to the needs of community

- o Priority # 5: All businesses, civic, and faith-based organizations in Greene County that work with children will be prepared to prevent and respond to child abuse and neglect
- The 38th Circuit has collaborated with Cherish Kids for numerous years to support foster families, foster children, the CD staff and families in the community. Cherish Kids is a faith based not for profit organization based in Ozark, MO at James River Church. Cherish Kids helps with the recruitment of foster families and with locating families for children who need placement. In addition to this they hold numerous events throughout the year to support foster families and the children in their home. It has been a coordinated effort between Children’s Division and Cherish Kids for numerous years creating a strong working relationship.
- The 39th Circuit currently engages with the Angels for Children to partner with and support families. Angels provides monetary assistance for services aimed to prevent entries into foster care such as energy assistance, furniture, clothing, and food. They also partner with Children’s Division to reach one of their goals which is to fill a Christmas wish list for every child in foster care. The 39th Circuit also participates in Systems Of Care, which is a collaborative meeting of leadership positions within all agencies in our area that have a hand in child welfare. These include CD, the CAC, schools, local DMH providers, JO, medical facilities, LE, Voc. Rehab, and DYS. Through this meeting leaders problem solve together and often discuss individual cases to ensure the system surrounding a family is functioning well.
- The 40th Circuit currently engages with the Friends of Newton/McDonald Counties to increase the health and wellbeing of children and families. Friends provides monetary assistance for preventative services (gas vouchers, prescription assistance, utility assistance, furniture, etc.) as well as assists with the wellbeing of children in foster care by sponsoring school supply drives, toy drives, and the foster kids Christmas parties. Friends have enabled foster children to attend camps, Boys State, and proms/dances they may not have been able to attend without this assistance. The Exchange Club of Neosho, MO has partnered with the Children’s Division to provide monetary assistance to children in protective custody for extracurricular activity expenses (Shoes for track, fees for baseball, soccer and sports equipment, formal attire for prom and tuition to a camp).
- The 44th Circuit is a part of Wright County Resource Team that consists of local social workers that meet monthly to discuss local resources and activities that are available to assist the community. The group educates, networks, and raises awareness of resources in the community. The 44th Circuit has worked closely with the Faith-based community that includes local churches and ministerial alliances, to address the needs of community. They have assisted with ensuring that they collect donations and collaborate to provide a yearly Christmas Party for our foster parents and foster youth and provide essentials such as pajamas, shoes, etc. These community partners have also assisted in ensuring foster youth have shoes, sports uniforms, etc. when the need arises. Expansion of this collaboration is being explored. The 44th Circuit has a local branch of “The Least of These”. They provide a food pantry, clothes, toys, etc for foster parents/youth as well as taking an interest in diversionary placements that might need additional material supports not provided by the agency. Additionally, the local chapter coordinates with

foster adopt connect to provide training for local foster parents. The 44th Circuit has been adopted by Birthday Blessings. This organization ensures each foster youth in custody receives a birthday package which includes presents, cake and party supplies, etc. as well as providing reading materials to each child at Christmas. Additionally, Birthday Blessings provides small care packages to workers periodically as worker appreciation.

- The 46th Circuit has collaborates with Cherish Kids to support foster families, foster children, the CD staff and families in the community. Cherish Kids is a faith based not for profit organization based in Ozark, MO at James River Church. Cherish Kids helps with the recruitment of foster families and with locating families for children who need placement. It has been a coordinated effort between Children’s Division and Cherish Kids for numerous years creating a strong working relationship.
- The 46th Circuit collaborates with the Taney County Child Welfare Board to provide assistance primarily to children in the foster care system. Children’s Division staff attend monthly meetings with the Board to have conversations regarding the current needs. The Board provides items needed by children in foster care that are not available through another resource, items in the office that reduce trauma for children entering care, and hold events throughout the year for foster families and children to attend such as Christmas in July. The Board also works with Ambassadors for Children to recognize the staff of Taney County CD at least once per year.
- The 46th Circuit recently began collaborating with CarePortal. A small network of churches has joined the CarePortal system and are currently taking requests for physical items. Staff are able to make a referral for a family and local churches are providing and delivering the items. CarePortal representatives have been invited to meetings with Children’s Division to share information and gain an understanding of the needs in the area. Children’s Division staff were recently invited to attend and participate in a poverty simulation to raise awareness with the participating churches and other community members.

Southeast Region:

- The 25th Circuit works with different agencies and organizations. The following are ways that The Community Partnership (TCP) in Rolla works with local Children’s Division Offices:
 - TCP is the contractor for the Chafee Independent Living program in the 25th Judicial Circuit
 - TCP is the contractor for the Personal Responsibility Education Program for foster youth (sex education classes) in the 25th Judicial Circuit
 - Co-Host and sponsor of the Annual Linking Hearts Adoption Event
 - Partnership staff serve as regular community member for PPRTs and adoption staffings
 - Provide vouchers to our Resale Shop for youth transitioning into foster care/new placements
 - Serves as an information and referral network to connect CD workers and their clients to various resources in our community to meet their needs
 - Assists with foster parent trainings by providing a free resource lending library for them to use for training hours and participates in STARS panel
 - Serves as fiscal agent for local Children’s Division donations

- TCP sponsors foster parent events such as the annual Christmas party and spring appreciation picnic
 - Delivers lunches or treats periodically to case workers to show appreciation for their hard work
 - A Children's Division representative serves as a member of the organization's Advisory Council to provide input on trends in the community (concerns, needs, gaps in services, etc.).
- There is a MOU with Fort Leonard Wood to conduct investigations and assessments on base. In this, CD is also a part of the Case Review Committee (CRC) team. This is a multidisciplinary team appointed by the Garrison Commander and supervised by the General Leonard Wood Army Community Hospital (GLWACH) Commander to handle cases of children of a Military Family where the children have or are suspected to have been abused. The CRC will be the receiving agency of the RPOC for all on-post child abuse cases. The 25th Circuit Manager or designee attends these CRC meetings as well as any Child Fatality reviews. The meetings occur in each county and FLW also has their own, if a child dies of a Military Family.
 - The 25th Circuit is also working with two different foster parent organizations: The Central Missouri Foster Care and Adoption Association and Foster and Adopt Connect to refer families to their services including: clothing/resources; foster parent trainings; home studies and recruitment of foster parents; extreme recruitment and finding connections for youth with a goal of adoption; etc. This is a new adventure and expansion with the SE Regional Foster Parent Advisory Board now having members for the 25th on it as well.
 - The 32nd Circuit collaborates with a number of agencies in an effort to meet the needs of children and families. There are workers who regularly attend monthly meetings at the Caring Community Council. These meetings are held with First Call for Help, Mental Health, Housing, and DYS staff. The Caring Community Council has various grants through which services can be accessed. They offer family assistance with payments for utilities, housing programs, and even cleaning supplies. There are CD staff members who attend quarterly Case Manager meetings. A variety of issues are discussed at each meeting that effect case managers and clients in the area. Staff also attend The Children's Coalition, which includes adoptive and foster parents and other interested individuals, as well as representatives from local foster and adoption organizations, such as Voices for Children (Court Appointed Special Advocates), Hope Children's Home, Lutheran Family and Children's Services, the Missouri Children's Division, and Room for One More. These organizations offer support to families and foster families in our area. The coalition promotes community events related to foster and adoptive families and promote events that offer training hours to foster parents and relative providers. The team works together regarding the best way to promote events in an effort for families to get the support they need. In Perry County, staff attend the Perry County Task Force meeting which is held at a local church involving many stakeholders for resources and activities for youth in Perry County.

A Systems of Care program in Perry County has recently started to have local stakeholders involved for families with children with severe mental health needs. This is a collaboration with the Department of Mental Health through the Community Counseling Center and with the

participation of other service providers in the area. The Juvenile Office is also involved. There is already an established Systems of Care meeting in Cape Girardeau which meets monthly whereby CD meets with DMH, CCC, Catholic Charities and School personnel in an effort to wrap around services for families with children with severe mental health and other issues. When needs cannot be met for families and children through other resources and agencies, the 32nd Circuit is able to go through the Care Portal for assistance.

The Care Portal was developed with Churches in both Cape and Bollinger Counties. The Care Portal has provided families with such things as; furniture, bedding, air conditioners, utility assistance and other necessities. In addition, the 32nd Circuit has Fostering Court Improvement, Fatality Panel meetings (to look at ways to possibly reduce fatalities and look for certain trends and possible risk factors), and quarterly meetings with Safe/Care providers.

Recently the Juvenile Office has received grants to assist the older youth population (age 14 and up) to provide support and enable networking for Juveniles in state's custody. These programs offer a variety of activities and potential employment options and are available for older youth throughout all three counties in the Circuit.

- In the 33rd Circuit, the Area Resource Council meets monthly to discuss new and existing resources. Participants include Probation and Parole, Division of Youth Services, Department of Health and Senior Services, SEMO Council on Aging, Health Department, Ministers, Mission MO (drug rehab program), SEMO Food Bank, directors from area nursing homes, Bootheel Counseling, Experience Works, MO Career Center, Mississippi County Caring Committee, New Madrid Family Resource Center, Family Assistance Specialist with the National Guard, Catholic Charities, Red Cross, representative with Hospice, and people working with those who have been incarcerated.

The 33rd Circuit also started FCI and are meeting monthly with the Judge, Juvenile Office, GAL, CASA, Division of Youth Services, Drug Court, Law Enforcement, School Liaison, and Attorneys. During these meetings, things that are working well with the families and children and things needing improvement are discussed. Also discussed are new and existing resources in the area. Children's Division also collaborates with the school liaison to help train mandated reporting every school year to the school staff. Children's Division supervisors and workers also attend different meetings in the community, either quarterly or monthly, to help improve services to families and children, and to continue a positive relationship with community members.

- 36th Circuit, Butler Co. Community Resource Council – This group meets monthly with various community partners including Probation and Parole, schools, Department of Mental Health, Family Counseling Center and Southeast Behavioral Health. There are four committees that Children's Division is involved in. These are: Juvenile Crime Reduction, We Can Be Drug Free Coalition, Mental Health Sub-committee, and the Domestic Violence Taskforce. In the Juvenile Crime Reduction, the committee supports strategies to reduce juvenile crime in Butler County, such as Town Hall Meetings, Permanent Rx Drop Box, after school tutoring, school mentoring program, Boys and Girls Club of Poplar Bluff, Poplar Bluff Suspension Center, Poplar Bluff

Graduation Center, Truancy Court, and Poplar Bluff's Promise AmeriCorps team. In the We Can Be Drug Free Coalition, the goal is to lower the incidents of drug and alcohol use and abuse in the young population. Activities include putting up billboard and yard signs, and promoting responsible beverage service. The Mental Health Sub-committee directs its attention to the mental health needs of all residents in Butler County. By sponsoring annual Autism Conferences, the committee has been able to provide information and resources to families. Autism Alert Decals have been distributed to families to use on the vehicles. Suicide prevention and bullying are a priority in the work of this committee. Partners include Independent Living Center, Family Counseling Center, Poplar Bluff School District, Twin Rivers School District, Neelyville School District, University of Missouri and others. Each year the Domestic Violence Taskforce hosts a Child Abuse & Domestic Violence Conference in recognition of October, National Domestic Violence Awareness Month. Speakers, expert in the field, are brought to the conference to share their knowledge with teachers, counselors, case managers, clergy, and law enforcement.

There are many churches in the community working with CD to improve the lives of foster children and families. Several churches are campaigning to gain the numbers of resource families to take in children when needed. The churches are going on the radio, Facebook, using billboards, etc. to take up the cause. Churches have developed an ongoing closet for the collection of children's clothes, diapers, formula, hygiene supplies, toys, pack-n-plays, booster seats, etc. These are made available to any resource family or an intact family with whom CD works.

Children's Division also works cooperatively with Family Counseling Center to provide Systems of Care services. A team of community service providers meet monthly. Team members can refer families for the service. If a family is selected, the team will meet with the family to discuss what services need to be provided and get these set up. The team then follows the case to monitor progress.

Foster-Adopt Connect is up and running in Poplar Bluff. It is established to help the foster-adopt families in the Southeast Area. The agency is there to advocate for families and the children they help. Foster-Adopt Connect assists in providing foster parent trainings, respite care services, and clothing.

- In the 35th Circuit, meetings are held quarterly in Dunklin County with all area school superintendents, Juvenile Office, the juvenile judge, and CD supervisor and Circuit manager. Various topics are discussed including mandated reporters, SAFE exams and the procedure, legislation and how all agencies can work more closely together. In the 35th Circuit there are many additional collaboration efforts that meet monthly, quarterly or bi-annually including: Systems of Care (Stoddard – monthly), Bootheel Advisory Board (Dunklin – Quarterly), Parents As Teachers (Stoddard – Dexter- 2 times a year, collaboration allows agencies to come together to share resources and spark ideas for kids in the area), SEMO College (There are 2 satellite campus' in Dunklin County, meetings are held with different stakeholders at each campus, this is a FOCUS group to try to get kids in college, planned parenting, and working for investments in the future), Infant Mortality Board through Bootheel Consortium (Dunklin Quarterly – looking for strategic ways to prevent child deaths as Dunklin has one of the highest mortality rates in the state), Bootheel Infant Mortality Grant Board (Stoddard – quarterly targeting pre/postnatal

women and families struggling with mental health issues to prevent infant deaths), Child Fatality Review Boards (Stoddard and Dunklin periodic meetings reviewing deaths of children 17 and under in each county), Multi-Disciplinary Reviews (Stoddard and Dunklin – Quarterly meetings with Child Advocacy Centers) and Children’s Home boards (Monthly in both Stoddard and Dunklin Counties). Dunklin County is in the process of becoming partners with the Juvenile Office on a grant targeting young moms 15-26 years old). The Circuit also has strong partnerships with faith based agencies which assist with Christmas parties for youth in foster care as well as Foster Parent Appreciation dinners. Local churches are also instrumental in recruitment efforts, sharing with congregations periodically a need for foster parents in the Circuit. In Dunklin County Kennett schools partnered with the Division to provide art works for visitation rooms for family visits. A community Trauma training was held and multiple community partners attended, some of which later expressed an interest in learning more about trauma and becoming a partner with the agency to help identify and meet the needs of children traumatized in our area.

- The 37th Circuit has a strong working partnership with the Oregon County faith based group. The group arranges for a monthly food distribution. The group tries to reach out to families who are working and do not qualify for the SNAP program. Churches donate money, and food is purchased at area food harvest centers. Church workers transport, package and distribute the food. The faith based group is working to reestablish the soup kitchen on a monthly basis. In addition, the group loans DVDs of The Parenting Skills Program 123 Magic to families and discusses them with parents in individual parenting need. The group is looking into the feasibility of establishing a homeless shelter for families in the area. A site has been donated. On an ongoing basis, the Division will contact the employee who is involved with the faith based group to let the group know of specific needs of families, such as furniture and bedding. The 37th Circuit also partners with Birthday Blessing who provide birthday presents, cake mix, candles, cups, plates, and decorative cups for all children who are in care or a part of a Family Centered Services Case. Birthday Blessing makes sure to wrap all gifts with cheerful wrapping paper and bows and places them in duffel bags, so if children have to move they have something in which to put their clothes. Birthday Blessings also furnishes each child in Alternative Care a small Christmas gift. The 37th also partners with Under His Wings, which is run by the 1st Baptist Church of West Plains. Under His Wings helps provide clothing to children when they first come into care. Under his Wings is also providing for needy families and if we have children that have a special need or request we have partnered with them to help meet that need.
- The 34th Circuit - In New Madrid County, a monthly System of Care meeting of community partners meet in CD offices to staff children or families who are referred by various sources. Participants include: Children’s Division, Perry County Disabilities Determinations, local school staff, DMH staff, DYS staff, representatives from our Administrative Agent, etc. Through the collaborative efforts of this group, services have been accessed for children in foster care as well as children not in foster care. Everyone coming to the table at the same time has a willingness to offer their agency’s resources, if appropriate.

The Pemiscot County Initiative Network, based in Caruthersville, has been able to obtain some funding to assist with the needs of children in foster care. This very generous resource has been

able to assist with the purchase of activity fees for children as well as instruments, sports equipment, camp fees, uniforms, etc.

At Christmas, CD collaborates with the Salvation Army in the Bell Ringing in both counties. In 2017, bell ringing occurred at Hayes Grocery in Caruthersville as well as Walmart in Sikeston. In turn, Salvation Army assists CD with requests for funds for families throughout the year. Salvation Army also assists CD with our annual foster care Christmas party.

Support is also present from the Faith Based Community. A couple of churches in Pemiscot County have assisted with an annual donation of Easter baskets for foster care youth, and another church donated white boards for both offices to be used in Signs of Safety FST meetings. In addition, several foster parents are members of various churches which have resulted in donations of items as needed as well as one church donating the use of their Family Life Center each Christmas for the annual party for AC youth.

CD staff participates in the monthly Resource Council meeting at the Family Resource Center in New Madrid. Monthly Resource Council meetings involve many participants, usually around 25, representing various agencies in our circuit including hospitals, Administrative Agents, service organizations, emergency management, etc. Each agency provides a summary of their services or any special events that are planned. These services are then brought back to CD staff who make referrals to various programs as needed. The Family Resource Center is an invaluable resource for CD as they support the division in multiple ways throughout the year including sending representatives for our PPRT meetings.

Both counties also participate in Multi-Disciplinary Team Meetings during which Child Advocacy Center, law enforcement jurisdictions, and Prosecuting Attorney's offices review all referrals to the CAC for outcome data from CD and LE and to track court cases resulting from CD involvement.

In Pemiscot County, the newly formed Family Support Provider's Coalition is a team of community representatives who meet monthly to discuss community activities, events, agency offerings, etc. This group is relatively new and the CDWIV participates monthly and brings information for distribution to staff each month.

- 24th Circuit - the local St. Francois County and Washington County Community Partnerships meet monthly and specifically utilize part of the organization to help with Child Abuse/Neglect information being distributed among the community. The partnerships provide forums for trainings/information on Child Abuse/Neglect as well as provide information to schools. The group is working now on special projects to help foster children with items needed when entering care. There are many organizations within the Partnership which also donate to foster care causes. Between the two counties, there have been opportunities to provide a great deal of community awareness and insight. The local radio stations also partner as needed to deliver information about upcoming foster parent classes or events.

St Louis Region:

- The St. Louis Family and Community Partnership works to support families, prevent child abuse and neglect, and help ensure that children have permanent relationships that help them safely thrive with families in their own communities. It is a coalition of more than 60 child-serving agencies and community partners in metropolitan St. Louis. Members include social service agencies, courts, police, schools, government leaders and state agencies. The Partnership has several active workgroups. The *Communications Workgroup* assures communication occurs between the St. Louis Family and Community Partnership and the St. Louis region about strategies and outcomes. This workgroup is the driving force behind Blue Ribbon month. The *Disproportionality Workgroup* was established to raise awareness, promote dialogue and explore solutions to racial disproportionality, disparity and other inequities facing families and children served by individual agencies and the child welfare system as a whole. The *Making Connections Workgroup* was established in 2010 and creates a new group to explore some of the previous work of Building Community Partnerships, Strengthening Families, and Team Practice. The *Recruitment, Training, and Support Workgroup* finds and maintains local resources that can support children and families in their own neighborhoods by recruiting, training, and supporting foster, adoptive, and relative caregivers. The *Safe Places for Newborns – Standing Committee* works with community and institutional groups concerned with the welfare of infants to ensure services for families are known and available in order to prevent child abuse and neglect. Partnerships are formed with legislators to support the protection of infants. The *Self-Evaluation Workgroup* uses hard data linked to child and family outcomes to drive decision making and show where change is needed and progress has been made.
- Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is a child wellness promotion grant program of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). In Missouri, Project LAUNCH is a collaborative effort led by the Department of Mental Health, in partnership with the Department of Health and Senior Services. The project’s purpose is to create a coordinated system that addresses the needs of children ages 0–8 and allows them to thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills needed to succeed. Through education and awareness efforts, Missouri Project LAUNCH is charged with connecting and strengthening the supports for parents, pediatricians, educators, social service agencies and child care providers so that children ages 0–8 can thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. This program is specific to limited zip codes within St. Louis City.
- Fostering Healthy Families partners with Cardinal Glennon Hospital. Cardinal Glennon provides pediatric specialized healthcare services, focusing on continuous, comprehensive, coordinated, compassionate and culturally sensitive primary care. This medical provider is a resource to the state agency, community coalitions, and kinship, foster and biological parents, in an effort to improve the health and well-being outcomes of children (birth -12 years of age) in foster care. Services include entry to care health exam, comprehensive health assessment, standardized developmental screening, in clinic mental health evaluation, counseling recommendations, referral and treatment, education and anticipatory guidance to agency staff, fostering resource providers, as well as families, regarding normal child development and issues specific to children

in foster care. The organization also provides ongoing primary care throughout placement, extending into reunification.

- The SPOT (Supporting Positive Opportunities with Teens) program offers health care services to regional youth ages 13-24. Youth within these ages can access health and prevention services, obtain positive and educational health information, and youth can also be linked to the existing healthcare systems when needed. The Children’s Division currently works with the SPOT’s Coach program. This program is designed to ensure that foster youth are able to have stable and consistent access to health care services. Any foster youth (age 13-17) in St. Louis City or County are referred to the COACH Clinic to receive their initial 30 day comprehensive exam that is mandated by the State of Missouri. Following this appointment, youth will also be given an opportunity to participate in a voluntary health education program that focuses on healthy relationships, safe sex practices, and teen pregnancy prevention. Once enrolled in COACH, youth have continuous access to medical care, psychiatric services, dental services and case management until age 25. While priority is given to youth newly entering care, foster youth who lack a primary care physician can still be referred to the program.

ASSESSMENT OF PERFORMANCE

Case Review Tool

A new Case Review Tool has been developed within the FACES system, which draws random samples of cases and provides individual case review data for workers and supervisors. Additional enhancements have been made to the case review tool to more closely mirror the On-Site Review Instrument (OSRI). An aggregate data reporting feature is available within FACES and improvements to the reporting functions are being developed. The case review instrument includes the 18 CFSR items based on safety, permanency, and wellbeing. An initial case review was conducted in March/April 2017. Program Improvement Plan baseline data and on-going monitoring will utilize the case review tool in FACES. These quarterly case reviews began in April, 2018 and will continue throughout the PIP.

Missouri’s CFSR Round 3 Data Profile dated September 2016 indicated that the Children’s Division successfully met both safety indicators. For Maltreatment in care, Missouri’s Risk Standardized Performance (RSP) is 6.13 victimizations per 100,000 days in foster care. This is below the national standard of 8.50. And, for Recurrence of Maltreatment within 12 months, Missouri’s RSP is 6.0% which is below the national standard of 9.1%.

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

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

Statutorily, the Children’s Division is required to notify law enforcement of all hotline calls that are identified as investigations. The Children’s Service Worker provides law enforcement with a detailed description of the report received. Law enforcement may choose to assist with the investigation or it may be determined co-investigation is not necessary.

The Children's Division records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation or assessment. Therefore, the response time indicated is based on the time from the log-in of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy allows multi-disciplinary team members to make the initial face-to-face contact for safety assurance. The multi-disciplinary team member may include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. CPS staff will contact the multi-disciplinary person, if appropriate, to help with assuring safety. Once safety is assured the multi-disciplinary team member will contact the assigned worker. The worker is then required to follow up with the family and see all household children within 72 hours of the report date.

The Children's Division Annual Report produced by Research and Evaluation indicates the time between receipt of a report and initial child contact in 0 – 24 hours was 80.4% for SFY 2017. The annual report information is based on completed reports and does not include expunged reports or reports where the only category is educational neglect, which requires contact within 72 hours per state policy.

In contrast, the PERforM report extracts data based on the worker's ID who entered the safety assurance contact into the SACWIS system, whether through actual contact or use of multi-disciplinary contact. Staff are required to document initial contact and assurance of safety on the Contact Communication Log screen for all children whether victims or household members. This report is generated monthly and contains a rolling year. Initial contact within 24 hours was 82% for January – December, 2017. Initial contact was made by Children's Division staff in 93.2% of cases during the same timeframe. Multi-disciplinary team members were used to establish initial safety in 3.6% of cases. The remaining 3.2% of cases did not have documented initial contact or data entry errors prevented initial contact from being captured accurately. The data entry process does not allow for a breakdown of MDT members by professional category.

Missouri participated in the Child and Family Services Review in July 2017. While Item 1 was not found to be in substantial conformity, 93% of the cases reviewed received a strength rating. Two cases were rated as area needing improvement.

Based on changes to NCANDS submission rules, multidisciplinary contacts will be removed from NCANDS reporting, but will continue to be allowed by policy. The needed coding changes have been implemented by the Department's ITSD team and the submission completed in January, 2017 removed multi-disciplinary contacts.

The Division continues to encounter challenges in timely initial contact due to legislation passed in 2012. The law prohibits Children's Division from calling prior to a home visit or leaving a business card or other documentation when responding to or investigating a child abuse or neglect report if:

- No person is present in the home,
- The alleged perpetrator resides in the home and the child's safety may be compromised if the alleged perpetrator becomes aware of the attempted visit,
- The alleged perpetrator will be alerted regarding the attempted visit, or
- The family has a history of domestic violence or fleeing the community.

There are many times when a Children’s Service Worker will attempt to make contact, but no one is home. Without the ability to let the family know we would like to speak to them, the worker must go back out to the home, possibly during a time not conducive to the family. However, initial contact visits can occur while the child is at school. The Division proposed legislation for the 2018 legislative session to provide improved language for this statute, however it was not acted upon.

Recent efforts to improve the timely completion of CAN reports have uncovered a practice concern related to timely data entry of initial contact. Instead of completing all data entry once the hotline report has been fully worked, staff are being encouraged to complete data entry as investigative activities are completed. Timely data entry of the initial child contact ensures the supervisor is fully informed and able to make accurate recommendations regarding child safety at the 72 hour consultation.

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

In partnership with Casey Family Programs, Missouri began exploration of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia and its practice has spread to many jurisdictions across America and throughout the world. This model centers around three core principles: working relationships; thinking critically, fostering a stance of inquiry; and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on what are the worries, what’s working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

The Division has partnered with Safe Generations in Minnesota to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide. Safe Generations assists in orientation sessions for staff and stakeholders, basic training for frontline staff, and in-depth training for supervisors. Safe Generations also provides frequent coaching calls with frontline staff and supervisors to assist in skill development and case consultation.

Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. The Signs of Safety approach is simple and stresses getting the answers to three important questions:

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

Signs of Safety provides a framework for continuous focus on the reasons the Division became involved with the family and on assessment of safety throughout the life of a case. Signs of Safety also emphasizes building families’ natural support systems.

Implementation of Signs of Safety began as a pilot in Jackson County in June of 2015. As of the end of 2017, all circuits have received the initial Signs of Safety training and are expected to be utilizing Signs of Safety tools to some extent in their engagement with children and families. Written policy will be updated to outline staff expectations. The Children’s Division believes there will be a reduction in repeat

maltreatment rates, a reduction in the amount of time children spend in care, and a reduction in re-entry rates as Signs of Safety is practiced statewide. Given full implementation was completed within the past year, significant outcome changes have not been seen. Below provides the outcome measures with historical performance from FY2015 through the first three quarters of FY2018. While re-entry rates have reduced, the length of time children spend in foster care has increased.

	FY2015	FY2016	FY2017	FY2018 (3 rd Qtr)
Reduce Repeat Maltreatment	3.9%	4.1%	3.5%	3.7%
Length of Time in Care (in months)	14.72	14.95	15.47	15.47
Reduce Re-Entry Rate	6.25%	5.90%	5.66%	5.05%

Missouri implemented differential response protocol statewide in 1999. Over time, it has been recognized the Children’s Division two-track system has eroded and, in practice, there are few distinguishing factors between the handling of investigations and assessments.

In July 2015, a differential response pilot was implemented in four circuits in the Southwest portion of the state in an attempt to complete family assessments in the way the statute originally intended. The goal of the pilot was to help families get the services needed through the family assessment process, and focus the Division’s intervention to reduce the number of children entering foster care and to reduce repeat maltreatment. Staff participating in the pilot has reduced caseloads and staff is allowed to keep the assessment open up to 90 days. All policies in regards to the completion of family assessments were eliminated, with the exception of those statutorily required. Staff was given the freedom to utilize assessment tools they find beneficial dependent on each family’s situation. The frequency of client contact is driven by the needs of the family. The intention of the pilot is for staff to have increased engagement and be more directly involved as change agents within the family.

Feedback from the initial pilot site was positive with increased family and worker satisfaction and improved family engagement. Additional circuits have been allowed to implement differential response practices based on their individual staffing capacities. As of March 2018, 25 circuits in the state were practicing differential response.

In order to focus on key priorities related to child safety, permanency and well-being, several required forms have been moved to an optional “tool box” for staff to use at their discretion in order to tailor practice to meet the individual needs of the families with whom they work. Family assessment remains key to increasing safety and minimizing risk for children. Children’s Division workers now have the flexibility to select the assessment tools that make sense in their work with each family instead of following a prescribed form and time frame for completion. This change became effective November 1, 2016.

Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

The State of Missouri has several preventive programs to help divert children’s removal by providing the family with services to ensure the child’s safety while remaining in the home. One of the program areas is 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.

According to the FY17 Child Welfare Outcome report, of the number of families served in the program (6,872), 1.40% had a substantiated report during the time the FCS case was open. This is a decrease from FY16 (1.71%).

Additionally, Missouri offers Intensive in-home services (IIS) for families with children at risk of being removed from the home. Of the 1,778 families served by IIS in FY17, 0.17% had a substantiated report within three months of exiting the program. This is a decrease from FY16 (0.29%).

While outcome measures for prevention point toward increased safety for children, the results of the CFSR in July of 2017 indicated this item is an area of need for the child welfare system in Missouri with 52% of the cases rated as strength. Cases in which children were placed in foster care without fully exploring non-custodial parents or available relatives as potential safety plan resources was identified as a concerning trend. Also identified were some court decisions to place children in foster care without clear safety concerns and in conflict with recommendations of the Children's Division. Strategies to address both items in Safety Outcome Two will be identified in Missouri's Program Improvement Plan.

Item 3: Risk and safety assessment and management

The Child Welfare Outcomes Report reflects the State's positive performance in preventing the recurrence of maltreatment. The Children's Division federal proxy measure for recurrence of maltreatment assesses the percentage of children with a substantiated report who had a previous substantiated report within six months. In FY16, 4.1% of children with a substantiated report experienced a recurrence of maltreatment. This percentage decreased to 3.5% in FY17. The state determined goal for this measure, based on previous national standards, is 6.4% or less.

Sixty percent (60%) of the cases reviewed during the CFSR received strength ratings for Item Three. The quality of safety assessments, specifically the engagement of all family members in all locations the child frequents, were identified as areas to focus improvements. The Signs of Safety Family Assessment Map provides an assessment tool encompassing all aspects of a child's life. Implementation of the integrated practice model will be highlighted in Missouri's PIP.

Permanency Outcomes 1 and 2

Missouri's CFSR Round 3 Data Profile dated September 2016 indicated the Children's Division successfully met three of the five permanency indicators. More recent data is not available.

For permanency within 12 months of entering custody, the Children's Division has not met the national standard of 40.5%. The Risk Standardized Performance noted in the data profile is 32.4%. Children's Division has struggled with this measure in the past and continues to do so.

For permanency within 12 months for children in custody between 12-23 months, the Children's Division met the national standard. Missouri's RSP is 47.5% while the national standard is 43.6%.

Missouri also met the national standard for permanency within 12 months for children in custody more than 24 months. The national standard is 30.3% and the RSP for the Children's Division is 33.4%

The national standard for re-entry into foster care is 8.3% or less. This measure was met as the RSP for Missouri is 6.1%.

The final permanency indicator is placement stability. The national standard is 4.12 or fewer placement moves per 1,000 days in care. According to the 2016 data profile, Missouri's performance is 5.75, above the national expectation.

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

In Missouri, the Family Support Team Meeting (FST) is the practice used to engage families in making key decisions and setting goals to achieve improved outcomes. Outcomes can include assured safety, decreased risk, service provision, reunification or other avenues to permanency. Missouri has been focusing intently on improving family engagement through the implementation of Signs of Safety and Team Decision Making.

Family Support Team meetings occur at regularly scheduled intervals through the first six months of a child's custody episode and at least every six months thereafter. Recommendations made through the FST process are presented to court through reports provided by the Children's Service Worker.

Team Decision Making (TDM) in Missouri originated in 2010 in St. Louis City. The Family to Family program introduced the practice to Missouri by the Annie E. Casey Foundation (AECF). Team Decision Making focuses on facilitating a meeting with the family and their identified supports to make the most appropriate decisions for the child. These meetings are triggered by events in the family including an impending removal, a child in foster care changing placements and a foster child achieving permanency.

The St. Louis City area has had much success with this program in so far as it has been integrated into the practice and culture of the child welfare system. Both the facilitators of the meetings and the child welfare workers value the process and see it as a beneficial and efficient way to reach an appropriate decision for a case situation.

The TDM practice has expanded to the areas of St. Louis County, Jackson County and two circuits in the SW region of the state with plans to expand to four circuits surrounding St. Louis. Missouri is again partnering with the Annie E. Casey Foundation (AECF) to assist with this project. One focus will be bringing the practice in the original three sites back to fidelity of their model and to strengthen the skills of the facilitators of the meetings. The second focus will be helping guide the plan for statewide expansion, including two circuits identified as sites for an evidence-based research project. The final main effort of AECF will be to implement an online database for data collection regarding TDM practice.

The Child Welfare Outcomes Report measures timely reunification within 12 months of entry into custody. In FY17, performance was 56.27%, falling well below the statewide goal of 75.2%. While the

measure is not identical to the federal data indicator, it again identifies this as an area of need for Missouri.

The second statewide permanency measure establishes the goal that at least 36.6% of children who reach finalized adoption do so within 24 months of entry into custody. In FY17, the Children's Division exceeded the goal with 37.30% of adoptions occurring within the 24 month timeframe. Again, while the statewide outcome does not mirror the current national indicator, this data supports the 2017 data profile provided to Missouri which indicates permanency for children who have remained in custody for more than 12 months is an area of strength.

Closely tied to timely permanence is re-entry into foster care. While Missouri struggles with permanency within 12 months of custody, the re-entry rate is low. The statewide measure examines the children who exited custody one year ago and identifies the percentage that re-entered custody within 12 months of exit. The statewide goal is 9.9% or lower. In FY17, the re-entry rate for Missouri was 5.66%.

Item 4: Stability of foster care placement

In an effort to develop foster homes which meet the needs of the children in care, each Circuit Manager will develop, implement and maintain a year round written recruitment plan as well as develop printed and other informational materials and tools, with approval from the Department of Social Services (DSS) Communications. As circuit recruitment plans are developed, they are provided to the Program Development Specialist for licensing and recruitment for review. QA Specialists have been involved in providing circuit data, such as demographics of the foster child population. The Northwest and Kansas City regions are supported in the development of foster homes through a foster/adoptive parent recruitment and retention contract. All resource homes in these regions are developed and maintained through the contract.

The three original Team Decision Making sites (St. Louis City and County and Jackson County) have introduced TDM meetings when placement stability is at risk and the child may have to change placements. If at all possible, the team meets prior to the child having to make a pillow change. TDM data is being collected in these sites and the data indicates for the placement change meetings, 26% of the children have maintained their placements as a result of the TDM meeting.

The statewide outcome measure examines the children who have been in custody for up to 12 months and the percentage of those children who experience two or fewer placements during the first year. The statewide goal is 86% or higher. For FY17, Missouri's placement stability rate was 79.92%. This measure has seen a slight but steady decline since FY12 when the placement stability rate was 82.60%. The average number of placements children in CD custody experienced in FY17 was 3.49.

The results of the CFSR in July noted strengths in 88% of the foster care cases reviewed. Strategies with the Program Improvement Plan will address placement stability.

Item 5: Permanency goal for child

Permanency goals are recommended by the Family Support Team members and are to be established no later than the 30-day meeting following custody. Identified permanency goals are reunification, adoption, legal guardianship, placement with a fit and willing relative and Another Planned Permanent Living

Arrangement (APPLA). Recommended goals are presented to the court and court orders generally contain the established goal.

Permanency goals are recorded on the FST Screen in the FACES system. Workers receive an alert when a goal has not been entered prior to 30 days from custody. Additionally, circuit management staff receives data each month from the regional Quality Assurance Specialists which includes a listing of children with the identified primary and concurrent goal. As of March 31, 2018, 541 of the 13,661 children in care did not have permanency goals established. Of the 541, 271 had been in care less than 30 days, leaving 270 children with no permanency goal established in a timely manner. 98.4% of children had a goal established within 30 days of custody.

For a complete description of the process to achieve TPR, please see Item 23.

The results of the CFSR in July noted 55% of the cases reviewed for this item received strength ratings. One hundred percent (100%) of the cases had goals specified, 78% had goals established timely and in 80% of the cases the goal was determined to be appropriate. The main practice challenge within this item for Missouri involves the timely filing of TPR and will be addressed through strategies in the Program Improvement Plan.

Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

During FY17, 6,464 children exited CD custody to reunification, guardianship, adoption or Independence. An additional 351 children exited to “other” type of permanency. This would include custody provided to the relative without legal guardianship, death, marriage, etc. The percentage of exits by type as well as the average length of time to achieve permanency is listed in the table.

	Percentage by Exit Type	Average Length of Time to Achieve
Reunification	45.50% (3101/6815)	13.26 months
Guardianship	21.10% (1438/6815)	21.06 months
Adoption	22.07% (1504/6815)	30.12 months
Independence	6.18% (421/6815)	58.75 months

This item was the lowest scoring during the CFSR, with 25% of the cases receiving strength ratings. Lack of efforts toward primary and concurrent goals was lacking in many cases. The Children’s Division developed a Data Dashboard during FY17 which is accessible to the public through the division’s internet page. Several permanency measures are included to provide staff, courts and community partners information for their county or circuit and methods to compare their permanency data with statewide performance. It is hoped the county and circuit teams will examine their data and make informed practice changes to help children reach safe permanency more quickly. Additional strategies to address timely permanency will be identified within the Program Improvement Plan.

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

Recent changes to the FACES system allows Children’s Division staff to more easily track and identify family members for children in foster care. A Family View screen was implemented in March 2017. It

shows the children and parents identified in FACES for each child. At the same time, the Sibling Information screen was initiated. Until now, the Children's Division has not had a way to clearly identify siblings if they were not on the same case and opened at the same time. Now workers receive an alert of potential siblings prompted by same parental relationships. Workers then confirm if the sibling relationship does exist. The family view screen also identifies whether siblings to children in foster care remain in the family home or are also placed in foster care. Safety/risk assessments using the integrated practice model will be added to the FACES system. Consideration will be given to the tracking ability for children remaining in the household.

With the exception of relative placement, the Children's Division must currently rely on case review data to understand performance for the items in Permanency Outcome 2. A new case review tool housed within the FACES system was implemented in January 2017 and includes all items and outcomes contained in the federal On-Site Review Instrument (OSRI). The initial case reviews were assigned in February 2017. The case reviews were discontinued to allow for enhancements to the case review tool. The baseline for PIP monitoring will be established with case reviews beginning in April, 2018 and will continue on a quarterly basis through January of 2019. Subsequent quarterly reviews will be utilized in measuring the outcomes of PIP strategies.

Item 7: Placement with siblings

Recent FACES system changes were put into effect to allow workers to clearly identify all siblings. Data queries involving siblings placed together in foster care are being explored.

In some cases, there are factors that are present and prevent siblings from being placed together. In those instances, the Family Support Team should determine whether sibling separation is in the best interest of the child. When making such determinations the Family Support Team should consider the age and developmental needs of each child, their attachment and emotional bond to one another and the effects separation will have on the siblings. Separations may result due to the following:

- A child has special needs for therapeutic services, which may not be available in the proposed sibling placement;
- A child has inflicted physical, sexual, or emotional abuse on a sibling;
- Court ordered separation;
- Half-sibling placed with a biological parent/relative; and
- Large group of siblings are placed with two relatives and contact can be maintained.

When the FST determines that a sibling group cannot reside in the same household, the following options for placement preference should be considered:

- Placement in the same town/community;
- When placed in the same town/community, continue in the same school setting;
- Placement in the same geographic region; and

- Placement in a setting where the placement provider will encourage and facilitate frequent and meaningful contact.

Placement with siblings received an overall rating of strength during the CFSR with 97% of the cases rated as strengths.

Item 8: Visiting with parents and siblings in foster care

Continued contact between the child and family is essential to maintaining and strengthening family bonds. It is recommended visits occur weekly, or as frequently as possible, with a minimum of one time per month. Visitation plans should be developed in conjunction with the members of the Family Support Team and follow recommendations set forth by the court, when applicable.

Benefits to visitation between family members are numerous.

- Visiting maintains family relationships and essential connections
- Visiting enhances children’s well-being in placement
- Visiting empowers parents
- Visiting preserves the sibling relationship and bond
- Visiting helps family members face reality
- Visiting assures opportunities to learn, practice, and demonstrate new behaviors and patterns of interaction
- Visiting facilitates family assessment
- A progressive visiting plan provides the transition necessary for successful reunification
- When the goal is not reunification, visiting helps family members cope with changing or ending relationships

Strength ratings were noted for 71% of the cases reviewed during the CFSR. Both frequency and quality of sibling visitation was rated as strength for 100% of the cases. Visitation between the child and father was not significantly different than visitation between the child and mother. Maintaining the parent/child relationship can provide the child an increased sense of security during the uncertainty of foster care and can provide parents the opportunity to demonstrate mastery of skills learned or enhanced through needed services. By focusing on the five domains of wellbeing throughout the life of the case, Children’s Division staff are able to see added value to consistent parent/child interaction.

Item 9: Preserving connections

As of 3-31-17, 98 children of the 13,661 in foster care (.72%) are identified as having Native American heritage. There are no federally recognized tribes within the state of Missouri. The larger metro areas have Indian centers which the Children’s Division has engaged for child-specific planning, as well as systemic conversations. The Children’s Division is currently working with the Capacity Building Center for States to ensure that Native American children are correctly and promptly identified and offered all services according to ICWA guidelines. Additionally, learning experiences have been developed and will be offered to staff in the upcoming year to increase awareness of ICWA and emphasize the importance of identifying Native American children. For more information about the Children’s Division coordination with tribal partners, see the Consultation and Coordination Between Tribes and States section.

Efforts to maintain the child's important connections following the removal from their homes is captured through case reviews. From the CFSR in July, 2017, 73% of the cases received positive responses indicating connections were being preserved.

Overall, 70% of cases were rated as strength for this item.

Item 10: Relative placement

Children's Division policy requires case managers to conduct an immediate diligent search to locate and place the child with grandparents or other relatives when appropriate. Missouri state law requires all grandparent notification to occur within three hours of a child coming into foster care. Thirty Days to Family is a program available in the metropolitan areas of Missouri which begins searching for a child's relatives within 72 hours of custody being placed with the state. The program is limited in the number of referrals which can be accepted, but is a valuable option as openings are available. At the back end of the case, Extreme Recruitment is a program available for a limited number of children with a goal of adoption who do not have an identified adoptive resource. Extreme Recruitment staff closely examine the child's record and history to identify potential placements by searching for relatives who may have been overlooked during case management. The Outcomes Report indicates 48.58% of children in care during FY17 were placed with a relative or kinship provider at some point during the fiscal year. The FACES system does not capture whether the relative provider is a maternal or paternal relationship. During the CFSR in July 2017, 79% of applicable cases were rated as strength for relative placements.

The Children's Division has recently introduced Signs of Safety to all areas of the state. This approach focuses on using a safety network to ensure children are safe. Team Decision Making is another practice which encourages parents to bring their support system together to help make the best decisions for children. It is believed these approaches will increase the Division's ability to seek out all relatives.

Item 11: Relationship of child in care with parents

In addition to visitation between the child and his/her parents, it is important to support other activities which help to maintain the relationship while the child is placed in foster care. Some examples may include encouraging the parent to attend school programs, sporting activities or medical appointments. The Children's Division is currently reviewing and revising the policy on informed consent to include biological parents in the decision-making process for a child's non-routine medical care. This is yet another way to include parents in their children's lives beyond visitation.

Results from the CFSR rated 58% of the cases as strengths. Similar to Item 8, there was no significant difference between the results for fathers than for mothers.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

The Children's Division is committed to making sure needs are assessed appropriately and necessary services are provided to the children, youth, and families served. Continuing to meet the needs of foster parents in this endeavor is a priority as well.

Item 12: Needs and services of child, parents, and foster parents

Signs of Safety practice utilizes a Family Assessment Map which captures the worries of the team members, including the family; the strengths of the family to build upon in addressing the concerns; and the next steps in case planning to alleviate the reasons for Children's Division involvement. As the practice model is fully implemented, staff has a consistent tool to utilize in assessing the needs of family members and a planning document to ensure needs are addressed through appropriate services.

The CFSR results rated this item as an overall area needing improvement, with 37% of the cases receiving strength ratings. Sixty-two (62%) of cases reviewed were strengths in identification of needs and provision of services to children. Parents' needs were identified and services provided for 42% of the cases. Unlike Items 8 and 11, there was a significant difference between mothers and fathers, with 58% strengths for mothers and 37% strengths for fathers. Foster parents' needs were identified and services provided for 68% of the applicable cases. Plans to move practice forward will be identified in Missouri's Program Improvement Plan.

Item 13: Child and family involvement in case planning

In CY14, the Division began exploring the use of Signs of Safety as a foundation of practice for working with families through the Family-Centered Practice Model. Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

Children's Division recognizes the importance of obtaining the child's voice. One important facet of the Signs of Safety approach is involving children and as a result specific tools and processes have been developed to actively engage children in assessment and safety planning. These tools include: three houses tool, wizards and fairies tool, words and pictures, and child relevant safety plans.

In addition to Signs of Safety, the Children's Division is expanding the Team Decision Making practice model. Team Decision Making focuses on facilitating a meeting with the family and their identified support people to make the most appropriate decisions for the child. These meetings are triggered by certain events in the family including an impending removal, a child in foster care changing placements and a foster child achieving permanency.

In addition to Family Support Team meetings, it is the hope these practice initiatives will increase family engagement with the Children's Division and further efforts towards safety, permanency and well-being for Missouri's children.

Item 13 was determined to be a strength in 48% of the cases reviewed with more efforts noted to involve mothers (68%) than fathers (45%). Strategies for improvement will be outlined in Missouri's PIP.

Item 14: Caseworker visits with child

Missouri performs very well on the foster care Monthly Caseworker Visit measure. During FFY17, 97% of children in care had at least monthly visits. In addition, 98% of the visits conducted during FFY17 were held in the child's placement. Case management staff enter worker/child visitation into the FACES system. Each entry identifies the date of the contact, who was present and the location of the visit. Data is extracted from the FACES system to indicate whether children received at least one visit by the case manager during each full month of custody and whether the visit took place in the child's placement.

The quality of the visitation between the case manager and the child will be monitored using the FACES case review tool. While quantity of visitation between the case manager and the child is strong in foster cases, the quantity of visitation with all children of in-home cases is an area of concern. The quality of visitation with children is also an area to be addressed. Cases reviewed during the CFSR noted a lack of private conversations between the case manager and the child. Overall, the rating for Item 14 from the CFSR was 60% strength. Quality visitation with children was identified as a cross-cutting theme and will be addressed in the Program Improvement Plan.

Item 15: Caseworker visits with parents

Data around visitation between the case manager and the parents is provided to Quality Assurance, Quality Improvement and supervisory staff on a monthly basis. The data is obtained from FACES and reported through the PERforM reports. For CY17, 67% of cases had documented at least monthly visits at least one parent on intact family cases. For parents of children in foster care, at least monthly visitation occurred with at least one parent for 49% of the cases in CY16. Changes to the FACES system which introduced the family view screen necessitated adjustments in reporting. Those adjustments are being pending so no data is available for CY17 for foster care cases.

Visitation between the case manager and the parents is vital to parent engagement in the process. With improved engagement of the parents, case outcomes will improve. Parent engagement is another cross-cutting theme which will be outlined in the PIP. Results of the CFSR indicated 43% of cases reviewed received strength ratings. Again, a substantial difference between the visitation with mothers (58%) and fathers (38%) was seen.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Item 16: Educational needs of the child

The Children's Division is in the development stage with the Department of Elementary and Secondary Education and Office of Social and Economic Data Analysis to design a data dashboard of education measures for children and youth in foster care including, but not limited to, graduation rates, count of suspensions, and involvement in early childhood programs. A Memorandum of Understanding has been drafted and is currently under negotiation.

While Missouri was not found in substantial compliance with Wellbeing Outcome 2, the rating for Item 16 was 83% strength.

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

Item 17: Physical health of the child

The Children's Division has many partnerships with healthcare providers throughout the state to ensure children in foster care have access to preventive and on-going medical care. One of the Program Development Specialist staff in Central Office is a dedicated liaison between the Children's Division and MOHealthNet to support field staff as they advocate for children's medical care.

Recent enhancements to the case management screens in FACES allows for more accurate data extraction and tracking. Monthly status reports regarding the 30-day physical exam are sent to all supervisory staff and Foster Care Case Management agencies to help track this required exam. Regional QA Specialists use a monthly data file received from their Research Department which includes physical and dental exam dates for additional monitoring. Data for missing or late exams is routinely shared with circuits and can be topics for discussion during quarterly planning meetings.

Children's Division maintains a contract with Care Management Technologies: A Relias Learning Company for use of the *ProAct Advantage* tool. Based on Medicaid claims data, *ProAct* provides a myriad of data by population or individual, including best practice "red flags," gaps in care for chronic diseases, and integrated health profiles. The end user access to *ProAct* recently expanded again to include another subset of Children's Service Specialists across the regions – selected by the respective Regional Directors - to promote the flexibility for regional field staff to identify and prioritize key metrics to monitor and measure.

Sixty-six percent (66%) of cases reviewed during the CFSR were found to be strengths in this item. One area noted to be a concern was dental health care in young children. Missouri Children's Division has not enforced the recommendation of the American Academy of Pediatric Dentistry which suggests young children have their first dental exam by age one or at the time their first tooth erupts. The Children's Division has gathered recommendations and will be re-visiting guidelines for staff concerning the timing of a child's first dental exam.

Item 18: Mental/Behavioral Health Needs of Children

Children and youth in out-of-home care have inherently unique behavioral health needs. A child's removal from the home, in addition to or regardless of the abuse or neglect circumstances associated with the removal, or other adverse childhood experiences, can impact a child's physical and behavioral health. To adequately address the complex behavioral health needs of children and youth in care, Missouri has focused efforts on trauma-informed care. While becoming a fully trauma-informed system is a longer-range plan in motion, immediate steps were taken to increase staff awareness and responsiveness to children and youth who have experienced trauma. All Children's Division staff members were provided a foundation of trauma knowledge and skills through two-day training on the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit. Staff has acquired skills to recognize and identify symptoms of traumatic stress, identify potential strategies to support children who have experienced traumatic events, and ensure children have access to timely, quality, and effective trauma-focused interventions.

Children's Division staff also understands the importance of supporting resource parents caring for children who have experienced trauma. Missouri appreciates the vital role resource parents have in

supporting and nurturing the psychological safety of the children in their care and has committed to train all current and prospective resource providers on the NCTSN Resource Parent Curriculum. Increasing resource parents' capacity to understand the impact and manifestations of a child's trauma history and to recognize behaviors as symptoms of those traumatic experiences supports the child's safety, permanency, and well-being.

A common understanding and sensitivity among the various sectors of the child welfare system is essential in addressing and meeting a child's behavioral health needs. The Children's Division's trauma initiative lead, Dr. Patsy Carter, has a shared position with the Children's Division and the Missouri Department of Mental Health. In both capacities, Dr. Carter is engaging the larger child welfare system – educators, physicians, juvenile justice – in raising awareness of childhood trauma and its impact on the development and behaviors of children. Children's Division is also working with the Department of Mental Health and other stakeholders to grow Missouri's capacity of mental health providers serving the early childhood population through cost-free training and collaborative learning opportunities. Increasing the pool of mental health providers specially trained in early childhood mental health and evidence-based trauma-informed practices will allow Children's Division staff to make meaningful and effective behavioral health referrals for children in the child welfare system.

For more information, see the Healthcare Oversight and Coordination Plan for information related to this item.

The CFSR results from the review in July 2017 found 72% of the cases reviewed received strength ratings. Foster case cases were rated as strength for 69% of applicable cases and in-home cases received strength ratings for 76% of applicable cases.

Statewide Information System

Item 19: Statewide Information System

The state operates a statewide information system known as the Family and Children Electronic System (FACES). The system is to be utilized for all of the children in foster care, child abuse and neglect reports, and families enrolled in preventive services. FACES can identify the status, demographic characteristics, location of the child's placement, and permanency goals of every child in foster care. Staff is expected to update the electronic case record in FACES timely and accurately to capture the required information for federal reports and for best practice. Case Managers must use FACES as a case management tool, therefore are expected to enter assigned case information. The Children's Service Worker must record any placement changes into FACES within 24 hours of the change. All other Family-Centered Out-of-Home activities should be recorded at least every 30 days. When cases are selected for case review process, circuits are able to print the record if necessary.

When a child is placed in out of home care, FACES requires the worker to enter demographic information, permanency goals, and placement location. A case cannot be opened without this information and it is expected the case be opened in the system within 24 hours of removal. When a child becomes known to the Children's Division, a Departmental Client Number (DCN) is assigned in the Department of Social Services' common area. This number follows the child throughout any service provided by the Department, including the Children's Division. In addition to the DCN, the child's date

of birth, race and gender is entered into the common area and subsequently populated into the FACES system. FACES was recently updated to allow staff to select “unable to determine” race in addition to another known race, as required for National Youth in Transition Database (NYTD) reporting.

All placements entered are tied to the financial and licensing system. This ensures placements are valid and licensed and appropriate payments are being issued. FACES allows for temporary placements to be identified, capturing short-term placements such as hospitalizations, when it is anticipated the child will return to the original placement.

In order to more fully assess this systemic factor, a random sample of 1% of all foster care cases open on 9-30-17 were selected and reviewed by the Children’s Services Supervisor assigned to the case. Data such as status, demographics, placement location and permanency goals were reviewed for accuracy. In total, 128 children’s cases were reviewed from both the Children’s Division and the Foster Care Case Management (FCCM) contract agencies. The following chart details the frequency the demographic category was correctly entered into FACES. In order to continue monitoring this item, the Children’s Division will conduct similar reviews on an annual basis.

Race	Hispanic	Gender	Legal Status	Permanency Goal	Placement Type/Location
96.1%	96.8%	100%	100%	99.2%	98.4%

Additionally, such data is reviewed every six months prior to the federal AFCARS submissions. Each AFCARS file is exported into an excel spreadsheet allowing for all data fields to be reviewed for inconsistencies. The data submitted to AFCARS is pulled directly from the data entered in the FACES system.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance Unit. Recent examples of data clean-up include identification and correction of foster care children who do not have an established permanency goal as well as ensuring TPR dates are included for all identified parents. FACES unit staff and partners from the Center for Management Information, Research and Evaluation unit (who create reports using FACES data) also identify and initiate data clean-up. However, with edits and modifications made to FACES from the AFCARS Improvement Plan and training on data elements provided through written instruction, the amount and need for data clean-up has drastically decreased.

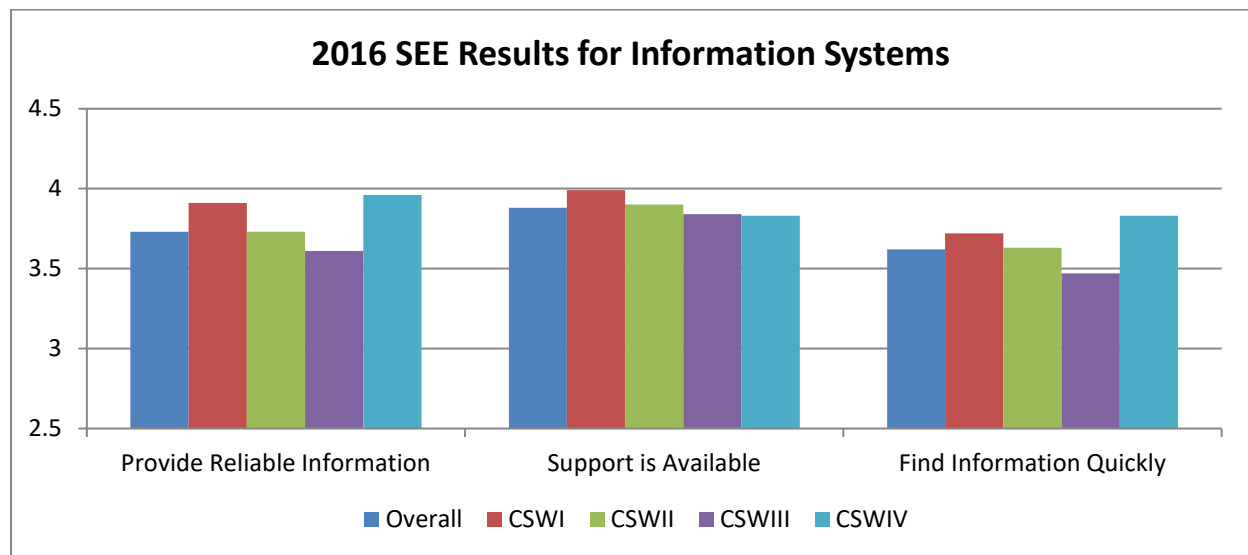
Furthermore, Regional QA Specialists use a monthly data file received from their Research Department that includes demographics, location and goals. This data is shared with circuits on a monthly basis and an area for data review is highlighted each month. Some examples include ensuring all children have an identified permanency goal or identifying cases with lengthy trial home visits. If there is missing information, it can be highlighted for further review and discussion. The data is also reviewed and discussed at quarterly meeting circuit meetings.

The Children’s Division, through the Department of Social Services, provides all staff with the opportunity to voice their opinions through the bi-annual Survey of Employee Engagement (SEE). The most recent survey was completed in June 2016. Scores for the SEE items range from one to five, with most scores falling between 3 and 4. Scores over 3.5 are generally seen as more positive than negative.

Scores below 3.5 are seen as more negative than positive. A score of 3.75 or higher indicates staff members have a positive perception of the item. Scores falling below 3.25 indicate general dissatisfaction with the item. Several items on the SEE are related to information systems.

- Our computer systems provide reliable information.
- Support is available for the technologies we use.
- Our computer systems enable me to quickly find the information I need.

The following chart represents the overall score for each of the items above as well as the score for each level of Children’s Services Worker. The information systems used by Children’s Division staff are overwhelmingly viewed as positive.



The Regional QA Specialists were asked to identify this item as a strength or an area needing improvement. Overwhelmingly, the specialists indicated that the FACES system captures the information in a detailed manner and the demographic, placement and permanency goal is easily identifiable for each child in foster care.

This item was found to be in substantial conformity with federal requirements during the CFSR conducted in July 2017.

Case Review System

Item 20: Written Case Plan

Permanency planning and its inherent decision-making permeate the child's placement in out-of-home care. The goal of out-of-home care is to provide each child who enters custody a safe and stable environment with nurturing caregivers. This goal implies no child should be allowed to drift in out-of-home placement. Furthermore, the Family-Centered-Out-Of-Home Care (also referred to as Alternative Care) policy requires that case planning decisions must be made through the Family Support Team (FST) process within specified time frames.

Alternative Care policy dictates the Family Support Team is to meet within 72 hours of a child placed in the custody of the state. The FST members include the worker, supervisor, along with the parents/caregivers, child (if age appropriate), juvenile officer, Guardian Ad Litem and/or CASA, parents' attorneys, if applicable, family helper/advocate, placement provider, currently involved treatment providers and school personnel. A child must have a FST meeting even if it is anticipated the child will be reunified with parents within a short period of time or the Division is planning to place the child for adoption within a short period of time. FST meetings are conducted according to the prescribed time schedule for as long as the court holds jurisdiction of the child, the Division has custody, and the child is in an out-of-home care setting. FST meetings are believed to be an effective vehicle for moving children to permanency.

The Children's Division is in the process of introducing Signs of Safety (SOS) to all regions of Missouri. SOS is a family engagement practice and with its implementation, the initial written case plan is evolving. In the past, the written case plan was documented on a Children's Division form (Written Service Agreement, CD-14B) and served as the preliminary case plan developed at the 72 hour FST meeting. With the implementation of SOS, the worker and family develop a mapping document which identifies the worries associated with the child and family, what is working well with the child and family and what needs to happen next to help alleviate the identified worries. This map informs the initial case plan and is revisited frequently with the family. SOS engagement tools such as the house and the wizard can be utilized with children to include their voice in the planning process. The tool FST Guide is available for staff and can be used as a guide for case planning. At the end of the first 30 days of custody, the Child Assessment and Service Plan (CS-1) is developed as the written case plan and contains all federally mandated elements. This plan and form are documented in the FACES system. The CS-1 is used to record the decisions made by the Family Support Team, with the FST members participating in the development of the case plan. Any identifying information and summary of prior services offered to the family is to be documented on the CS-1. The CS-1 is then reviewed and updated as needed every 30 days until adjudication and for subsequent PPRT meetings. The CS-1 is designed to be a dynamic form to which information can be continuously added over the life of a case.

Several enhancements to the CS-1 in the FACES program have occurred recently. The system will now require that certain elements be present (such as a visitation plan for each parent) before completion of the plan. There have also been changes made to better log prior and current services offered to the family. The most recent change is an edit that requires a concurrent plan to be selected when the main plan for a child is reunification. In addition to these recent changes, a workgroup is exploring ways to integrate existing data fields to pull into a more succinct and robust case planning document. This document will be able to be created at any time and will show the status of the case and its trajectory.

The Signs of Safety mapping document is also used as a case planning document for intact families. It is frequently revisited with the family and aids in discussions about worries, what's working well and what needs to happen to safely resolve the concerns that brought the family to the attention of the Children's Division.

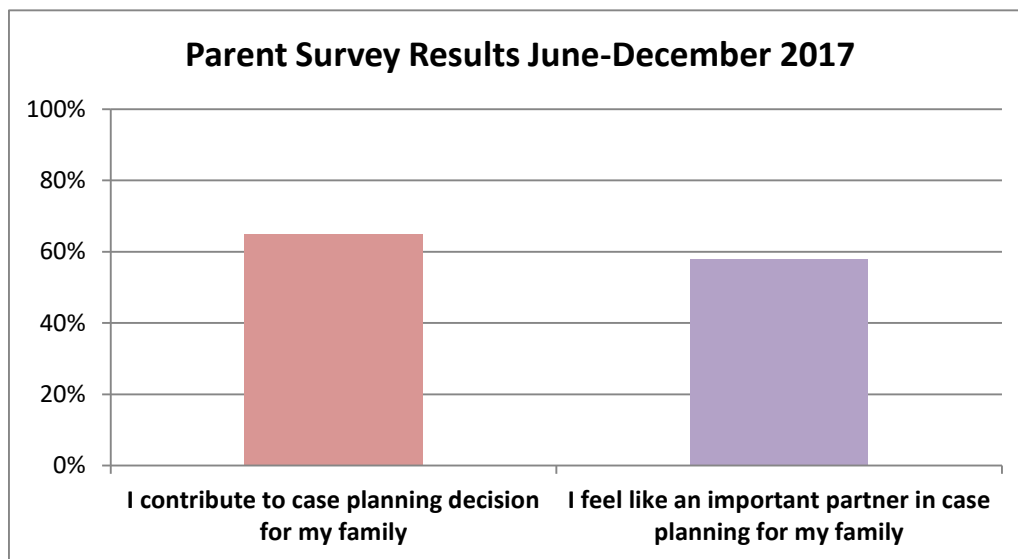
During FY2017, 6,885 children entered alternative care. The information in the middle column below provides FST and CS-1 data for those children. Similarly, 13,324 children were in alternative care prior

to FY2016 and remained in care for at least some portion of the fiscal year. The information in the final column provides FST and CS-1 data for these children. Children represented in the final column may have exited alternative care prior to a 6-month FST meeting being required.

Parent participation in the FST meetings as well as their agreement with the permanency plan is also noted. Attendance of the parent may be less frequent for children entering alternative care prior to FY16 due to termination of parental rights.

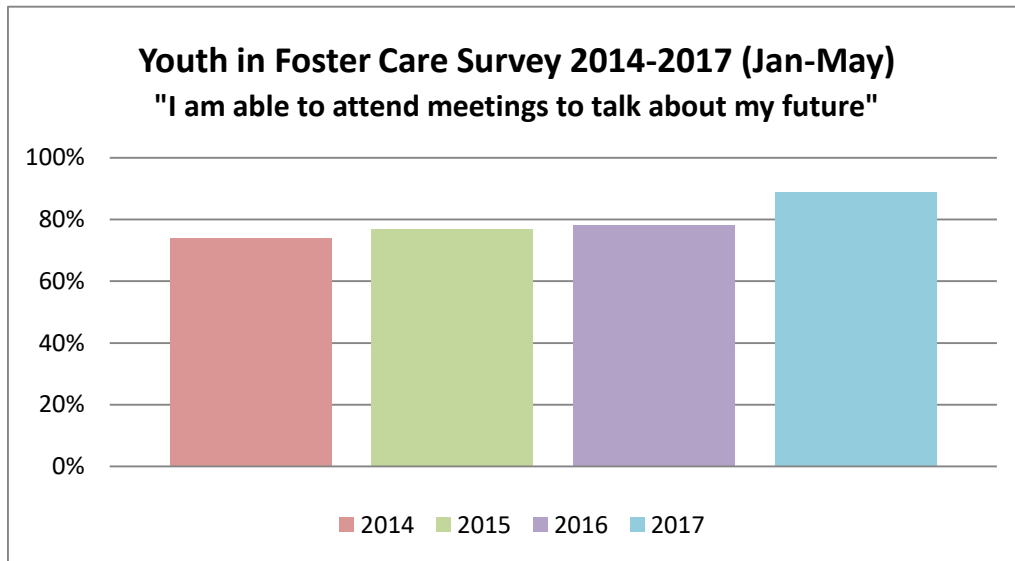
	Children Entering AC During FY17	Children Entering AC Prior to FY17
72 Hour FST was held	69%	N/A
At least one parent present at 72 hour FST	78%	N/A
At least one parent at 72 hour FST agreed w/plan	80%	N/A
Had at least one FST of some type	91%	88%
Meetings with at least one parent in attendance	89%	63%
At least one parent at FST agreed w/plan	85%	81%
Child had a written CS-1 in effect during FY16	73%	46%

With the implementation of the new consumer surveys, 10% of parents with active Family Centered Services (FCS) cases and Alternative Care (AC) cases were asked to respond to the statements “I contribute to case planning decision for my family.” and “I feel like an important partner in case planning for my family.” The chart below shows the percentage of positive responses for June-December 2017.

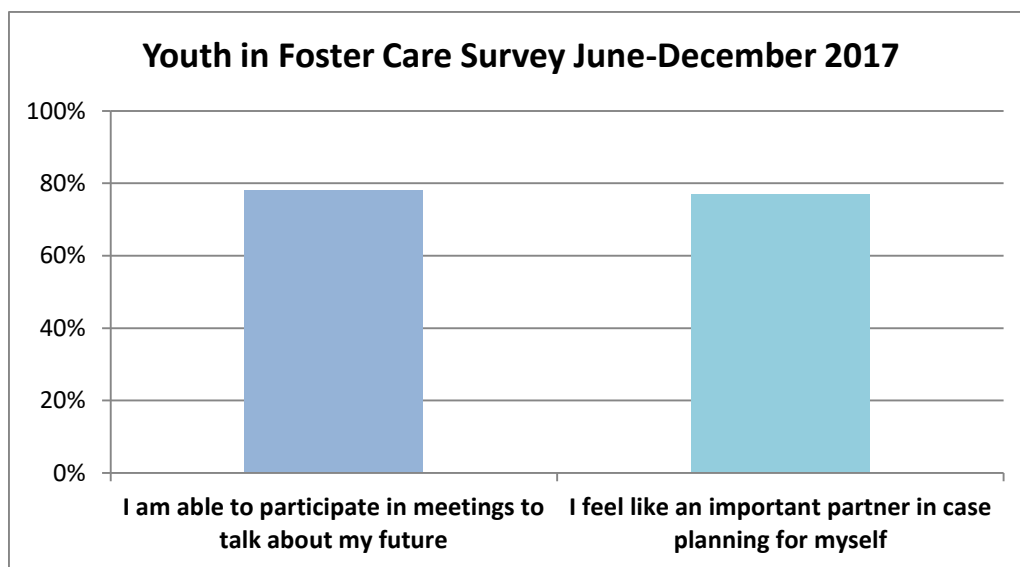


From June-December 2017, 65% of parents with active Family Centered Services (FCS) cases and Alternative Care (AC) cases responded positively to the statement “I contribute to case planning decision for my family” and 58% responded positively to the statement “I feel like an important partner in case planning for my family.”

Similarly, surveys are mailed to 100% of youth ages 12 and older in foster care each year. From January 2014 through June 2017, youth were asked to respond to the statement “I am able to attend meetings to talk about my future.” In 2014, 74% of youth agreed or strongly agreed to the statement. The percentage of youth who agreed or strongly agreed in 2015 increased to 77%, to 78% in 2016 and 89% from January –May 2017.



From June-December 2017, 100% of youth ages 12 and older in foster care were asked to respond to the following statements: “I am able to participate in meetings to talk about my future” and “I feel like an important partner in case planning for myself.” The chart below shows the percentage of positive responses for June-December 2017: 78% of youth responded positively to the statement “I am able to participate in meetings to talk about my future” and 77% responded positively to the statement “I feel like an important partner in case planning for myself.”



Item 21: Periodic Reviews

Missouri Supreme Court Rule 124.01 requires Permanency Hearings to be held within 12 months of the juvenile coming into care and annually thereafter. It also requires a Permanency Review Hearing to be held at least every 6 months while the child remains in custody. Therefore, every six months, a child is required to have a permanency hearing or a permanency review hearing. The Dispositional Hearing may be held separate from or immediately following the adjudication hearing. A determination is made as to the legal and physical custody of the child, as well as the most appropriate means to address the concerns established in the adjudication hearing. Reasonable efforts required of the Children's Division to reunify the family may be ordered. Dispositional Review Hearings are held within 90 days of the Dispositional Hearing and may be held as often as needed to determine the appropriate permanency plan for the child. Dispositional hearings, dispositional review hearings, permanency hearings and permanency review hearings are the court hearings utilized in AFCARS reporting to establish compliance with periodic review requirements.

The Children's Division Family-Centered Out-of-Home Care policy includes Family Support Team (FST) procedures which provide parents and children the opportunity to participate in case planning and goal setting. At a minimum, the permanency hearing timeframes described above coincides with the FST meeting schedule. In addition to parents, children and CD caseworker and supervisor, other participants in the FST meetings include the juvenile officer, Guardian Ad Litem, CASA volunteer (if appointed), parents' attorneys (if retained), family helper/advocate, placement provider, currently involved treatment providers and school personnel. During the FST meetings, the following topics are to be assessed:

- The safety of the child;
- The continuing necessity for and appropriateness of the placement;
- The extent of compliance with the case plan;
- The extent and progress which has been made in alleviating or mitigating the causes necessitating placement in foster care; and
- To project a likely date by which the child may be returned to and maintained in the home or placed for adoption or legal guardianship.

The Children's Division caseworker provides a description of the FST meeting, along with any recommendations of the team in a report submitted to the court in advance of each hearing.

Children's Division data for children entering custody during the last six months of FY17 shows that 97.9% of children remaining in custody at the six-month mark had a dispositional hearing within 6 months of the custody date (473/483). Data from Item 22 (Permanency Hearings) indicate that 97% of permanency hearings in the past two years have been held within 12 months of the child's entry into custody (15,148/15,524 for FY2016 and 19,237/19,809 for FY2017). Data provided by the Office of Courts Administrator indicate the subsequent 6 month hearing was held timely 98.1% of the time during FFY17 (8,411/8,575).

Missouri was found to be in substantial conformity with the requirements for Item 21 during the CFSR in July, 2017.

Item 22: Permanency Hearings

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The courts' effort to hold hearings on schedule enables teams to better ensure timely permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. OSCA shares the data in their CAN Permanency Report. The average days from custody to the first permanency hearing in FFY17 was 334 days. This is consistent with data for the past three years. For all subsequent permanency hearings, the average days from hearing to hearing in FFY17 was 278 days. This has remained fairly consistent the last four years.

In an effort to meet federally required timelines, a plan was developed to extract data, monitor timeliness measures and implement methods to improve these measures. Court Operating Rule 23.01 requires the presiding judge in each circuit to submit a quarterly report to the Office of State Courts Administrator (OSCA) for each hearing not held within the specified time frame. The following information is to be reported: case number; style of the case; type of hearing; required hearing date; date of hearing (if held); date hearing scheduled (if not held); reason(s) for delay; compelling, extenuating circumstances found by the judicial officer to support each continuance outside the applicable time frame; and the plan of each judicial officer to comply with time frames during the next quarter. Exceptions for delays must be approved by the Family Court Committee. The Child Abuse and Neglect Quarterly Reports are distributed statewide on a quarterly basis to show the number of hearings held timely, the reasons for delays, and plans for corrective action. Court Improvement Project (CIP) staff compiles the reports and transmits a copy of all the reports to the Supreme Court of Missouri and to the Commission on Retirement, Removal and Discipline for review. Copies are also sent to all presiding judges and juvenile officers. The goal is for each circuit to hold 95% of hearings on a timely basis. As the number of hearings increase, circuits continue to maintain a 97%-98% average of holding required permanency hearings timely. Annual permanency awards are given to those circuits with 100 % timeliness. In FY17, 22 circuits received the Supreme Court Permanency Award.

During SFY2017, a total of 12,773 children had been in Children's Division custody for 12 months or longer and required at least one permanency hearing. Of the 12,773 children, 10,644 (83%) received a permanency hearing within 12 months of custody and every 12 months thereafter for their entire custody episode. A number of the children for whom permanency hearings have not occurred consistently every 12 months have been in Children's Division custody for a number of years. Early permanency hearings may not have occurred timely, but as noted below, the most recent permanency hearings have been held in a timely manner.

Representing the same group of children, for all permanency hearings and permanency review hearings held in FY2016, 97.6% (15,148/15,524) were held within 12 months of the custody date or within 12 months of the previous permanency hearing. For FY2016, 97.1% (19,237/19,809) of permanency hearings were held within 12 months of custody or the previous permanency hearing.

The child welfare system in Missouri was found to be in substantial conformity with Item 22 during the CFSR in July, 2017.

Item 23: Termination of Parental Rights

Missouri Law, Section 210.720 requires when a child has been placed in the custody of the Children's Division (CD) in accordance with subdivision (17) of subsection 1 of section 207.020, RSMo, or in another authorized agency, by a court, or has been placed in foster care by a court, every six months after the placement, the foster family, group home, agency, or child care institution with which the child is placed shall file with the court a written report on the status of the child. As cited in statute, the court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining, in accordance with the best interests of the child, a permanent plan for the placement of the child, including whether the child should be continued in foster care, whether the child should be returned to a parent, guardian or relative, or whether proceedings should be instituted by either the juvenile officer or the Division to terminate parental rights to legally free such child for adoption.

Termination of parental rights proceedings may be initiated upon the request of the child's parent(s) (voluntary relinquishment) or by any other person, including CD by making a referral to the appropriate juvenile office. All juvenile offices in Missouri have statutory authority to file termination of parental rights. In circuits where the juvenile office chooses to not initiate the filing of TPR (for example, a juvenile office may not have legal representation), the Division is authorized to file a petition for termination of parental rights with the assistance of Division of Legal Services. The Family Support Team, in assessing a child's needs for permanency, should consider termination of parental rights if permanency through reunification with a parent, guardianship or placement with an appropriate relative is not feasible and if adoption or other enduring adult relationships is a reasonable expectation and meets the child's needs. In cases where reunification, guardianship or placement with a fit and willing relative is the primary plan, termination of parental rights and adoption may be an appropriate concurrent goal.

Termination of parental rights may be a simple legal process when both/all parents to the child are identified, located and voluntarily relinquish their parental rights. Conversely, termination of parental rights may be a complex legal matter if one or both parents object to his/her parental rights being terminated. In all cases the facts and grounds for termination must be proven by legally admissible evidence in a court of law. Grounds for termination of parental rights must be proven to the court by clear, cogent and convincing evidence. This is the highest standard of proof known to the civil law. It is essential all of the facts supporting a termination of parental rights are carefully and thoroughly documented. Individual courts may interpret the involuntary termination statutes differently or be reluctant to pursue premature termination of parental rights. Staff may consult with the Division of Legal Services in addition to the juvenile officer on all cases where involuntary termination of parental rights is being considered by the Family Support Team.

When considering a petition for termination of parental rights the court must apply a two part analysis: first, the court must determine whether there are statutory "grounds" for termination in the case under consideration; and second, if the petitioner proves statutory grounds exist, whether termination of parental rights is in the best interests of the child. The court may deny a petition for termination of parental rights if the court finds that TPR is not in the best interest of the child even if there are statutory grounds for termination. However, the court cannot grant a petition to terminate parental rights if the petitioner failed to prove by clear, cogent and convincing evidence that the statutory grounds for TPR exist.

In May 2016, the SACWIS system (FACES) was updated to collect information regarding TPR when staff members are entering information for a Family Support Team meeting. When the child in question has been in care for at least 15 of the last 22 months with the goal of reunification or the goal has not yet been established, staff will be prompted to enter information into the record on “reasons termination of parental rights was not filed.” Staff will choose from the following options:

- Child is being cared for by a relative
- Compelling reasons exist why filing for TPR is not in the child’s best interest
- The Children’s Division has not provided reasonable efforts

If the field for “compelling reasons exist why filing for TPR is not in the child’s best interest,” another drop down box will provide for staff to indicate the reason. The choices are:

- There are no legal grounds to file TPR
- Adoption is not the appropriate permanency goal for the child, as determined by the Family Support Team
- The child is an unaccompanied refugee minor as defined in 45 CFR 400.111
- There are international legal obligations or competing foreign policy reasons that would preclude terminating parental rights
- Other-if other is selected, staff will be prompted to enter information in a text box to describe the reason

The TPR fields will only appear on cases where the child has been in custody for at least 15 of the last 22 months.

There were 4,437 children who had been in foster care for at least 15 of the last 22 months with the goal of reunification or goal not yet established who remained in care at some point during FY17. The lack of Termination of Parental Rights filing information as described above was collected for 2,142 of those children.

Reason for not filing TPR	Number
Child is being cared for by a relative	417
Compelling reasons exist why filing for TPR is not in the child’s best interest	1365
The Children’s Division has not provided reasonable efforts	360

These FACES additions allow case workers to document if compelling reasons for filing TPR is not in the best interest of the child and why. Once documented by the court, the case worker will in turn document the reason TPR is not in the child’s best interested with the subsequent FST entry in FACES.

In addition, FACES added a new item to the worker’s personal home page display. This page shows a list of cases assigned to the worker. The addition is for alternative care cases and shows how many months out of the last 22 a child has been in custody. This is intended to keep case managers and supervisors aware of the Adoption and Safe Families Act (ASFA) mandated timeframes for permanency. The item also includes the child’s permanency plan, as currently documented in FACES in the latest FST.

Also, a new report has been added to the reports section in FACES. It is titled “ASFA clock” and can be used to display a list of children and how many months of the last 22 they have been in custody. This display can be drilled down to region, circuit, supervisor, and worker level. This report runs on the 1st and 15th of each month and is current as of those days.

Data from the Office of State Courts Administrator indicate that TPR had been filed for 2,201 of all children in custody on 4/4/18. Of the 2,201 children for whom TPR had been filed, the filing occurred with 15 months of the child’s entry in to Children’s Division custody for 803 children (36.4%). The TPR filing occurred beyond the 15 month mark for the remaining 1,398 children.

Item 23 was noted as an area needing improvement during the CFSSR in July, 2017. Timely permanency is a cross-cutting theme identified during the review. Several strategies to address permanency are being negotiated in the Program Improvement Plan. It is believed those strategies will improve representation and relationships between the courts and the Children’s Division and ultimately impact the timely filing of TPR.

In addition, the Children’s Division continues to develop TPR measures set forth in the Data Dashboard available on the Division’s website. The date of the filing of termination of parental rights is a field within the FACES system. However, it is frequently left blank, as the filing is an activity Children’s Division staff do not complete. Efforts will be made to make staff aware of the importance of capturing the date so a more accurate picture of the timeliness of filing can be explored.

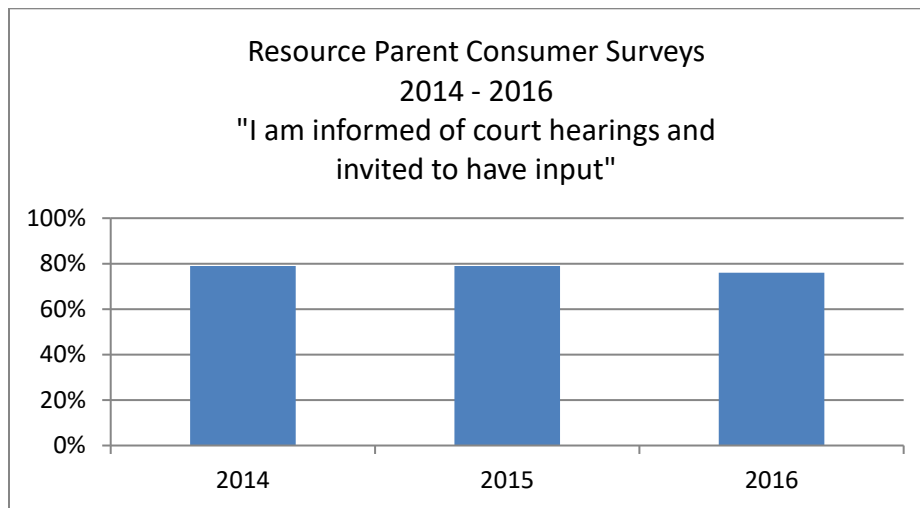
Item 24: Notice of Hearings and Reviews to Caregivers

Missouri notifies care givers they have a right to be heard in court through a variety of mechanisms. Caregivers are provided a copy of the Missouri Resource Parent Handbook. The handbook is also available on the internet at <http://dss.mo.gov/cd/fostercare/pdf/fcresource.pdf>. The handbook informs the caregiver they are part of a team including court, and that, “...your opinion does matter and speak up!” (page 6). The handbook also includes the Foster Parent Bill of Rights, RSMo 210.566 (pages 9-12). Paragraph number 5 states, “Foster parents shall be informed by the court no later than two weeks prior to all court hearings pertaining to a child in their care, and informed of their right to attend and participate, consistent with section 211.464, RSMo.” The handbook also provides information about the process and purpose of court on pages 35 -39. The information included in this section informs the caregiver about the Caregiver Court Information Form and about their right to be heard.

The juvenile court is responsible to notify resource parents about court hearings per Missouri Statute 211.171, 211.464 and 210.566. Written notification of the upcoming hearing is mailed to the resource parent by the juvenile court. Information about their right to be heard in court is included in the document provided by the court. Missouri Office of State Courts Administration (OSCA) and the Children’s Division recently revised the Caregiver Court Information Form. The new version has been posted on the Children’s Division internet page along with instructions for completing the form and where to send it once completed. The legal right for resource parents to be heard in court is taught in the STARS pre-service training during session two. The training participants are informed of the Foster Parent’s Bill of Rights. Resource parents are also required by policy to complete five hours of laws, policies and procedures governing child welfare which includes information about the right to be heard in court.

Resource parents are also provided a copy of the Foster Parent Bill of Rights at the time of placement of a child in their home. Notification for licensed and unlicensed providers occurs in the same manner.

The Children’s Division mails a consumer survey to every licensed resource parent (foster, relative and kinship) in the state during a calendar year. One question on the survey is, “I am informed of court hearings and invited to have input.” The survey data is collected by the Quality Assurance Unit at Central Office. The statewide survey data since 2014 shows that 76-79% of resource families respond positively that they are informed of court hearings and are provided the opportunity to have input.



The total number of surveys returned and average number of resource parents for each year is described in the following table.

	Resource Parents	Surveys Returned
2014	4,430	1,310
2015	4,554	1,390
2016	4,765	1,358

The CFSR results indicated this item is an area which needs improvement. Stakeholders voiced a wide range of notification methods and if foster parents were invited to speak or could submit a written document. Court Technical Assistance Teams are being established as a PIP strategy. Consistent notification to foster parents may be addressed by these teams.

Quality Assurance System

Item 25: Quality Assurance System

See Quality Assurance section for more information.

Staff and Provider Training

Item 26: Initial Staff Training

The Children's Division utilizes a learning management system, called the Employee Learning Center (ELC). The Employee Learning Center is the portal for staff professional development. In the center, a staff member can locate learning options and course calendars, view their transcript and register for classes. The Employee Learning Center gives employees a convenient place to review learning activities, assessments, and training compliance requirements.

The Manager Center for the Employee Learning Center will allow supervisors to manage and track their staff's training. Supervisors can review and schedule classes as they appear on the employee's Training Plan and Training Record. The supervisor is able to informally assess the skills and competencies of the worker based upon observation and monitoring as well as through the guidance and support of On-The-Job (OJT) Specialist. The observations and documentation of both Supervisor and OJT Specialist are utilized to review and annually assess the worker's performance.

The Employee's Training Plan displays classes that need registration and classes that are currently enrolled.

The Employee Training Record displays class status, such as enrolled, completed or cancelled. In addition, it provides the number of credit hours and a management training rule indicator.

Data pulled from the Employee Learning Center indicates from July 1, 2017 to April 30, 2018, 312 Children's Service Workers were hired. Initial training included "Child Welfare Practice Training (CWPT)", "New Employee Orientation" training, completed by 301 Children's Service Workers; "Personally Identifiable Info and HIPAA Protected Health Info" training completed by 312 Children's Service Workers; and "Workplace Safety" training, which 273 Children's Service Workers completed. CWPT was offered in every region of the state by CD regional training teams:

- Southeast Region held four sessions on July 10, 2017, September 11, 2017, January 8, 2018, and March 26, 2018. Fifty-two new staff enrolled in CWPT in FY2018. Thirty-two of those staff completed CWPT and 19 staff are still in process.
- Southwest Region held six sessions on July 10, 2017, August 14, 2017, October 30, 2017, January 16, 2018, February 26, 2018, April 9, 2018. Fifty-five new staff enrolled in CWPT in FY2018 and 25 of those staff completed CWPT and 14 staff still in process.
- St. Louis Region held four sessions on August 28, 2017, October 26, 2017, January 17, 2018, March 27, 2018. Twenty-five new staff enrolled in CWPT in FY2018 and 16 of those staff completed CWPT and nine are in progress.
- Northern Region held 13 sessions on July 10, 2017, July 24, 2017, August 17, 2017, August 23, 2017, October 2, 2017, October 30, 2017, November 13, 2017, November 27, 2017, January 8, 2018, January 22, 2018, February 20, 2018, April 1, 2018, and April 25, 2018. Ninety new staff enrolled in CWPT in FY2018 and 67 completed CWPT and 20 staff are still in progress.
- Jackson Co Region held seven sessions on July 6, 2017, July 31, 2017, September 11, 2017, October 17, 2017, November 27, 2017, March 5, 2018, and April 9, 2018. Forty-nine new staff enrolled in CWPT and 49 completed CWPT.

Initial/Pre-Service Training Requirements:

Professional Development begins when an employee starts employment with The Children’s Division. The first year of a new employee’s professional development is comprised of formal, classroom training mixed with on-the-job training. The formal, classroom training is provided by regional staff trainers and the on-the-job training is provided by local supervisors or specialist in the employee’s own area, often unique and individually tailored to the professional development needs of that employee.

In December 2014, The Children’s Division restructured the Professional Development and Training Unit from centralized structure to a regional structure. Each region identified local training teams consisting of managers, trainers, and specialist. The regional training teams developed a new training structure that met their local training needs and incorporated on-the-job training into their training structure.

When Child Welfare Practice Training is offered in each region, the foster care case management contractors in that region are made aware of the classroom training schedule. Per the foster care case management contract, the contractor may choose to send staff to the Children’s Division training or provide the training themselves or through a pre-approved contracted training vendor.

Foster Care Case Management contractors are required by contract to have initial/pre-service training successfully completed within the first ninety (90) calendar days of employment for all newly hired personnel and direct supervisors. The contractor shall document all initial training completed in each personnel file.

The following describes how the initial/pre-service regional training curriculum addresses issues of safety, permanency and wellbeing.

Jackson County

Jackson County operates a five week combination of classroom/field experience training program. New employees begin Child Welfare Practice Training, within two weeks of employment. New workers attend formal classroom training two days every week for five weeks. When not in classroom training, the employee and their supervisors use a “Training Passport” that consist of field experiences, group activities, and field trips to enhance their classroom learning. After the first two weeks of training, Jackson County bifurcates and provides specialized training to new employees along program lines of case management or investigation/assessments. Jackson County Training Region provides a total of 96 hours of on-the-job training and 69.5 hours of classroom training. The Field Support Manager supervising the regional professional development team has oversight responsibility to be sure all new hires receive training timely. Jackson workers become case carrying after the pre-service training is complete.

Jackson County regional training structure currently consists of:

- 13.5 hours of Philosophy and Skills classroom training
This skill based curriculum will introduce the participant to the agency’s mission and principals; code of ethics, strengths based practice, Five Domains of Wellbeing, cultural competency, and a variety of family assessment tools.
- 24 hours of On-The-Job Training
- 14 hours of Philosophy and Skills classroom training
This skill base curriculum will introduce participants to critical thinking skills and provide participants the opportunity to practice the use of these skills. Participants will be introduced to

Signs of Safety and have the opportunity to practice using this model; participants will learn skills used to work within a team, how to further assess for safety, and how to apply these skills to their fieldwork. Participants will learn basics of report writing and court testimony. Participants will begin to practice obtaining records and maintaining confidentiality.

- 24 hours of On-The-Job Training

- 14 hours of Child Abuse and Neglect or Case Management classroom training

Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in the Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reporting

Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing.

- 24 hours of On-The-Job Training

- 14 hours of Child Abuse and Neglect or Case Management classroom training (including 6.5 hours of automated case management training)

Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reports. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.

Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.

- 24 hours of On-The-Job Training

- 14 hours of Reinforcement and Evaluation training

Case Management: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a permanency planning process, display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-personal stress and gather information and individually complete a map or maps using Signs of Safety.

Investigations: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a case planning process, display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-personal stress and gather information and individually complete a map or maps using Signs of Safety.

Northern Region

The Northern Region ensures that each staff member begin the learning process on their first day of hire. They are assigned an “On the Job” Training (OJT) specialist on that day. They meet with their specialist immediately and are given a chronological list of their assignments, which include; required trainings they need to sign up for, timelines, and help to complete these assignments. The first training requirements are New Employee Orientation, Workplace Safety and Child Welfare Practice Training (CWPT).

A new worker is required to shadow identified field experiences and have daily discussions, as well as submit field observations to their OJT specialist. They are not allowed to be assigned their own caseloads until the completion of the first phases of training and CWPT. Assignments and trainings are tracked and submitted to the Northern Region Training Manager who reviews their completion and on-going progress. This progress is documented the first year during three training meetings held with the participant, OJT specialist, mentor and supervisor. Thereafter, their progress is documented through supervisory conferences and annual evaluations. Training requirements and training plans are kept in their personnel files.

If a supervisor determines that the worker is not getting a grasp on the material trained, the supervisor can fill out an individual request to have a “trainer” spend “one on one” time with the worker to mentor, teach and model the area of need. The trainer then documents their work with the worker and recommendations. This helps to ensure that the learning has transitioned from training to the field.

“On the Job New Worker Training” is 120 hours of on-the-job training, which includes structured discussions, activities and shadowing experiences with new staff starting on their hire date. They are required to have a minimum of 80 hours before they attend the three weeks of Child Welfare Practice Training classroom trainings. They are assigned an individual mentor to work with them to complete assigned tasks. This on the job attention continues throughout their first year of employment. Training is provided by a team of 16 OJT specialists assigned throughout the Northern Region. All new hires are required to participate in this training based in their own offices.

There is gradual assignment of work duties given to the new employee as the employee participates in classroom CWPT and exhibits comfort and competency during OJT. Through each phase of new hire training more responsibility is given.

The Northern Region training structure currently consists of:

- 80 hours of On-The-Job New Worker Training prior to the start of classroom training
- 18 hours of CWPT Northern Region Class 1
- 20 hours of On-The-Job New Worker Training
- 24 hours of CWPT Northern Region Class 2
- 20 hours of On-The-Job New Worker Training
- 34 hours of CWPT Northern Region Class 3

Phase 1:

Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives; assist in developing and writing court reports and referrals, gathering information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees OJT week. All OJT case-management work/activities should be reviewed by mentor and should not take precedence over CWPT attendance.

Phase 2:

Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives; assist in developing and writing court reports and referrals, gathering information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees OJT week. Trainees must seek supervisory/specialist consultation prior to: Conducting visits or meetings on their own, modification to any safety plan, identification of safety plan participants, and writing final court reports.

Mentors determine if worker is ready to assume co-case management responsibilities for one case. After five days of field training experience with the first case, supervisor may determine if worker is prepared to assume co-case management responsibilities for a second (2nd) case. Supervisor is responsible to determine if and when the trainee is able to increase to a co-managed case load not to exceed four cases total until CWPT is complete. Supervisor will assign trainee as a secondary worker to the assigned case managers.

Phase 3:

Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives; assist in developing and writing court reports and referrals, gathering information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees' OJT week.

Supervisor is responsible to determine if and when the trainee is able to increase to a co-managed case load not to exceed four cases total until CWPT is complete. Supervisor will assign trainee as a secondary worker to the assigned case managers.

Phase 4:

Supervisor should determine if worker is sufficiently prepared to assume solo case-management responsibilities following completion of CWPT training at an assignment rate the worker is successfully capable of managing with continued close support, guidance and monitoring of case management activities by the supervisor.

Supervisor can determine if worker is sufficiently prepared to participate in the on-call rotation following completion of CWPT training. This should occur only if the worker has shown a successful understanding of assuring safety and the process by which to do so and only if the worker has had

opportunity to shadow and observe each type of hotline contact and the supervisor has determined the worker capable of managing a hotline independently.

Southwest Region

In the Southwest Region a new class of CWPT starts every 8 weeks. Staff are hired 1-2 weeks before they begin CWPT. The Circuit Managers or office designee enrolls new hires in training. Tracking of the overall process and participation is being done by the clerical support for the regional professional development team and the regional Training Manager.

New caseloads begin to be assigned once CWPT and the worker's OJT are completed. Caseloads are gradually built up to full capacity. Caseloads are assigned earlier when every other option has been exhausted and monitoring and support are provided by supervisors and OJT specialist. If staff competency is demonstrated, a full caseload assignment at one year is generally expected.

Currently the Southwest Training Region is providing the following training structure:

- 40 hours of Field Experience prior to beginning formal training.
- 32 hours of Philosophy and Foundations of Family Centered Skills classroom training.
- 40 hours of Field Experience
- 32 hours of Child Abuse/Neglect Classroom training
- 40 hours of Field Experience
- 32 hours of Case Management classroom training
- 40 hours of Field Experience

Southeast Region

Southeast Region also developed a combination of on-the-job training with classroom curriculum, called Southeast CWPT Basic Skills Training. In the Southeast Region the expected timeframe in which a newly hired staff should start training is within two weeks of hire, however, some newly hired employees' start dates fall directly at the start of a new training cycle and others have to wait for the next training cycle to begin. It is preferred 1-2 weeks prior to Basic Skills training the worker meet with a member of the professional development team to determine which On-the-Job Coaching (OJC) activities will be completed first.

During Basic Skills classroom training and alternating OJC activities, assuming co-case management responsibilities will be determined by Coaches/Specialist if worker is ready to assume co-case management responsibilities for one case. After five days of field training experience with the first case, supervisor may determine if worker is prepared to assume co-case management responsibilities for a second case. Supervisor is responsible to determine if and when the trainee is able to increase to a co-managed case load not to exceed four cases total until Basic Skills Training is complete. Supervisor will assign trainee as a secondary worker to the assigned case managers.

The current Southeast Region is providing the following training structure:

- Class 1: Foundation & Beginning Communication Skills, 35 hours

- Class 2: Interviewing Skills & Safety/Risk/Evidentiary Evaluations, 35 hours
- Class 3: Family Dynamics & Working with the Family System, 35 hours
- Class 4: SE Systems, 11 hours

St. Louis Region

St. Louis Region offers “Keys to Success”, Child Welfare Practice Training for new employees. A new session of classes is offered every two months, allowing newly hired staff to start class within four weeks of being hired, coupled with beginning on the job orientation within the first two weeks, prior to the start of class.

New caseloads begin to be assigned once CWPT and the worker’s OJT are completed. Caseloads are gradually built up to full capacity.

St. Louis Child Welfare Practice Training “Keys to Success” consist of:

- 20.5 hours of CWPT - Keys To Success Class 1: Intro CD Philosophy & Practice
- 6.75 hours of Keys to Success: OJT Orientation
- 20.5 hours of CWPT - Keys To Success Class 2 CA/N
- 20.25 hours of Keys To Success - OJT CA/N
- 20.5 hours of CWPT - Keys To success Class 3 FCS
- 20.25 hours of Keys To Success - OJT FCS
- 20.5 hours of CWPT - Keys To Success Class 4 FCOOHC
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 1
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 2
- 20.25 hours of Keys to Success: OJT AC
- 7 hours of Systems Keys To Success - CA/N
- 7 hours of System Keys To Success - FCS
- 7 hours of System Keys To Success – FCOOHC

The Employee Learning Center is not utilized at this time for contracted agency staff members, employed by a private agency. Each contracted agency is responsible for the documentation and reporting of training received by their employees.

Another challenge, which rural regions may tend to face more often, is the hiring of one or two staff at a time after an initial training session has begun. The region then has to determine if the new employee can start the training beginning on week two (out of sequence) or if it would be better to wait until the next training cohort or provide the employee(s) with individual/small group training. The decision is made at the regional level and based on the needs of that employee(s) in conjunction with the resources of the training program within that region.

There is also the oversight responsibility of the regional training manger. There is a training manager designated in each of the five regions in the state. This person’s responsibilities include coordination and monitoring of the regional training program. The training manager along with the training office support staff, are responsible for submitting quarterly quantitative data reports to the statewide coordinator. The

training manager ensures training timeframes are met by staff or are made aware of exceptions and develop strategies to address these exceptions.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of each training. These surveys are not aggregated, quantitative data but rather provide trainers who delivered the training topic with instant qualitative information about the topic delivered. Some regional training teams have begun to utilize SurveyMonkey to deliver digital surveys to training participants. In FY18 this process of having every team issue digital surveys is still in its beginning phase. There is not any aggregate data at this point. The Leadership and Professional Development team will continue to support the effort of each regional team to issue digital surveys for all training participants in CWPT in FY19.

This item was found to be an Area Needing Improvement during the CFSR in July, 2017 and will be addressed in Missouri's Program Improvement Plan.

Item 27: Ongoing Staff Training

The Children's Division's regionalization of the professional development and training program offers the ability for each region to tailor the curriculum offered to employees based on the unique needs of the staff, the community and population which Children's Division serves. For example in a rural county office there may be the need for one worker to provide a general array of services within a community that has limited resources or conversely, due to population in a metropolitan area a specialized workload is the best strategy for the workforce. The efforts to regionalized professional development and training allow for development and delivery of ongoing training that align with management's identified strategies.

Ongoing training can be specific to a program line a worker is assigned as well as tied to competency development as identified through performance evaluation and individual professional development planning. The Manager Center for the Employee Learning Center will allow supervisors to manage and track their staff's training. Supervisors can review and schedule classes as they appear on the employee's Training Plan and Training Record.

The Children's Division continues to focus training priorities in FY2018 on changing the culture of the agency through implementation and integration of the practice model, including the foundational practice initiatives of Five Domains of Wellbeing, trauma-informed care, and Signs of Safety, while at the same time promoting leadership at every level of the agency through High Performance Transformational Coaching and the National Child Welfare Workforce Institute's Workforce (NCWWI) Excellence intervention and leadership development.

Chapter 210.180 RSMo states that Children's Division employees who are responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than forty hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive not less than twenty hours of ongoing training each year on the subject of the identification and treatment of child abuse and neglect.

The annual 20 hours of required ongoing training for investigative/assessment staff can be obtained through identified course offerings through the agency training program, such as Five Domains of

Wellbeing, trauma-informed care, and Signs of Safety, as well as external conferences, workshops, seminars and certain local community trainings. Staff have until June 30, 2018 to complete the training hours for FY2018.

Supervisors also have a need for support and professional development. Safe Generations continues to bring supervisor development through “Signs of Safety Supervisor Introduction” and “Signs of Safety Advanced Supervisor Training”, as well as offering “Practice Leader Development Program” in FY2018 for leaders who want to build on their skills from the advanced training. Through work with Full Frame Initiative “Applying A Wellbeing Orientation in Daily Practice” was being delivered in several regions of the state to offer guidance and practice on how to improve supervisors’ ability to engage, support and coach their staff. Supervisors were in attendance with their staff as team. This training was implemented with limited amount of teams that had a readiness to understand and build depth of knowledge and practice in the Five Domains of Wellbeing. Per feedback received throughout the trainings being offered it was shared this training, although valuable, was not connected to Signs of Safety training, which is where the staff and supervisor focus was. Therefore it was decided to cancel the Five Domains of Wellbeing training and focus integration efforts, in FY2019, of understanding how these initiatives can be trained together, assisting staff and supervisors to connect the dots and using the tools and concepts from each initiative to increase staff depth of understanding to enhance practice.

Specific training that supervisors receive is eligible for Management Training Rule (MTR) credit hours. Supervisors are required to obtain 40 credit hours during their first year of supervision and 16 hours of MTR every year thereafter. The training topics are determined by the direct supervisor in consultation with the supervisor through assessment and evaluation.

In FY2017, 85.6% of the supervisors/managers in the Children’s Division that needed to take 16 hours of training completed this requirement. 100% of the supervisors/managers in the division that needed to take 40 hours of training completed this requirement.

Supervisors/managers have until June 30, 2018 to fulfill training requirements for FY2018. As of March 1, 2018, 54.4% of the supervisors/managers in Children’s Division need to take 16 hours of training have completed this requirement. 84.6% of the supervisors/managers in Children’s Division that need to take 40 hours of training have completed this requirement. The standardized and statewide professional development initiatives and the unique and tailored professional development opportunities are all tracked and logged in the Employee Learning Center.

Just as initial classroom training schedules are offered to foster care case management contractors so are ongoing and supervisory training schedules. Foster care case management contractors have the choice of sending their staff and supervisors to the Children’s Division trainings or may elect to train their staff themselves or hire a pre-approved vendor to provide on-going training and development.

The Employee Learning Center is not utilized at this time for contracted agency staff members, employed by a private agency. Each contracted agency is responsible for the documentation and reporting of training received by their employees.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of each training. These surveys are not aggregated, quantitative data but rather provide trainers who

delivered the training topic with instant qualitative information about the topic delivered. Some regional training teams have begun to utilize SurveyMonkey to deliver digital surveys to training participants. In FY2018 this process of having every team issue digital surveys is still in its beginning phase. There is not any aggregate data at this point. The Leadership and Professional Development team will continue to support the effort of each regional team to issue digital surveys for all training participants in Child Welfare Practice Training in FY2019.

On-going staff training was found to be an area needing improvement from the CFSR conducted in Missouri. This area will be addressed in the Program Improvement Plan.

Item 28: Foster and Adoptive Parent Training

The Children's Division maintains a web page to post all submitted trainings for each region and/or circuit; Foster Care Training and Education Opportunities, <http://dss.mo.gov/cd/fostercare/fcevents.htm>. This page is updated on a monthly basis and as events and trainings are submitted. Policy requires that if the home does not meet the training hour requirement, the home is closed. Reminder of completion of required hours is completed at each quarterly home visit. At 90, 60, and 30 days prior to license expiration, a letter is sent informing the resource home of any delinquencies to have their license renewed prior to expiration.

For license approval, 27 hours of pre-service training is required. Thirty hours of in-service training are required for license renewal. All training hours are entered in the FACES system. Each resource vendor has a screen where all the completed training classes and hours may be viewed.

During the first two years of licensure there are specified required trainings that must be completed which total 24 of the required 30 hours of in-service training. These required trainings include: three hours CPR, three hours first aid, three hours Trauma, one hour Psychotropic Medications, five hours Laws, Policies, and Procedures Governing Child Welfare, two hours Healthy Relationships, seven hours Importance of Sibling Placement. A new required training, Resource Provider Curriculum for Trauma will add another 12 hours of specified training requirements. In August, 2016 additional two hour required training was added focusing on Reasonable and Prudent Parenting Standard. Resource parents must complete 30 hours of in-service training for license renewal for the life time of their licensure with the state.

During each quarterly home visit of the resource development worker to the resource home, the worker and the resource parent(s) review the Professional Family Development Plan (PFDP) to determine what in-service trainings would be beneficial to enhance the parenting skills of the parents. The PFDP includes conversation around the following questions:

- What are the family's strengths? How does the family plan to build on these strengths? What are the concerns and stressors the family has regarding providing services as a resource provider? What are the family's goals within this program (continue as they are, change the ages of children they accept for placement, take teens or infants, become approved to provide level A foster care services, etc.) How is the family meeting each competency?
 - Protecting and Nurturing
 - Meeting the development needs and addressing developmental delays

- Supporting relationships between children and their birth families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team
- What training needs can be identified to address the concerns and issues identified in section I? (Targeted areas for skill development and enhancement – are they concerned about discipline techniques, need skills in working with teens, would like information on working with children who have been sexually abused, etc.)
- What specific areas will be improved when change has occurred? What will it look like when change has fully occurred? (goals)

In October, 2016 there were 2,810 licensed foster homes. Of those, 1,595 were in the initial licensure period. For 95% of the homes (1519/1595), all required household members had completed 27 hours of pre-service training prior to the home being licensed. The remaining 1,215 homes were in a subsequent re-licensure status. Seventy-nine (79%) percent of homes were re-licensed with all household members receiving at least 30 hours of in-service training (965/1215).

Adoptive parents are required to have 27 hours of pre-service STARS training in addition to 12 hours of Spaulding training prior to receiving approval as an adoptive home. On-going training for adoption approval is not required. The majority of homes which are approved for adoption are also licensed as a foster, relative or kinship provider and must meet in-service training hours to maintain the license.

Also in October, 2016, 1,222 adoptive homes were in the initial approval period. Of those homes, 98.7% (1207/1222) received the required training prior to initial approval.

This item was identified as an area needing improvement during Round three of the CFSR. Two workgroups on skill enhancement for resource parents have been established. One is researching and discussing curriculum ideas for providers approved as elevated needs resource homes. The other is focusing on skill enhancement tools for relative providers.

The following training requirements for staff of state licensed or approved facilities are established in the Rules for Licensing. An agency shall establish and submit to the licensing unit an annual written plan of training each year for all employees and contracted personnel.

Employees and contracted personnel shall have forty (40) hours of training during the first year of employment and forty (40) hours annually each subsequent year. At the time of license renewal, non-accredited agencies submit a form (RPU-10 Personnel Report) which documents the hours of training for every employee. During the on-site license renewal visit and supervisory visits, the Licensing Consultant reviews a random sample of employee files and will verify that the employee has had 40 hours of training.

Direct care staff and immediate supervisors must maintain certification in a certified medication training program, crisis management, a current recognized and approved physical restraint program (where applicable), first aid, and cardio pulmonary resuscitation.

All training must be documented on a training database/training log with the dates, location, subject, number of hours earned and person(s) who conducted the training.

The training may include, but not be limited to, short-term courses, seminars, institutes, workshops, and in-service training provided on site by qualified professionals. Activities related to supervision of the staff member's routine tasks shall not be considered training activities for the purpose of this rule.

The training plan shall include, but not be limited to:

- Developmental needs of children;
- Child management techniques;
- Basic group dynamics;
- Appropriate discipline, crisis intervention, de-escalation techniques, and behavior management techniques;
- The direct care and professional staff roles in the operating site;
- Interpersonal communication;
- Proper, safe methods, and techniques of physical restraint;
- First aid and cardio pulmonary resuscitation training;
- Medication training and/or certification;
- Suicide prevention;
- Legal rights of children and their families, including basic information on the constitutional rights of children and their families while children are in care and basic information on the Missouri juvenile justice system; and
- Water safety for those agencies allowing water activities.

If it is found that the residential staff does not have the 40 hours of required training, the agency is asked to develop and submit a corrective action plan to RPU (Residential Program Unit). The agency has 30 days from the date of the supervisory visit to submit the corrective action.

The Children's Division does not currently have a process in place to aggregate data regarding licensed residential staff training. Further discussion will occur to establish protocol for data collection.

Service Array and Resource Development

Item 29: Array of Services

Services Assessing the Strengths and Needs of Children and Families

The Children's Division primarily becomes aware of children and families who might be in need of services through referral to the Child Abuse/Neglect Hotline. The Children's Division assesses the strengths and needs, to include service needs, of children and families through the investigation/assessment process. During SFY17, the Division served 98,270 children through child abuse and neglect investigations and assessments, a decrease of 7.4% from SFY16. Investigation/assessment services reach all jurisdictions throughout the state of Missouri and are provided by Children's Division staff. If it is determined families are in need of services, there are several avenues by which families can continue to be assessed and provided with needed assistance to address child safety and well-being.

Services Addressing the Needs of Families and Individual Children to Create a Safe Home Environment

Head Start and Early Head Start services are available throughout the state to help families ensure children are receiving quality child care services to help with school readiness. In FY17, 4,954 children received services through these programs. First Steps is another early childhood program that is available for families throughout Missouri. First Steps is provided through the Department of Elementary and Secondary Education and offers coordinated services and assistance to young children with special needs and their families. First Steps is designed for children, birth to age 3, who have delayed development or diagnosed conditions that are associated with developmental disabilities.

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 services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four hours a day, seven days a week. A child will be accepted at a crisis care facility at any time, day or night, if space is available. Currently there are 10 crisis care facilities across the state. The Department of Social Services sponsors a Home Visiting Program, an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families. The program provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of Home Visiting they are referred to Parents as Teachers to maintain educational services with the family. The Home Visitation program is located in 11 regions across the state.

Services Enabling Children to Remain Safely with their Parents when Reasonable

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 are available throughout the state and are provided to help children safely remain in their homes when possible. Services are aimed at preventing child maltreatment and promoting healthy and appropriate parenting skills. FCS programming is available in all areas of the state and is provided by Children's Division staff. In FY17, a total of 58,776 individuals were served through Family-Centered Services, representing 14,865 families. This number has decreased from FY2016. One reason may be the expansion of the Differential Response practice. Families who receive services through differential response would not have a Family Centered Services opened, resulting in few cases overall.

Intensive In-Home Services (IIS) is a short-term, intensive, home-based 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 which would likely lead to child removal from the home if intervention to address child safety is not immediate. Intensive In-Home Services are delivered by contracted providers and are available throughout the state. An initial referral and in-take meeting with the family occurs to assess the family's need and commitment to participating in the program. A fiscal increase to IIS occurred in a recent legislative session and additional contracted providers were able to be hired. In FY17, 1,900 families were accepted into the IIS

program with 4,757 children represented. 1,764 families completed the IIS program with 80.2% of the families remaining intact at the time of service closure. In FY16, 5.7% of children serviced through the IIS program and identified as at-risk were placed into foster care during the IIS intervention. This represents a reduction of 2% from FY15.

The Family Reunification Program (FRP) is another service that is available to help ensure a safe home environment at the point a child is able to return home following a foster care stay. These services are also delivered by contracted providers. The scope of FRP has been limited and not readily available in some jurisdictions given the size of the contract. In areas of the state in which the FRP contract is not available, families may be offered on-going Family Centered Services or Intensive In-Home Services. Discussion is occurring to combine FRS with Intensive In-Home Services, giving greater flexibility to the contract providers to deliver either service with all areas of the state represented.

Services Helping Children in Foster and Adoptive Placements Achieve Permanency

Case management services for children in foster care are also provided statewide by the Children's Division staff or Foster Care Case Management contracted partners. Foster care is intended to be short term until permanency may 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 another avenue to permanency is pursued.

The Older Youth Program (OYP) provides services to youth age 14 and older, regardless of case plan, through life skills teaching, youth leadership opportunities including leadership boards, financial assistance for post-secondary education, and subsidized living arrangements. The OYP reflects the philosophy and the services offered to foster youth and the program addresses permanency and positive youth development.

A subcommittee of the Health Care Oversight and Coordination Committee has recently formed to examine children's access to quality behavioral health care. Youth involved in the child welfare system have unique needs and attention must be paid to ensuring the right children are referred for services and with the right behavioral health care provider. The subcommittee's current work is devoted to evaluating residential treatment utilization rates and the behavioral health resources available in the communities from which those youth came. The objective is to determine if a lack of adequate or quality behavioral health care resources contributed to the youth's inability to remain in his/her community of origin.

There are 20 Missouri Community Partnership initiatives which strive to bring together public/private partnerships to support the well-being of Missouri families. Some examples of work are as follows:

- The Jefferson County Community Partnership has a successful Safe Babies program that is aimed to decrease the number of tragic infant deaths by increasing awareness of preventable risk factors.
- The Ripley County Community Partnership focuses on children succeeding in school by providing comprehensive wrap around case management services, they provide a mentoring program to help youth transition from care in DYS, they provide Youth Mental Health First Aid and continue to offer the curriculum Building Strong Families.

- At the heart of The St. Francois County Community Partnership efforts is a program called Project Sunshine. It strives to end the cycle of child abuse and neglect in that region of Missouri. It uses a multipronged approach to raise awareness of abuse and neglect, facilitate community initiatives targeting prevention and coordinates resources so assistance is readily accessible for those who need it.
- The Alliance of Southwest Missouri holds an annual HOPE Conference that focuses on domestic violence and each year a track within the conference offers workshops to help community leaders focus on child wellbeing in their community. This Partnership also provides Child Parent Relationship Training led by a licensed counselor to help parents hone their parenting skills with a child centered approach.
- The St. Joseph Youth Alliance has focused their work on what they call “5 Keys for Kids”. Their partners and the Youth Alliance have agreed on a platform that includes crisis intervention, early childhood education, substance abuse prevention, youth asset development and youth mentoring.

A variety of therapeutic and adjunct treatment services are funded by the Children's Division for the prevention and treatment of victims of abuse or neglect. The goals of these services are to:

- Provide services which ensure the safety and well-being of the children with any active involvement with the Children’s Division,
- Promote the preservation and reunification of children and families consistent with state and federal law, and
- Support concurrent and post-permanency efforts for children and families consistent with state and federal law.

The Children’s Treatment Services (CTS) contract was recently revised. The following services have been added in an effort to provide more evidence based services to facilitate better outcomes for children and families: behavioral health services, speech and vision therapy, Domestic Violence Batterer’s Intervention Program, nursing services, personal assistance (behavioral and medical), pervasive development services coordinator, and substance abuse treatment services. The contract revisions create a more streamlined contracting process and better define services and provider qualifications.

While many areas of Missouri are very rich in resources to help families maintain safety, permanency and well-being, some rural areas face challenges in providing families with services they may need. Substance abuse treatment facilities, services for domestic violence victims and perpetrators, and mental health/counseling providers are commonly identified as service gaps in some areas of the state.

Array of Services was found to be an area needing improvement during the CFSR held in July 2017. Stakeholders reported waiting lists for services in some rural areas of the state.

Item 30: Individualizing Services

The Full Frame Initiative’s Five Domains of Wellbeing philosophy, which is being embedded into Children’s Division policies and practices, encourages staff to look at families and children through the full frame of their lives, instead of focusing on the incident or circumstances which brought the family to

the attention of the Children’s Division. The five domains of wellbeing for every person, family and organization include safety, stability, mastery, social connectedness, and meaningful access to relevant resources. Some additional key components to the philosophy are:

- Understanding the concept of trade-offs,
- Exploring how individuals can support changes that last, and
- Understanding choices, behaviors and how families balance trade-offs within the Five Domains of Wellbeing.

Meaningful access to relevant resources is critical to developing a service plan individualized to the child and family. The voice of the child and family in service planning is encouraged through the use of Signs of Safety principles. Mapping the worries, what is going well and steps to improvement with a child and family can help move the plan forward in the direction which makes the most sense for each individual situation. Family is always encouraged to participate and give their input during Family Support Team meetings and Team Decision Making meetings as well.

The individualization of services to meet the unique needs of children and families poses challenges, especially in the rural areas of Missouri. The ability to provide individualized services is impacted by the richness of service array in the area and the specialized needs of the child and family. Transportation and accessibility to services is often identified as a barrier to providing individualized services. Language and translation services are available throughout the state through Children’s Treatment Services (CTS) contracts and are critical in overcoming language barriers in certain circumstances.

Foster Care Case Management (FCCM) agencies which provide case management services to a portion of children in foster care have the unique ability to utilize flexible spending to meet the individual needs of children and families they serve. The Children’s Division does not have the same flexibility in spending.

A subcommittee of the Health Care Oversight and Coordination Committee has recently formed to examine children’s access to quality behavioral health care. Youth involved in the child welfare system have unique needs and attention must be paid to ensuring the right children are referred for services and with the right behavioral health care provider. The subcommittee’s current work is devoted to evaluating residential treatment utilization rates and the behavioral health resources available in the communities from which those youth came. The objective is to determine if a lack of adequate or quality behavioral health care resources contributed to the youth’s inability to remain in his/her community of origin.

This item was found to be an area needing improvement for Missouri’s child welfare system during the CFPSR. It is not uncommon to find service plans which are ordered by the court and do not take the individual’s needs into consideration. Improving the CD/court relationships is an area being pursued in the Program Improvement Plan to increase timely permanency. It is hoped the improved relationships will also help reduce the “cookie-cutter” approach to service planning seen in some areas of the state.

Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFPSR and APSR

The Children's Division has for many years collaborated with stakeholders in the development of policy and practice. During the second round of the Child and Family Service Reviews, Missouri developed the CFSR Advisory Committee. The purpose of this collaborative advisory committee is twofold; primarily, to serve as a vehicle for cross system collaboration to promote the achievement of better outcomes for the children, youth and families; and secondary, to fulfill an ACF requirement for a collaborative process.

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth and families. A broad collaboration of this kind benefits families in improved access and service availability, and a reduction of service and funding fragmentation. Standing members include Children's Division managers, representatives of Department of Elementary and Secondary Education, Department of Mental Health, Office of State Courts Administrator, Department of Health and Senior Services, Children's Trust Fund, CASA, Missouri Coalition Against Domestic and Sexual Violence, the health care community, private child welfare agencies, public university partners, a tribal representative, as well as adoptive/foster parents, foster youth and front-line Children's Division staff.

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 Program Improvement Plan (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. The committee has been asked for input on a variety of topics, including recruitment and retention of foster parents, reasonable and prudent parenting legislation, and service array. The conversations on these subjects were structured so as to assist the Division in writing the CFSR statewide assessment.

In August 2015, the Committee was provided with an overview of the Division's strategic direction by Director Tim Decker. The response was largely positive. The number and quality of questions and comments has assisted central office staff in formulating the manner in which information on the

Division's initiatives is shared with staff and stakeholders. The members asked for regular updates on the progress of implementation, and that is provided at each meeting.

As the Division developed the goals and objectives for the 2015 – 2019 Child and Family Services Plan (CFSP), several groups were consulted for assistance. The CFSR Advisory Committee regularly reviews data and practice standards and provides input and feedback. Their guidance was valuable in the development of the five year plan. This group continues to be a part of the implementation and monitoring of the CFSP. As the Division continues to strive to meet the goals of the strategic plan, this group was consulted throughout the process. The Annual Progress and Service Report (APSR) is reviewed by this committee each year.

A representative of the Office of State Courts Administrator (OSCA) sits on the CFSR Advisory Committee as well. The Division continues to collaborate with the courts through a variety of mechanisms. A member of the Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 17 Fostering Court Improvement (FCI) sites in the state. The FCI groups are 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. In addition to the above projects, an OSCA representative participates in the planning and development of the Division's quarterly In-Focus newsletter, a newsletter developed to provide guidance to the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

In addition to the CFSR Advisory Committee, the State Youth Advisory Board (SYAB) and the Foster Parent Advisory Board were asked for input. Field staff and management were also instrumental in the development and modification of the plan. Missouri's APSR is posted on the Children's Division website and available to all child welfare partners.

The Missouri State Parent Advisory Council was developed with the goal of bringing the parent voice to state systems that serve families. The Missouri State Parent Advisory Council was established as a way to partner with parents on the state and local levels. Council members were identified through an application process. This included attendance at the 2016 Parent Leadership Summit. At the end of the summit, participants were asked to complete a commitment card indicating their interest in being part of a statewide Parent Advisory Council that would be available to agencies that serve at risk families with young children including providing input into early childhood policies and practices at the state level. By the end of 2016 the planning team had identified twelve family leaders from across the state to be the first Missouri Parent Advisory Council; their first in-person meeting is scheduled for March 23, 2017. The Children's Division's Coordinator for Leadership and Professional Development represents the agency in this initiative.

The Missouri Parent Advisory Council has been developing through the group process, determining who they are, what their focus is going to be and receiving training. In the spring of 2018 they created an overview and application process to engage and empower other potential parent members. Below is the overview of the council members created:

“The Missouri Parent Advisory Council (PAC) is a group of family leaders from across the state. These leaders have experience in their own communities working with agencies that

provide services to at-risk families with young children and have demonstrated leadership. They have each received training in Strengthening Families™ and the Protective Factors Framework through Strong Parents, Stable Children: Building Protective Factors to Strengthen Families training and facilitative leadership. They are working to bring issues facing families in their communities to a higher level to improve access to services and family engagement within programs.”

The Children’s Division continues to seek the guidance of the above groups and others for the implementation and monitoring of the CFSP. Several initiatives in the CFSP will only be successful in helping to meet the objectives with on-going community involvement, both locally and statewide. Some examples of on-going collaborations outlined in the CFSP are described below.

Older Youth Summits began in 2013 and have continued to be held throughout the state, reaching every region. The summits bring together youth in foster care, Children’s Division front line staff and management, as well as local community partners who are committed to helping youth successfully transition to adulthood. The intent of the summit is to develop a common assessment of strengths and needs within the community in regards to older youth services and to provide the members an opportunity to identify next steps towards improving the youths’ transitions into adulthood.

In addition to the partnerships with OSCA described above, the CFSP outlines a plan to enhance judicial engagement. The Children’s Division and the court have been working with Casey Family Programs in two jurisdictions with the overall goal to safely decrease the number of children in foster care and to decrease the time to permanency for children.

The Health Care Coordination Committee (HCCC) is a multidisciplinary team comprised of Children’s Division, the MO HealthNet Division (state Medicaid agency), the Department of Mental Health, the Department of Health and Senior Services, as well as other state agencies, pediatric and health care experts, and stakeholders. The HCCC meets quarterly to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care. Several members of the HCCC formed a sub-committee that could dedicate more time and focus on the goal to examine children’s access to quality and meaningful behavioral health care.

The child welfare system in Missouri is a collaboration of many organizations and agencies striving to provide the most beneficial and effective services to Missouri’s children and families. On-going collaborative work with many groups both at the state and local levels allow the Children’s Division to identify and include the voices of youth, parents, public and private service providers as well as other state agencies in the improvement planning processes.

Please see collaboration section for more information.

This item was determined to be a strength within the child welfare system in Missouri during the CFSR Round Three.

Item 32: Coordination of CFSP Services with Other Federal Programs

Interdepartmental Collaboration:

The Children's Division works with many other state agencies and federal programs with regard to accessing and coordinating services and values impacting the children and families whom we share in common.

- Department of Mental Health (DMH) – Staff within the Children's Division's Alternative Care Unit participate on various workgroups, trainings, and child specific cases with both the Division of Developmental Disabilities and Division of Comprehensive Psychiatric Services. This has resulted in formalized Memorandums of Understanding to ensure transition of services from CD to DMH and for access to services offered while CD is involved with children and youth. CD and DMH share a staff position focused on trauma and its effect upon staff, children and service providers.

Collaborative Systems Team Meeting project: Children's Division is currently engaged in several collaborative projects with the Missouri Department of Mental Health. In March 2018 the Missouri Collaborative Systems Team Meeting (CSTM) meeting was launched. The objective of CSTM is to improve collaboration, practice, policy, and service delivery at the systems level for youth and adults who are involved with the Children's Division and also qualify for services through the Department of Mental Health (DMH). This meeting has a different focus than the traditional Systems of Care meeting in that it focuses on systemic level issues instead of specific individual case level treatment issues. Participants in CSTM meetings are executives who have decision making authority and the ability to implement policy and practice changes and to create legislative proposals for consideration by the Missouri Legislature. Core CSTM membership is comprised of the Children's Division, the Division of Youth Services, the Department of Mental Health's Division of Developmental Disabilities (DD) and Division of Behavioral Health (DBH). CSTM is reaching out to add core members from the juvenile court, and an adult or youth consumer and their family members or guardians. CSTM meetings are held quarterly at the state level, and are currently attended by state level executives.

State level meeting have been held on the following dates:

- March 30, 2018
- April 25, 2018
- May 11, 2018
- July 27, 2018

Some of the topics identified by the state level group include: developing a structured pathway to provide DMH services to youth living in and being discharged from residential facilities, identifying cross training opportunities, and developing a shared crisis response to provide community based services to keep children in their homes. The current topic being discussed is revising the Custody Diversion Protocol, which is a protocol, meant to divert youth from entering state custody solely to access mental health services.

A CSTM meeting is also being piloted in the Southeast Region of Missouri. The Children's Division Regional Director is meeting with regional leadership from both divisions of DMH and Division of Youth Services as well as local DMH service provider executive to identify

challenges with service access and opportunities to collaborate at the regional and local level. Those meetings have been held on the following dates:

- May 31, 2018
- August 21, 2018

Topics for these meetings are decided by local and regional staff from any agency involved. Items that cannot be resolved at the local level are to be passed up to the executive state level meeting for solutions.

Residential Care Screening Team (RCST) coordinator's meeting with the inclusion of DMH-DD staff: At these meetings discussions occur to identify opportunities to collaborate more efficiently, identify service array challenges, engage in developing solutions and identify best practices for youth requiring DMH services while in the custody of Children's Division. This meeting is attended by CD RCSTs, CD Central Office staff, DMH-DD Regional Office Directors, Assistant Directors and Deputy Directors. Meetings are held quarterly and have been held on the following 2018 dates:

- March 14, 2018
 - June 20, 2018
- Family Support Division (FSD) – CD staff coordinate with staff within the Family Support Division with regard to programs funded through TANF such as the Customer Service Partnership whereby former foster youth are enrolled in training and receive support services through collaboration with local community colleges, community partnerships, and Division of Workforce Development entities for the purpose of opportunities for employment in customer service jobs. TANF funding is also used throughout other child welfare programs including child care.

Child Care Subsidy for Income Eligible and Protective Service Children - The Purchase of Child Care program supports low income working families through the Family Support Division and children receiving protective services child care through the Children's Division. This program supports quality improvement activities. Child care is essential in assisting families in achieving self-sufficiency and breaking the cycle of poverty. Research has proven that quality early childhood care and education experiences are critical for children to enter kindergarten prepared to succeed. Child care also prevents children from being left in inappropriate, unsafe or unsupervised environments.

- MoHealthNet Division (MHD) – Children's Division has a specified liaison who works daily with MHD to ensure children in the Division's custody are appropriately enrolled in Missouri's Medicaid program. Coordination is necessary when children enter care from a Medicaid eligible household or return from foster care back to that household to ensure there is no disruption in services. In addition, CD coordinates with MHD with regard to rates paid for services in common. For example, psychology/counseling services offered to a parent who is not Medicaid eligible. MHD has been a partner with our Health Care Coordination Committee and has

provided valuable information on specific initiatives such as the use of psychotropic medications. There is also collaborating with MHD to establish a health home model for children in foster care. For more information, see the Health Care Oversight and Coordination Plan section.

- Division of Youth Services (DYS) – It is not uncommon for youth who are involved with the Children’s Division to also have involvement with the juvenile justice system. To that end, CD and DYS are working with several jurisdictions on identifying and assisting these crossover youth to ensure that all needs are being met by the appropriate entity. CD has a specific liaison appointed for this project.

The Division of Youth Services offers Day Treatment Services and has expanded their population to include youth in the custody of Children’s Division (CD) and youth at risk for coming into custody. Each Circuit coordinates between CD, DYS, and the Juvenile Office to make referrals, case plans and transition plans once the youth completes treatment. The DYS website describes the program as “...an alternative for at-risk youths so they do not have to be removed from their families and placed in residential programs. Instead, they spend six hours each day in school, even in the summer, and return home in the evenings.”

Each student works with day treatment teachers to design an individual education plan outlining the goals and expectations of both staff members and the youths. They then work toward those goals at their own pace.

Since the majority of these students struggled in the public school system, training toward high school equivalency (HiSET) is offered. Career planning and job-seeking skills also are emphasized. The educational program is reinforced with individual, group and family therapy services, along with community services. Community services may include outpatient substance abuse treatment, involvement in prosocial activities and are tailored to the youth needs.

- Department of Elementary and Secondary Education (DESE) – CD has several collaborative efforts in place with DESE. The Early Childhood Unit coordinates and provides federal CCDF funds for a variety of joint efforts such as School Age Afterschool Care, School Age Resource and Referral, and Child Development Associate Degrees for individuals to become child care facility employees.

In addition to the Early Childhood funding, CD coordinates with DESE on projects such as ESSA in which local school districts are charged with identifying and ensuring that children who enter foster care are able to stay within their home school whenever possible. Also, DESE provides an annual report on First Steps infants referred through the Child Abuse Prevention and Treatment Act (CAPTA).

Children’s Division staff throughout the state work to develop relationships with local school districts within the circuits. Transportation of children to enable them to remain in their home schools has been an emphasis in recent months. A representative from DESE is a standing member of the CFSR Advisory Committee.

- Department of Health and Senior Services (DHSS) – CD provides funding related to supporting child care initiative to DHSS. These funds are used for providing health consultation services to child care providers and health and sanitation inspections of licensed child care facilities as well as funding for child care regulation. The Children’s Division is currently facilitating collaboration among members of the Safe Sleep Coalition for the purpose of bringing consistent awareness and education around the topic of Safe Sleep practices to our Missouri citizens. This is a joint effort among The Department of Social Services, Children’s Division, Department of Health and Senior Services, STAT (State Technical Assistance Team) members, Infant Loss Resources, SIDS Resources, SSM Health, Children’s Trust Fund, The Office of Child Advocates, and Children’s Mercy with a focus on combatting the growing rates of infant mortality in the State of Missouri. The Safe Sleep Coalition will be meeting regularly to discuss and develop training materials, social media publications, initiatives, and available resources to cultivate community awareness that will aid in the reduction of unsafe sleep related deaths among infants in Missouri.
- Child Support Coordination - As required by Title IVE regulations, the Children’s Division makes referral to the Title IV-D agency as appropriate. Title IV-E agencies are required to refer children receiving title IV-E foster care to title IV-D for child support enforcement, but are afforded some degree of flexibility by title IV-E in determining which cases are appropriate for referral. The Children’s Division evaluates these on an individual basis, considering the best interests of the child and the circumstances of the family. For example, is the parent working towards reunification with the child, consistent with the case plan? Would the referral impede the parent's ability to reunify with the child? Has the parent agreed to pay for the costs of out-of-home care or to temporarily accept a reduction in the adoption assistance payment? The Children’s Division FACES system interfaces with the Child Support (CS) system so whenever a child enters or exits custody or circumstances impacting IV-E eligibility change, Child Support is notified so appropriate action can be taken.
- Coordination of Funding Through TANF - Home Visiting programs with a focus on prevention of child abuse and neglect utilize TANF dollars as a funding stream. Home Visiting provides assistance to eligible parents whose family income does not exceed 185% of the federal poverty level and are currently pregnant or who wish to care for their children under 3 years of age in the home. Home Visiting provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. Home Visiting services are provided through training and support groups for the families, developmentally appropriate books and toys for the children, modeling of appropriate parenting skills, and various other incentives to keep the parents engaged in the services. Home Visiting also allows families the opportunities to network with other families and to build a support and resource network. Funding is provided through grants to local community organizations. Once the child ages out of the home visiting program at age 3, they are referred to their local Parents as Teachers and/or other community agencies to maintain educational services until the child enters kindergarten.
- Child Care Subsidy Program - 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.

- Head Start - Local collaboration plans are designed to improve the coordination of services for the children and families served by both the Children’s Division and Head start. 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. For more information, see the Head Start description in the Collaboration section.
- Housing and Urban Development - The Children’s Division maintains representation on the Governor’s Committee to End Homelessness (GCEH). The GCEH meets monthly and supports the following key strategies to accomplish the Goals of ending homelessness:
 - Share national and local “best practices” to support planning to end homelessness
 - Strengthen communication at all levels
 - Encourage collaborations and cross-sector problem solving
 - Review and share data to evaluate Statewide progress in ending homelessness
 - Encourage development of specific strategies as needed to address unique needs of underserved populations

Through this representative, Children’s Division commits to statewide strategies to reduce homelessness with a focus on families known to child welfare and youth preparing to exit foster care into adulthood.

Children’s Division is currently a collaborative partner with local Public Housing Authorities, Continuum of Care and Balance of States in applying for federal housing vouchers in five jurisdictions. The Continuum of Care and Balance of States are developed through collaboration with a broad cross section of the community who plan, organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

These housing vouchers are designated for families known to the child welfare agency and are designed to keep families together, reunify families and provide safe, stable housing for youth transitioning out of foster care. The Children’s Division is party to an MOU committing to implementation should any of the five jurisdictions be granted vouchers.

Coordination with other programs receiving federal funding occurs in localities across Missouri. Below are some examples:

Fostering Court Improvement - The Fostering Court Improvement Project has increased the sites participating in this initiative and added the Juvenile Court Improvement Project. Outgrowths of these

have resulted in the review and implementation of Juvenile Court standards and consistency in forms across the judicial circuits. For more information, see the Fostering Court Improvement description in the Collaboration section.

Wendy's Wonderful Kids - Through collaboration with Cornerstones of Care in Kansas City, this recruitment program helps attract foster and adoptive homes for children in the custody of the Children's Division in Jackson County.

TIES Program - Children's Mercy Hospital (CMH) in Kansas City receives funding for the TIES (Team for Infants Exposed to Substance abuse) to facilitate identification and referral of eligible pregnant/postpartum women and their families affected by substance abuse. Families may be identified through the Division's Newborn Crisis Assessment process. Services are coordinated as part of a comprehensive plan developed with the families. Bi-monthly meetings of the CMH Community Programs Consortium are held of which CD is a member.

St. Louis Systems of Care Council - The SOC Expansion Planning Team provides a collaborative approach, called System of Care, to delivering services to children and families in the St. Louis Region for who traditional service delivery models have been ineffective. An imperative of these collaborative approaches is culturally competent assessment, service delivery, and evaluation, all of which must take into account the family's culture, ethnicity, religion, race, gender, socioeconomic status, language, sexual orientation, geographical origin, neighborhood location and immigration status. The SOC Expansion Planning Team also emphasizes the inclusion of family members and youth in the development of the System of Care. The family and youth members will serve as the "voice" of other service consumers and advocate for the needs of St. Louis families and youth. The SOC Expansion Planning Team will be guided by the System of Care principles.

Target Population: Below are the target populations that are monitored by the Expansion Planning Team that include, but are not limited, to the list below:

- Children and youth with Serious Emotional Disorders between the ages of 5 and 18 who are currently involved with at least one of the four major child-serving agencies (Health/Mental Health, Children and Family Services, Juvenile Probation, Education) and who are exhibiting difficulties functioning in at least two areas of daily living (school, home, community).
- Children and youth who are at risk for multiple out-of-home placements or are currently experiencing multiple out-of-home placements.
- High-risk children in out-of-home placement who are being served by multiple member agencies.
- Transitional aged youth (16-18 year olds) that require more intensive supports than are available through traditional service delivery models such as Independent Living Skills Program.

Alternatives to Living in Violent Environments (ALIVE) - This agreement is between the Department of Social Services (DSS), Franklin County Children's Division (CD) and Alternatives to Living in Violent Environments (ALIVE) for the purpose of setting forth the terms and conditions to provide clinical services to children exposed to high conflict and Intimate Partner Violence.

Court Appointed Special Advocates - Agreements between the Department of Social Services and local Court Appointed Special Advocate (CASA) Programs for the provision of quality care and services to all children, youth and families; but, especially child victims of parental abuse and/or neglect in need of judicial action to ensure their safety and well-being; and advocating for child victims of parental abuse and/or neglect in order to attain a safe, secure and permanent home.

Public Housing Authority of St. Louis County - This agreement is between the Children’s Division and the Public Housing Authority of St. Louis County for the Family Unification Program (FUP) and Family Self Sufficiency (FSS) Demonstration (FUP/FSS Demonstration). The purpose of the FUP/FSS Demonstration is to provide rental vouchers to eligible families and eligible foster care youth in the Family Unification Program whom lack adequate housing.

Lack of adequate housing is a primary factor in the imminent placement of the family’s child(ren) in alternative care; or the delay in the return of the child(ren) to their families. The Children’s Division and partnered agencies want to ensure those children who remain with or are reunited with their families are safe and secure and not subject to neglect as a result of homelessness or inadequate housing.

New Madrid County HR Council Community Partnership - This agreement is between the Missouri Department of Social Services (DSS), Children’s Division and the New Madrid County Human Resource Council Community Partnership for the purpose of setting forth the terms and conditions for the Systematic Training for Effective Parents (STEP) program.

The Infant Mortality Reduction Initiative (IMRI) - is a community-driven collaborative effort to improve infant vitality in St. Louis City and New Madrid, Mississippi and Scott Counties by reducing infant mortality. The initiative uses collective impact, an approach to collaboration in which partners and community members work together toward a common goal.

This project addresses the issues surrounding infant mortality and helps reduce the instances of infant mortality in the Boot Heel. The community partner purposes to provide tools to families in stated counties to help them become stronger parents to their children through the following:

- Provide cribs with safe sleep survival kit to families/parents referred from Missouri Children’s Division. Complete sixty (60) day follow up on referred families receiving cribs/safe sleep survival kit.
- Provide Systematic Training for Effective Parenting (STEP) to pregnant and/or parenting families in New Madrid, Mississippi and Scott Counties. Administer Adult-Adolescent Parenting Inventory (AAPI) which measures the risk of potential for child abuse and neglect. Provide incentives in the form of craft bags (to do activities with their children), reward chart (to reinforce positive discipline), a board game, and literacy books for successful workshop completion.
- Provide pre-printed educational information from Children’s Trust Fund or the Infant Mortality Reduction initiative on:
 - safe sleep practices;
 - substance abuse;
 - smoking and pregnancy;
 - breastfeeding; and
 - infant mortality

SOAR (Systems Offering Actions for Resiliency) - This agreement is a partnership between the University of Missouri Department of Psychiatry's grant funded SOAR program funded under the 2016 Boone County Children Service's Trust fund. SOAR aims to improve the coordination of the early child serving system and enhance practices, programs and services for youth, children and their families. This program involves the screening and identification of children at risk for developmental and behavioral disorders. Children in foster care have a disproportionately high rate of physical, developmental, medical and mental health problems. SOAR seeks to ensure the needs of these young children are being met through best practice models of standardized screening, evidence-based identification and linkage to appropriate services.

Customer Service Partnerships - The Missouri Customer Service Partnership program will bring together business, government, and young people aging out of Missouri's foster care system to achieve mutually-beneficial 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, get young people started on meaningful career paths, and grow Missouri's middle class.

Persons eligible for this program shall be defined as a "young person" who is between the age of seventeen (17) to twenty-one (21) and who is exiting or who has exited the foster care system; and who is not on a post-secondary path or career path, and at risk of becoming dependent on public assistance, including, but not limited to, Medicaid, Food Stamps and Childcare.

- a. Eligible persons of this program may be a single parent or at risk of becoming a single parent.

The Missouri Customer Service Partnership program will focus on serving fragile families and vulnerable households to assist families in breaking the cycle of poverty and abuse.

Greater Kansas City Coalition to End Homelessness (GKCCEH) - This Agreement is between the Missouri Department of Social Services, Jackson County Children's Division and the Greater Kansas City Coalition to End Homelessness (GKCCEH) on behalf of the Continuum of Care (CoC) for Jackson County, Missouri for the Collaborative Application for a Youth Homelessness Demonstration Program pursuant to FR-6000-N-FR-6000-N-FR-6000-FR-6000-N-FR-6000-FR-6000-N-35 (CFDA 14.276). The purpose of this Youth Homelessness Demonstration Program (YHDP) is to develop and execute a coordinated community approach to preventing and ending youth homelessness.

IDA Review Teams - Collaborative teams have been developed in Southeast Missouri, St. Charles Missouri, and Rolla Missouri to focus on exploring less restrictive living options for youth in Children's Division custody who typically qualify for Comprehensive Medicaid Waivers for youth with Developmental Disabilities. These meetings include CD RCSTs for the region, staff from DMH-DD Regional Offices, and Targeted Case Management staff. Several youth have been diverted from the Comprehensive Waiver program and are enrolled in the Community based Medicaid waiver program which enables the youth/young adult to have opportunities to live and work in the community while living in a family setting, or in their own homes or apartment with support based on their level of need and development instead of a residential/group home setting with staffing 24 hours a day.

Preserving Families through Partnerships (PFTP) - Regional Partnership grantee (RPG) Preferred Family Health (PFH) has been operating the “Preserving Families through Partnerships” (PFTP) program in Southwest MO since May 2013. The program goal is to “*To increase the well-being of and to improve the safety and permanency of children through addressing the substance use issues of their parents*”. The services are offered in the 31st judicial circuit (Greene County) and the 39th circuit (Barry, Lawrence and Stone County). RPG grant program enrollment began March 7, 2013 - May 20, 2017. The program received 463 referrals of which 70% were accepted and served; 50.5% of the referrals accepted were reunification cases and 49.5% were prevention cases. Collaboration occurred with community agencies within Southwest Missouri to create community awareness of the program, generate referrals, and to partner with other service agencies to meet client needs in tandem with the services offered by Preferred Family Health. The following community partners are listed in the most recent outcomes report from PFH:

- Missouri Children’s Division
- Missouri Department of Mental Health
- Springfield Partners, LLC
- Community Partnership of the Ozarks
- Harmony House
- Simmering Center
- Springfield Partners Foster Care Case Management Services
- Southwest Coalition Foster Care Case Management Service
- Missouri Alliance
- 31st Circuit: Juvenile Court, Drug Treatment Courts, Fostering Court Improvement Project, Mental Health Administrative Agent
- 39th Circuit: Juvenile Courts, Drug Treatment Courts, Mental Health Administrative Agent
- Clark Center
- Jordan Valley Community Health Center (FQHC)
- Cox Medical Services
- Mercy Medical Services: Ozark Community Hospital & Midwest Assessment & Psychotherapy Services (MAPS)
- Preferred Family Healthcare Inc. Substance Use Treatment Services, Employment Services, and Family and Youth Services
- Christian Associates Domestic Violence Services
- Community Partnership of the Ozarks
- Isabel’s House Crisis Nursery
- Lori’s House
- Lighthouse Crisis Maternity Home
- Victims Center

Collaboration occurred in the following areas:

- Staging Substance Use Treatment and coordinating with community based Behavioral Health Services
- Cross-system partnerships including Juvenile and Drug Courts

- Coordinating recovery treatment with early child reunification
- Cross-system training
- Hidden Impact Conferences
- Partner agency staff participate in Evidence Based Practice Trainings
- Targeted training for partner agency staff
- LUV (Life of Unlimited Visions) Teen Substance Misuse Education and Treatment Program – collaboration with the Greene County Juvenile Court
- Problem Solving Stakeholders Team
- System of Care collaborations

Evidence based services were offered such as:

- In home Advocates
- Brief Intervention (Homebuilders)
- Family Support(Parent Child Assistance Program)
- Severe and Persistent Needs (CASSP)
- In home Therapists supplement Community Based Substance Misuse Treatment with Substance Misuse, Children, Family, Couples Services
- Peer Mentoring
- Family Group Conferencing

Other services provided include transportation, psychological services, psychiatric services including MAT, access to transitional housing and other resources through community partnerships.

RPG outcomes:

Components	RPG	Percent
Successful RPG Completion	126	38%
Moved to other counties/ other treatment services	30	9%
Clients discontinued service, no longer responded, requested closure	142	44%
Death of client	1	.30%
Never actively participated in RPG (17) , jail (7) or other reasons	24	7%
Totals NOTE: AT PROJECT END, 6 CLIENTS WERE TRANSFERRED TO OTHER AGENCIES FOR CONTINUED SERVICES.	323	

The partnerships created around this project have played a role in reducing the overall population of children in foster care in the 31st and 39th circuit. At the start of the grant, 31st judicial circuit had the second highest rate of out of home placement in Missouri (931 children). Greene County reduced their population to 588 children in care – ranking fifth in the state by October 2017.

39th Judicial Circuit (Barry, Lawrence, and Stone Counties) began with 272 child in out of home care beginning what would be an 85% increase over three years to the sixth highest number of children in care in Missouri, 502 in June 2016. In October 2017, this number was reduced to 398 ranking at 11th in the state. The “Preserving Families Through Partnerships” (RPG-PFTP) project continues to expand with new grant funding that became available in the Fall of 2017. Substance abuse treatment and family support services are being provided to families living in Barry, Lawrence, Stone, Christian, Greene and Taney counties. The five-year PFTP project began serving clients in April of 2018. Preferred Family Health has recently applied for a new grant to expand the RPG program to Central MO and Children’s Division has provided a letter of support and committed to continued collaboration on this project.

This item was found to be a strength for Missouri’s child welfare system during the CFSR in July, 2017.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

The state of Missouri assures that state standards for licensure and approval are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds by utilizing a review process. Adoptive home approvals are included, as well. This review process involves managers and oversight staff. For each assessment completed the assessing or resource development staff’s work product is reviewed by the immediate supervisor and approval for licensure is given by the manager. For families who are assessed by a Foster Care/Adoption Recruitment and Training Contractor the assessment is reviewed by the contract supervisor and then again by the Children’s Division contract supervisor prior to the license/approval being granted. In areas where all functions of recruitment, licensure and retention are contracted, the home assessment is reviewed by the supervisor within the contract agency and then the licensure/approval is sent to Children’s Division oversight specialist for final review/approval. The review by the oversight specialist includes assuring training has occurred, and criminal background checks have been completed and returned with no precluding record for licensure. In addition, the oversight specialist does a complete review of the file and home assessment on 10% of the cases approved during the month, the total of which will vary from month to month.

In addition to the reviews described above, beginning in February 2017, two Central Office staff began reviewing a 10% sample of those resource homes developed by Child Placing Agencies. The purpose of these reviews is to identify gaps in standards being applied equally as well as to collaborate with the agency staff to provide support and training to assure equal application is achieved consistently statewide. Review of all the Child Placing Agencies and 32 Children’s Division circuits was completed by end of the 2017 calendar year. The reviews provided an opportunity to give support regarding Children’s Division policies and processes for these agencies which strive to be consistent in providing services to resource parents aimed toward retention and support. The members of the Quality Assurance System will

continue quarterly vendor case reviews in FY 19 to identify trends among circuits and child placing agencies and to further ensure consistency of practice.

Throughout the reviews in 2017, 163 records from contract agencies and 252 records from Children’s Division were examined. Below are results from the case review.

Expectation	Contract Agency Records	Children’s Division Records
Competencies are addressed within the homestudy	77.4%	85.2%
Professional Development Plan is developed with family	52.4%	82.0%
Professional Development Plan is reviewed with the family each quarter	31.6%	58.1%
Resource Home and Safety Checklist is complete	70.9%	84.7%
Resource Home is within capacity	91.6%	77.5%

The outline template for the resource home assessment located in Children’s Division policy Section 6 Chapter 3 Attachment C includes addressing the five (5) required competencies of the resource parent to be licensed. These competencies are taught in the pre-service curriculum STARS, and are included in the state regulation for licensing of foster family homes, 13 CSR 35-60. They are:

1. Protecting and nurturing;
2. Meeting developmental needs and addressing developmental delays;
3. Supporting relationships between children and families;
4. Connecting children to lifetime relationships; and
5. Working as a member of a professional team.

State regulation 13 CSR 35-60.030 requires the following minimum qualifications:

13 CSR 35-60.030 Minimum Qualifications of Foster Parent(s)

PURPOSE: This rule explains who can qualify to be a foster parent. It gives the health requirements, standards of living, and personal information required.

(1) Age of Foster Parent(s). Applicant(s) shall not receive a license when one (1) or both are younger than twenty-one (21) except as provided for relative care in section 210.565,RSMo.

(2) Citizenship Status of Foster Parent(s). Applicants to provide foster care must be a citizen of the United States, either through birth or naturalization or be able to verify lawful immigration status.

(3) Personal Qualifications Required of Foster Parent(s).

(A) Foster parent(s) must be able to acquire skills and demonstrate performance based competence in the care of children including, but not limited to:

1. Protecting and nurturing;

2. Meeting developmental needs and addressing developmental delays;

3. Supporting relationships between children and families;

4. Connecting children to lifetime relationships; and

5. Working as a member of a professional team.

(B) Foster parents shall cooperate with the division in all inquiries involving the care of the foster children. The foster parents' ability to meet these competencies shall be reevaluated at each re-licensure.

(C) Foster parent(s) shall be responsible, mature individual(s) of reputable character who exercise sound judgment, display the capacity to provide good care for children, and display the motivation to foster.

(4) Health of Foster Family.

(A) At the time of application for an initial license and at the time of license renewal, foster parents shall authorize their physician to submit a statement on a prescribed form, regarding his/her opinion of the mental health of each foster family member and certifying that a physical examination was completed within the past year and that all household members were free from communicable disease or are not a threat to the health of foster children and are up-to-date on all immunizations. If any member of the family is not up-to-date on immunizations, there must be a statement from the family physician indicating that the health of foster children is not at risk. A tuberculosis (TB) test and a chest X ray may be completed, if recommended by the physician.

(B) Foster parents and all foster family members must be determined by a physician to be in good physical and mental health. The licensing agency shall review the examination reports.

(C) If the licensing agency has reason to question the physical or mental health of any member of the foster family, the agency shall require additional mental or physical evaluations.

(5) Foster Parent Training.

(A) Pre-service Training. Prior to licensure, each adult with parenting responsibilities is required to successfully complete a competency based training approved by the Children's Division.

(B) In-Service Training. To maintain a foster home license each foster parent shall meet performance based criteria as part of a professional family development plan and complete a prescribed number of foster parent training hours as approved by the licensing authority during each two- (2-) year licensure period. The subject of training shall be directly tied to the foster parent professional development plan and related to the needs and ages of children in their care.

(6) Personal information elicited in the home assessment shall include, but not be limited to:

(A) Family size and household composition of the foster family;

(B) Ethnic and racial background of the foster family;

(C) Religious preferences and practices of the foster family;

- (D) Lifestyles and practices of the foster parents;
 - (E) Educational practices of the foster family; and
 - (F) Employment of the foster parents.
- (7) Parenting Skills Information Elicited in the Home Assessment.
- (A) Foster parent structures environment so that it is safe and healthy for the child.
 - (B) Foster parent expresses positive feelings toward the child verbally and physically.
 - (C) Foster parent recognizes and responds appropriately to the child's verbal and physical expressions of needs and wants.
 - (D) Foster parent consistently uses basic behavior management techniques in dealing with the child.
 - (E) Foster parent consistently uses appropriate techniques to discipline the child and does not use or will not use corporal punishment on any child in the custody of the division.
 - (F) Foster parent guides the child toward increasing independence.
 - (G) Foster parent behaves in a way that recognizes the immaturity of the child.
- (8) All information which is collected by the division in the licensing study will be condensed to comprise a foster home profile which will be available to team members when children are placed into the care of the division, in order for placement decisions to be made in the best interests of the child. The profile will not contain any protected health information, financial information, or information on biological or adopted children of the foster family.

All the minimum qualifications as well as all the other regulation requirements are addressed in the family home assessment; Family Homes Offering Foster Care, Capacity, Physical Standards, Care of children, Records and Reports, Foster Care Services for Youth with Elevated Needs, Denial or Revocation of license, Foster Care Services for Youth with Elevated Medical Needs, and removal of a parent from a license.

The Children's Division's electronic system, FACES, includes an edit that prohibits licensure without entering the date that the worker, worker's supervisor, and resource parent(s) reviewed and signed the home assessment. There are no exceptions provided for licensing a resource home that does not meet all the competencies.

There are 13 non-safety standards that may be waived for a relative to be licensed if it is determined that the safety and well-being of foster youth in the home are assured. A workgroup met after the 2008 Fostering Connections to Success and Increasing Adoptions Act was signed into law by the President (P.L. 110-351). The workgroup reviewed and selected from the Licensing of Foster Family Homes regulations, 13-CSR 35-60, requirements that would not put children at a safety risk. There is a specific form, Non-Safety Licensing Standard Waivers for Licensing of Relative Resource Provider Homes Tracking Form (CD-152), which is completed by the resource development worker and approved by the

supervisor and regional office. The non-safety standard waivers are listed in policy and in state regulation. They include the following:

13 CSR 35-60.020 (1), Maximum number of children in the home

13 CSR 35-60.020 (2), Limits on number of children under the age of five

13 CSR 35-60.020 (3), Limits on number of elevated needs foster youth

13 CSR 35-60.030 (1), Minimum age of 21

13 CSR 35-60.030 (4)(A), Physician statement and all immunizations up-to-date at initial licensure and renewal for all household members

13 CSR 35-60.030 (4)(B), Physician determination that all household members are in good physical and mental health

13 CSR 35-60.030 (5)(B), Required 30 hours of in-service training hours for license renewal which does not include required in-service trainings including but not limited to; CPR, First Aid, RPC Trauma, Reasonable and Prudent Parenting Standard, or any Children's Division specified in-service training

13 CSR 35-60.040 (1)(A), Location of home

13 CSR 35-60.040 (1)(B), Size and floor plan of home

13 CSR 35-60.040 (2)(D), Opposite sex in same room

13 CSR 35-60.040 (2)(E), No foster youth sleep in same room with adult age 21 and older

13 CSR 35-60.040 (2)(F), No foster youth age 2 and over sleep in same room with relative provider

13 CSR 35-60.040 (2)(I), Drawer and Closet space specifications

There were 75 relative homes approved for foster home license in CY17 using one of the non-safety licensing standards. There were 4 relative homes renewed in CY17 waiving the 30 hours of in-service training requirements for license renewal. The standards that were waived to license the 75 homes were:

- over minimum number
- Age of resource parent
- physician statement of immunizations up-to-date for all household members
- physician statement that all household members are in good physical and mental health
- Required 30 hours of in-service training for license renewal
- location of home
- size and floor plan of the home
- children of opposite sex in same room
- no foster youth sleeping in same room with an adult age 21 and older
- no foster youth age 2 sleeping in same room with the relative provide
- drawer and closet space

The 75 relative homes licensed using a non-safety standard represents .07% of the 1049 relative homes licensed during CY17. The 4 relative homes that used the waiver to not complete 30 hours of in-service training to be renewed represents .003% of the 1049 relative homes licensed during CY17.

Residential Treatment Agencies for Children and Youth licensing rule requirements for residential agency staff training is as follow:

13 CSR 35-71.045 Personnel

PURPOSE: This rule sets forth the requirements for child abuse/neglect and criminal background screenings, medical examinations, personnel records, job descriptions, and staff orientation and training.

(6) Staff Training.

(A) An agency shall establish and submit to the licensing unit an annual written plan of training each year for all employees and contracted personnel.

1. Employees and contracted personnel shall have forty (40) hours of training during the first year of employment and forty (40) hours annually each subsequent year; At the time of license renewal, non-accredited agencies submit a form (RPU-10 Personnel Report) which documents the hours of training for every employee. During the on-site license renewal visit and supervisory visits, the Licensing Consultant reviews a random sample of employee files and will verify that the employee has had 40 hours of training.

2. Direct care staff and immediate supervisors must maintain certification in a certified medication training program, crisis management, a current recognized and approved physical restraint program (where applicable), first aid, and cardio pulmonary resuscitation.

(B) All training must be documented on a training database/training log with the dates, location, subject, number of hours earned and person(s) who conducted the training.

(C) The training may include, but not be limited to, short-term courses, seminars, institutes, workshops, and in-service training provided on site by qualified professionals. Activities related to supervision of the staff member's routine tasks shall not be considered training activities for the purpose of this rule.

(D) The training plan shall include, but not be limited to:

1. Developmental needs of children;
2. Child management techniques;
3. Basic group dynamics;
4. Appropriate discipline, crisis intervention, de-escalation techniques, and behavior management techniques;
5. The direct care and professional staff roles in the operating site;
6. Interpersonal communication;

7. Proper, safe methods, and techniques of physical restraint;
8. First aid and cardio pulmonary resuscitation training;
9. Medication training and/or certification;
10. Suicide prevention;
11. Legal rights of children and their families, including basic information on the constitutional rights of children and their families while children are in care and basic information on the Missouri juvenile justice system; and
12. Water safety for those agencies allowing water activities.

The residential staff need to have 40 hours of training within a calendar year. If it is found that they have not had the 40 hours of required training, the agency is asked to develop and submit a corrective action plan to RPU (Residential Program Unit). The agency has 30 days from the date of the supervisory visit to submit the corrective action.

Residential Treatment Agencies for Children and Youth (RTACY) are supervised by a Regional Licensing Consultant (RLC) with the Residential Program Unit (RPU). RLC's may or may not review staff training during a routine supervisory visit at a non-accredited RTACY. RLC's review agency staff training and an agency annual training plan during a license renewal visit for non-accredited RTACY. A non-accredited RTACY is visited at a minimum of twice a year. A licensure period is for two (2) years. An accredited RTACY is visited a minimum of once a year. Training records are not reviewed at an accredited RTACY during routine supervisory or license renewal visits due to the accreditation rule which states the following:

13 CSR 35-50.010 Accreditation as evidence for meeting licensing requirements. 1. The Children's Division shall accept accreditation by Council on Accreditation of Services for Children and Families, Inc., The Joint Commission on Accreditation of Healthcare Organizations, or the Commission on Accreditation of Rehabilitation Facilities, as specified in Section 2 of this rule, as prima facie evidence that the organization meets licensing requirements under Section 210.481 through 210.511. 2. Type of License

1. The organization shall provide to the Children's Division, sufficient evidence that they are accredited in the service or program for which they are requesting a license.
2. If a service or program, including but not limited to child placing, maternity, infant/toddler, residential treatment, and intensive residential treatment in residential child care, is not accredited by the accrediting body, than the organization must apply for and meet all other licensing requirements as put forth by the division.
3. Application/Reapplication for license for accredited organizations:
 - A. The organization shall present to the division,
 1. a copy of the organization's official final accreditation report and accreditation certificate, and

2. a list of operating sites which includes the capacity served, the gender served, and the ages served by that organization. This list must be updated if there is a change in operating sites by the organization.

B. If the organization has not been previously licensed by the state of Missouri, an onsite visit may be required by the division before a license is issued. If an accredited agency applies for licensure, the Licensing Consultant would review 10% of the employee files for the current FCSR (Family Care Safety Registry background screening), obtain copies of the agency's accreditation documents and conduct a facility/building inspection.

C. The division shall examine the areas that the organization is applying for a license. The division shall issue a corresponding license for those areas in which the organization is accredited. The license shall be valid for the period of time up to two years, or when the organization's accreditation expires, whichever is shorter.

D. Nothing in this section will result in the loss of license if the accreditation certificate has expired, but the organization is still in good standing and the re-accreditation process is being pursued. The division may, at its discretion, request a letter of good standing from the accrediting body.

E. Any denial or revocation of license based upon an organization's accreditation standards is entitled to a hearing as specified under the licensing rules or they may undergo the licensing process and meet all licensing rules in order to obtain a license.

4. Information sharing.

A. The organization shall notify the division immediately of any sentinel event and of any revocation of accreditation.

B. Sentinel events are as defined by the accrediting body, but shall at a minimum, include the following:

1. a death of a child in one of the organization's facilities; or

2. a serious injury of a child in one of the organization's facilities; or

3. a fire in a location routinely occupied by children, which requires the fire department to be called; or

4. An allegation of child abuse, physical or sexual, or neglect which is substantiated by the division or through an internal investigation by the organization which occurs within a facility; or

5. an employee is terminated from employment in relation to the safety and care of children; or

6. there is any change in the chief executive officer; or

7. there is a lawsuit filed against the organization by or on behalf of a person who is or was in the organization's care; or

8. Any known criminal charges are filed against the facility, organization, any resident of the facility, or any employee or volunteer who has contact with children.

C. The organization shall notify the division of the entrance, exit and any performance review meetings of the accrediting body which are held in conjunction with the accreditation of the organization. The division has a right to attend any or all of these meetings between the organization and the accrediting body.

5. The division may make such inspections and investigations as it deems necessary to conduct an initial visit to a facility not previously licensed, for investigative purposes involving complaints of alleged child abuse or neglect, at reasonable hours to address a complaint concerning the health and safety of children which the organization serves, or any other mutually agreed upon time.

AUTHORITY: section 210.112 RSMo (Supp. 2004). Emergency rule filed December 23, 2004, effective January 2, 2005, and expires July 1, 2005. A proposed rule covering the same material is published in this issue of the Missouri Register.

RPU will review any documents necessary at an accredited agency if non-compliance issues or concerns are brought to the attention of RPU.

Item 34: Requirements for Criminal Background Checks

Missouri's computer system, FACES, requires a criminal background check be completed for each foster or adoptive parent to be licensed or approved. As explained in Item 33, reviews are in place to assure these background checks are completed and there are no precluding convictions prior to licensure/approval or re-licensure/re-approval. As a result of this process, Missouri has demonstrated success by clearing the single state audit in this area. Missouri also strives to address and assure safety of foster and adoptive placements for children through the quarterly home visit process where any concerns expressed by children in the home or exiting from the home are addressed as well as any safety concerns observed or reported. In areas where Signs of Safety has been fully implemented the three columns or house of wishes and house of dreams are used with children to process the current situation in the resource home and continue discussions with the resource parents. These tools allow an open dialogue and engagement to improve any safety concerns or perceived threats. Missouri has also strengthened the working relationship and alliance between the Out-of-Home Investigation Unit and the Assessment staff. Policy now requires at the time of re-licensure/re-approval the Out-of-Home Investigator be contacted and consulted regarding any resource homes who were subject of an Out-of-Home Investigation during the prior licensure/approval period. The intent of this policy is to ensure any and all concerns about safety are being addressed and resolved adequately to assure safety.

The Children's Division uses five methods of research to determine a caregiver's criminal and child abuse history. The following steps for background screening are completed for every foster/adoptive applicant and other adult household members age 17 and older.

The Child Abuse and Neglect Registry (CA/N) background screenings are conducted by the local Children's Division.

CA/N background screenings are requested from every state where the applicant and household member 17 years old and older has lived in the past five years.

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.

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 MSHP 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 division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Automated Criminal History Site, MACHS, which is maintained by Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP. During CY17 there were a total of 14,168 fingerprints captured for statutory reasons 210.482, 210.487 and 43.540. The state conducted a pilot in one area in June 2015, with staff from each circuit trained to access the MSHP's electronic access to MACHS. By December 31, 2015 all Children's Division circuits had trained staff to access the fingerprinting results. This has cut the time for obtaining criminal history results down to as little as 11 minutes from the time the applicant's fingers are scanned. The Children's Division does not currently have access to a system that will provide alerts for any future criminal activity. Missouri CD for the past two years has submitted a legislative proposal to allow the Division to receive such alerts from the Missouri State Highway Patrol through their RapBack system. The legislative proposal necessary to allow CD access to this system was passed during the 2018 legislative session. Applicant households including any household member over the age of 17 are fingerprinted and new FCSR checks are completed every 2 years as part of the re-licensure or re-approval of the home.

The Children's Division's automated system, FACES, has an edit in functioning which prohibits the licensing, approval and renewal of foster care service family homes which do not have current background screenings entered.

The Office of State Auditor completed an audit of the Children's Division for SFY15. The state auditors reviewed 78 case files, 50 of which were Children's Division files and 28 were files of contractors. This represented about 1.3% of all resource home files. The results of the audit were that all the resource home files had background checks completed as directed in regulation and policy.

Per the Licensing of Foster Family Homes regulations, 13 CSR 35-60.090, the Children's Division denies licensure or revokes a current license if any household member:

- (A) Fails consistently to comply with the applicable provisions of sections 208.400 to 208.535, RSMo, and the rules of the Children's Division promulgated thereunder;
- (B) Violates any of the provisions of its license;
- (C) Violates state laws and/or rules relating to the protection of children;
- (D) Furnishes or makes any misleading or false statements or reports to the division;
- (E) Refuses to submit to the division any reports or refuses to make available to the division any records required by the division in conducting an investigation;
- (F) Fails or refuses to admit authorized representatives of the division into his/her home at any reasonable time for the purpose of investigation;
- (G) Fails or refuses to submit to an investigation by the division;
- (H) Fails to provide, maintain, equip, and keep in safe and sanitary condition the premises established or used for the care of children being served, as required by law, rule, or ordinance applicable to the location of the foster home;
- (I) Fails to provide financial resources adequate for the satisfactory care of and service to children being served and the upkeep of the premises; or
- (J) Abuses or neglects children, or is the subject of reports of child abuse or neglect which upon investigation result in a court adjudicated, probable cause and/or preponderance of evidence finding, or is found guilty, pleads guilty to, or pleads *nolo contendere* to felony crimes against a person to include, but not limited to, felony possession, distribution, or manufacturing of controlled substance crimes as specified in Chapters 195, 565, 566, 567, 568, and 573, RSMo, or a substantially similar offense if committed in another state or country. The division may also deny or revoke a license to any person(s) who are on the respective Department of Health and Senior Services and/or the Department of Mental Health lists that exclude child or adult care employment and/or licensure.

When an unlicensed relative or kinship home is used for an initial, emergency placement, a name based check is completed by local law enforcement of all household members and a safety walk through of the home is made using the Resource Home and Safety Check list, CS-45. If the home meets the safety standards on the Safety Check List and there are no individuals in the home with criminal history, the foster youth may be placed. All household members age 17 and older must complete fingerprinting within 15 days of the foster youth placed in the home. If all the required household members do not submit to fingerprinting, the foster youth is removed immediately.

Except for the specific felony history listed in regulation, a criminal history, child abuse/neglect history, or other review information does not automatically preclude licensure for any resource home. Staff determine the relevance of all such findings to child caring responsibilities, and seek guidance from supervisors. A supervisor must review and evaluate the background information if there is a record of conviction (other than those listed below) and/or child abuse and if the decision is to approve the home

assessment. The supervisor's review and decision to approve/disapprove must be documented. The approval/disapproval process is the same for foster, relative and kinship homes.

The court of jurisdiction may also order a child be placed or left in a home which does not meet licensing standards. The home remains an unlicensed relative or kinship home. In the unlikely event it is determined the best interest of a child would be served by placement in an unlicensed home, and a court of law has ordered the child placed in the unlicensed home, written approval must be obtained through supervisory lines to the Regional Director. The Regional Director must review the request and, if in agreement, forward with their recommendation to the Deputy Director for Children's Division for final consideration. Written requests include a thorough description of the applicant's situation and why it would be in the child's best interest to be placed in an unlicensed home. If approved by the Deputy Director, IV-E funding may not be used and the worker will be responsible for notifying the Eligibility Specialist who will ensure that state only funds are used. Missouri does track Non-Safety Licensure requirement exceptions using a request to central office for approval of these exceptions. Requests and indication of approval or denial are tracked.

Item 34 was determined to be a strength for Missouri during Round Three of the CFSR.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

See Attachment D for more information.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Missouri has a strong Interstate Compact Unit to assure placements for children are made cross-jurisdictionally across state lines. The ICPC Unit processes referrals within 5 days of receipt in their office and follows up to assure timely completion of home assessments by staff in Missouri so as not to delay potential placements into the state and works in collaboration with other state ICPC offices to assure cases are processed in those states to allow Missouri children to be placed into other states when appropriate and safe. Internally, the Children's Division assures through an intercounty placement request that resources in other counties are contacted and assessed timely to assure placements can be made inter jurisdictionally within the state also.

Child Placing Agencies have the same responsibility to complete a referral for ICPC as Children's Division staff when the child being considered for out of state placement is being managed by their agency on behalf of the Division or is in their care and custody for adoptive planning and placement. The ICPC unit in Central office serves as the statewide ICPC office for the state of Missouri.

Association of Administrators of the Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) is a legal binding contract among the member states, approved by each state's legislative body, and by the U.S. Congress. Interstate Compact has been adopted by all fifty states and includes the District of Columbia, and the U.S. Virgin Islands. ICPC is the best means available to ensure protection and services to children who are placed across state lines into the home of a parent, relatives, foster homes, adoptive homes, and/or residential treatment

facilities. ICPC assists in providing home studies, placement supervision, and regular reporting after a child is placed with an out-of-state resource.

In SFY16, 3357 children were served, which included 987 requests for services to other states for Missouri children, and 721 out-of-state requests for Missouri to complete studies on behalf of children from other states. Missouri placed 374 children out-of-state, while receiving 576 children into Missouri.

Missouri has been one of many states considering joining NEICE, the National Electronic Interstate Compact Enterprise which allows electronic submission of ICPC referrals across state lines. In late 2017 Missouri signed an MOU with APHSA to join NEICE and Children's Division is working on the functionality to allow referrals to be made electronically from the FACES system through NEICE by late 2018.

Missouri ICPC continues to provide continuing education to local Children's Division offices, private entities, and court personnel.

Association of Administrators of the Interstate Compact on Adoption and Medical Assistance

Missouri is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA). The Compact ensures children receiving an adoption subsidy and continued eligibility for medical coverage will receive Medicaid in the state of residence. In 2014, ICAMA as the governing body began to explore the possibility of developing a national database for the processing of ICAMA referrals electronically. This database has been developed and is now being finalized.

In SFY-16 Missouri ICAMA processed 579 requests, which included 270 Missouri adoption subsidy children out-of-state, and Missouri provided Medicaid for 309 children residing in-state.

PLAN FOR IMPROVEMENT UPDATE AND PROGRESS

Plan for Improvement Update

Goal #1: Safely decrease the number of children entering and in care.

- Strengthen the investigation/family assessment process
 - Provide comprehensive investigative training
 - Strengthen CAC and other multi-disciplinary team partnerships through training
 - Implement Signs of Safety
- Strengthen the Family Centered Services Model
 - Develop and implement a new Family Centered Services model
 - More effective and diverse use of CTS funds
- Enhance youth and family engagement
 - Explore methods to elicit family feedback
 - Continue Older Youth Summits

- Improve FST process through exploration of a more effective model

Goal #2: Decrease Time to Permanency

- Increase judicial engagement to include judges and court staff
 - Increase staff competency in court
 - Casey Family Program’s judicial engagement strategy
- Strengthen the organizational culture and create more skilled workforce
 - Implement career ladder
 - Use University Partnership grants to explore leadership development training
 - NCWWI leadership activities
 - Develop and implement QA/QI training

Goal #3: Increase health and well-being of children and families.

- Ensure effective transitions of young people
 - Expand implementation of the Crossover Youth Practice model
 - Residential Workgroup to make recommendations to improve quality and alternatives to traditional residential care
 - Conduct Education Summits
- Increase coordination of healthcare
 - Explore and develop health homes for foster care
 - Ensure quality, comprehensive assessments within 30 days of custody
 - Develop measurement system specific to health outcomes for children in care
 - Increase access to behavioral health care for children in care
- Become a trauma informed organization
 - Partner with DMH to include an awareness assessment and training, as well as secondary trauma training
 - Continue to develop the model for MOST (Early Trauma Intervention using Home Visitation Model)

Revisions to Goals, Objectives, and Interventions

No revisions to Missouri’s Child and Family Services Plan were made during the time frame of this report.

Implementation Supports

The Children’s Division is partnering with Cornerstones of Care in Kansas City to deliver human trafficking training to staff. In response to the Preventing Sex Trafficking and Strengthening Families Act, the Division has contracted with Cornerstones of Care to provide introductory training on human trafficking to staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. For more information about the work surrounding human trafficking, please see the Human Trafficking section of this report.

The Children's Division is also partnering with Cornerstones of Care in Kansas City to deliver secondary traumatic stress training to staff. All staff are presently being trained on an adapted version of the *Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff* curriculum from the ACS-NYU Children's Trauma Institute, concentrating on self-care. Supervisory staff are required to have advanced training focused on promoting resiliency and creating a trauma-responsive work environment.

The Division is also partnering with Safe Generations to implement a new child protection practice, Signs of Safety. Safe Generations assists in orientation sessions for staff and stakeholders, basic training for frontline staff, and in-depth training for supervisors. Safe Generations also provides frequent coaching calls with frontline staff and supervisors to assist in skill development and case consultation. For more detailed information, please see the Signs of Safety section.

In addition, the Children's Division is utilizing the assistance of Casey Family Programs to increase judicial engagement. They have also provided financial assistance in contracting with the Full Frame Initiative, to further embed the Five Domains of Well-Being as a philosophical framework for division practice. Additionally, the National Child Welfare Workforce Institute is working with CD to provide leadership training to supervisors and managers.

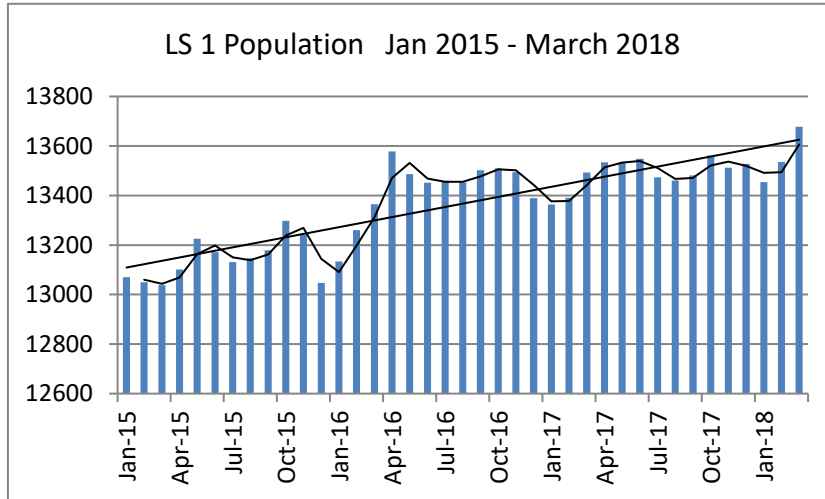
Foster America is a mid-career Fellowship program for executive-level innovators dedicated to achieving better outcomes for vulnerable kids and families. The program recruits talented professionals to enter the child welfare sector, leveraging their distinct skills to lead high-impact reform projects. In the long-term, Foster America scales new approaches and prepares fellows to move on to high levels of child welfare leadership. Specific areas of focus include: preventing abuse and neglect, promoting family placements, collaborating across systems, and strengthening the child welfare workforce. Missouri has the opportunity to work with two Foster America Fellows beginning in January, 2018. Allison Green is an experienced child welfare litigator and manager who joined Missouri Children's Division to lead several court engagement initiatives. Allison has collaborated closely with court partners to ready the launch of court technical assistance teams throughout the state's 46 circuits in Fall 2018. She is also helping to develop and implement several other initiatives to promote legal permanency for youth, such as a statewide strategy to decrease a backlog of Termination of Parental Rights (TPR) cases and the training and integration of attorneys to represent the agency in select regions. Allison offers technical assistance and promotes data-driven adherence to child welfare best practices between the agency and court stakeholders, including judges, parent's counsel, and child advocates. Estakio Beltran is a policy expert currently serving in a liaison role between the Children's Division and the Department of Social Services. Among other initiatives, Estakio is leading the Division's efforts to safely reduce the number of children in foster care by 8% in the next year.

The Children's Division will continue the partnership with Department of Mental Health to continue work on becoming a trauma informed organization. Support for other activities will be provided by staff and agency resources already in place.

The Capacity Building Center for States has been involved in several projects, including ICWA compliance, CQI assessment, court partnership, and reasonable and prudent parenting assistance. See the Program Support section for more details.

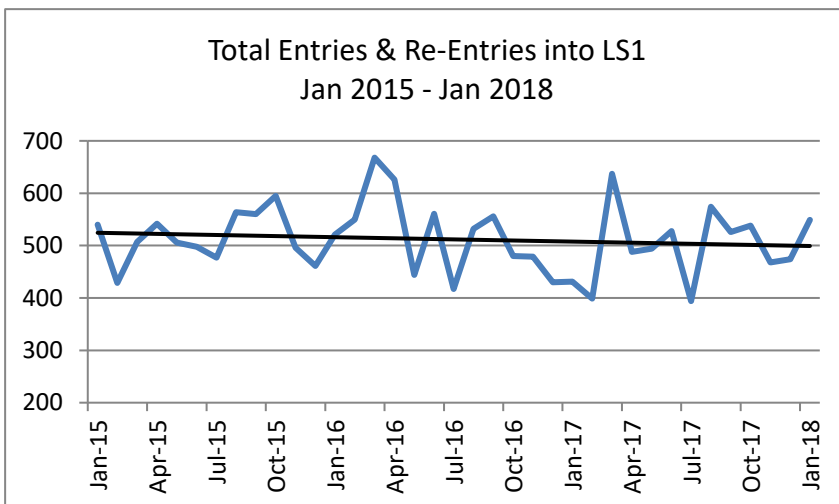
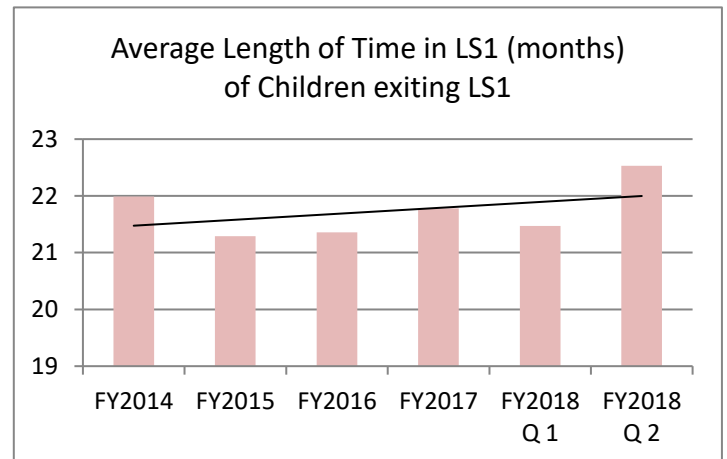
No additional implementation supports are identified as revisions to the plan were not made during this reporting period.

Progress Made to Improve Outcomes



The growth in the total number of children in care has slowed in recent years. Although not represented in the chart, the percentage of increase in 2014 was 7.7%. Since January of 2015, the rate of growth has been 4.65%. While the population has plateaued somewhat over the past year, the highest population was in March, 2018 with 13,678 children in foster care.

For children who exit LS1, the length of time spent in custody has remained between 21 and 22 months for the past several years. Quarter two of 2018 saw the longest length of stay at 22.53 months.



The number of children entering and re-entering care each month continues to trend downward with most entries occurring in the spring months. This is consistent from the previous reporting periods.

Strengthen Investigation/Assessment Process

One identified intervention to accomplish this objective was to provide comprehensive investigative training. In CY2015, the Children's Division contracted with Missouri KidsFirst to provide the Gunderson National Child Protection and Training Center ChildFirst curriculum to all investigation and supervisory staff. While this contract was not extended beyond CY2015, Missouri KidsFirst continues to invite to Children's Division staff, along with other multi-disciplinary team members, when they offer ChildFirst training for new forensic interviewers. ChildFirst training was held in April 2017 in Springfield with five (5) staff in attendance and in October 2017 in St. Louis with twenty-eight (28) staff in attendance.

In August 2016, legislation went into effect requiring four (4) of the already statutorily required twenty (20) hours of annual training for investigative staff be specific to medical forensics topics. Missouri KidsFirst has partnered with several child abuse pediatricians to provide training to help fulfill this requirement. A one-day training has been developed with modules on sexual abuse, caregiver fabricated illness/neglect, fractures, cutaneous injuries, and abusive head trauma. This training was offered in January 2017 in St. Louis and in February and May 2017 in Columbia, in June 2017 in Springfield, September 2017 in Kirksville, and October 2017 in Cape Girardeau.

The Children's Division collaborates closely with the Missouri Office of Prosecution Services (MOPS) on a range of projects. Together, the agencies have developed training for multi-disciplinary team (MDT) members entitled Beyond Protocols. Topics include mandated reporter training, the Children's Division's response to reports of child abuse and neglect, achieving corroboration in team investigations, and achieving MDT excellence. In CY2016, the Children's Division and MOPS also began working with the Missouri School Boards Association (MSBA) to develop best practices for interviewing children in schools when children are victims or witnesses of violence, as well as when children are suspects of a crime. This work was presented at MOPS' annual conference on Family and Sexual Violence. Work continues to finalize recommendations for school policy around this issue.

In September 2016, the Children's Division convened an internal workgroup to revise screening protocols at the Child Abuse and Neglect Hotline Unit (CANHU). The workgroup was convened to improve the Children's Division's response to allegations of child abuse and neglect to ensure the agency is intervening with families when it is appropriate and necessary to do so. This workgroup met monthly and was comprised of Central Office staff, CANHU staff, field staff, supervisors, and managers. The group revised the definitions of the conditions needed to take a report of abuse/neglect, along with the criteria for assigning response priorities to abuse/neglect reports. Recommendations were made to add several criteria for taking referrals when the concerns do not rise to the level of a child abuse and neglect report, but do warrant intervention to provide services and education to families. These new referral criteria were implemented in July 2018. In April 2018, four of the revised conditions for screening in reports of abuse/neglect began being piloted, with three more revised conditions added in July. A FACES system change request has been made to implement revisions to the response priority decision tree.

In response to the Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation for states to conduct a five year retrospective review of child fatalities, Missouri's state level Child Fatality Review Panel has begun a case review process of fatalities which occurred as a result of child abuse or neglect in CY2014. The case review team consists of a wide representation of professions, including

child welfare, prosecutors, child advocates, medical, law enforcement, child abuse and neglect prevention, and public health. The case review team is focusing on identifying areas in which various systems could have intervened to prevent the fatality in an effort to make recommendations for policy and legislative change in child welfare.

The Task Force on the Prevention of Sexual Abuse of Children implemented several new workgroups in CY2017. One of these is tasked with making recommendations for strengthening law enforcement and Children's Division child abuse and neglect investigations. The goal of this workgroup is to assess and recommend revisions to current statutes, policies, and practices in regards to how the Children's Division and the various law enforcement agencies around the state investigate child abuse/neglect. The work group began meeting in September 2017 and is in the early stages of assessing the current statutes, polices, and practices of investigating child abuse/neglect in Missouri.

The Children's Division has formed a workgroup to revise Child Advocacy Center's (CAC) multi-disciplinary team (MDT) protocols. This workgroup is comprised of several CAC directors, Missouri KidsFirst staff, and MOPS staff. The boilerplate protocol language is being revised to incorporate current National Children's Alliance accrediting standards, as well as numerous best-practice recommendations that have been made in the last several years from other workgroups that have addressed MDTs, prosecutorial standards, and Juvenile Officer standards.

The Department of Social Services (DSS) has identified several areas to address, one of which is to redesign the child welfare system in Missouri. One DSS initiative that has been identified to address this is to eliminate overdue investigations. As a result, Central Office staff spent January, February, and much of March 2018 providing field support for Investigations/Assessments (I/A). This has provided valuable insight on several areas that need to be addressed to strengthen I/A. The Theory of Constraints (TOC) Improvement Model was introduced to help assist management teams and field workers into prioritizing their workloads for better outcomes. TOC focuses on system improvement through rational thinking, evidence-based practices, and data analysis. A system is defined as a series of interdependent processes. An analogy for a system is the chain; a group of interdependent links working together toward the overall goal. TOC concentrates on the process that slows the speed of the product or service through the system. This has only recently been introduced to staff and training is on-going.

A second DSS initiative is to streamline and strengthen the investigative process. The Children's Division is responsible for leading this initiative. Based on the insight from the field support provided in 2018 and on field staff's input, the following areas have been identified for focus: Child Abuse and Neglect Hotline Unit (CANHU) protocols, FACES streamlining, training, and improved supervisor support. The Children's Division has also begun exploring implementing predictive analytics as a screening tool at CANHU.

The Missouri Crisis Intervention Team (MO CIT) Council is an organization whose primary purpose is to facilitate understanding, development, and implementation of CIT programs throughout Missouri and in neighborhoods to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care professionals, individuals with behavioral health issues, their families and communities, and also to reduce the stigma of behavioral health conditions. CIT focuses on de-escalation strategies, and redirecting the individual from the criminal justice system to the

mental health care system. In turn, the mental health care system assumes "custody" of the individual, and provides directed and non-restrictive accessibility to a full range of health care and social service options.

The mission of the Missouri CIT Council is to deliver positive law enforcement crisis intervention service to people with behavioral health issues in the area by:

1. Providing cooperative community partnerships of law enforcement, mental health service professionals, individuals in a behavioral health crisis, families, and advocates.
2. Coordinating and enhancing services to people with behavioral health conditions and/or substance use problems through law enforcement based Crisis Intervention Teams.
3. Providing leadership to facilitate CIT programs and playing an integral role in the design of training for the CIT officers, and
4. Supporting success and continuing improvement of CIT.

MO CIT currently has 62 counties that have established CIT sites and 31 counties have CIT expansion sites. Expansion and recruiting is on-going. The Council continues to evaluate training around self-care and peer support for first responders. A Central Office Program Director and a Program Development Specialist attend quarterly meetings and also attended the Missouri CIT Conference held in Columbia, Missouri, on March 27 and 28, 2017. The 2018 CIT International Conference will be held August 15-17 in Kansas City, Missouri.

Implement Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. The Division has partnered with Safe Generations to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide.

All frontline staff have been trained in the two-day worker overview Signs of Safety training. Children's Division has built the internal capacity to provide this training with a plan for CY2018 to continue to increase the number of internal training catalysts.

For more information on Signs of Safety, please refer to the Program Support Section.

Strengthen the Family Centered Services Model

Develop and implement a new Family-Centered Services model

During CY15, an FCS new practice model implementation team was formed and tasked with strategizing the best way to implement the new model. The goal of the new practice model is to focus efforts on families with chronic neglect who consistently return to the Children's Division in need of assistance. By focusing on this population, staff will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Signs of Safety assessment tools are utilized to best fit the needs of the family.

Pilot sites for the new practice model began in CY16. Five regions (St. Louis, Northeast, Northwest, Southwest and Southeast Region) began piloting the new FCS practice model. In CY16, Director Memo 16-08 informed all Children's Division staff of the opportunity use more discretion to tailor goals and responses to individual children, families, and communities statewide and not just in the pilot sites. The Division is moving forward with a clear practice model anchored in values and practices that support exemplary child welfare outcomes. The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety are the foundational elements and frameworks. These are supported by essential processes such as Family-Centered Services. The memo provided staff an opportunity to take important steps toward seeing families more accurately; engaging and partnering with children, families, and communities; making more informed decisions; and supporting front-line practice. The result will be a more focused approach in which more time is spent on what matters most – the safety and wellbeing of children, youth, and families.

The Child Welfare Manual will be updated over time in accordance with the new practice model. The training for the initiative will involve skill building and will provide staff with solution-focused tools to reach goals established in partnership with the family.

Effective and diverse use of CTS funds

A variety of therapeutic and adjunct treatment services are funded by the Children's Division for the prevention and treatment of victims of abuse or neglect. The goals of these services are to:

- Provide services which ensure the safety and well-being of the child(ren) with any active involvement with the Children's Division,
- Promote the preservation and reunification of children and families consistent with state and federal law, and
- Support concurrent and post-permanency efforts for children and families consistent with state and federal law.

All children and families served through CTS must have open involvement with the Division, such as an active Child Abuse and Neglect (CA/N) Investigation, Family Assessment, Family-Centered Services (FCS) case, Alternative Care (AC), adoption, or guardianship. Contracted services to an individual or family must be 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. Examples of CTS include (but are not limited to): individual, family, and group therapy, psychological evaluation and testing, parent aide, parent education, day treatment, drug testing, and respite. CTS are utilized only after all other funding resources, such as Medicaid or private insurance, are exhausted.

The CTS contract was revised beginning March 2016. The following services have been added to provide additional evidence based services in an effort to facilitate better outcomes for children and families: behavioral health services, speech and vision therapy, Domestic Violence Batterer's Intervention Program, nursing services, personal assistance (behavioral and medical), pervasive development services coordinator, and substance abuse treatment services. The contract revisions will

also create a more streamlined contracting process, and will better define services and provider qualifications.

Enhance Youth and Family Engagement

Explore methods to elicit family feedback

In effort to elicit feedback from the families serviced by the Children's Division, surveys are mailed to a sampling of parents who have recently been involved in a child abuse/neglect hotline, have an open Family-Centered Services case or have a child in foster care. The surveys are sent through the mail with a self-addressed stamped envelope included for the respondent to return the survey. A workgroup was established to examine the survey questions and to make recommendations regarding the survey process. Revisions to survey questions have been finalized and it was decided to maintain the same survey process. The surveys are printed by the Department of Social Services' Research and Evaluation Unit and the Office of Administration mailroom is responsible for stuffing and labeling the envelopes.

In 2016, the Cole County (19th Circuit) Children's Division created a workgroup to support families receiving agency services with accessing meaningful parenting support and resources. The 19th Circuit has collaborated with community partners and stakeholders to offer the first Parent Café Series for Cole County parents in May 2017. The Parent Café Series model was created by Be Strong Families / Strengthening Families of Illinois with the intention of supporting programs and communities in engaging parents, building protective factors, and promoting deep individual self-reflection and peer-to-peer learning. The Parent Cafés are based on the principles of adult learning and family support and are a gateway to providing parent leadership opportunities. Caring Community has adapted the Parent Café model and supported Cole County Children's Division by co-hosting the first parent café series and training agency staff and partners and stakeholders to serve as table hosts for this event. The Children's Division's vision for the Parent café series is Parents Supporting Parents and the vision is accomplished through conversation, education and relationships. The first 19th Circuit Parent Café series was offered to all parents receiving in-home family centered services, out of home services and Child Abuse and neglect services from Missouri Children's Division. Additionally, parents who are identified as family support networks for parents enrolled in the program will have the opportunity to participate as well. The theme for the May 2017 Parent Café series is "Caps off to Parenting" and parents who participated in all three sessions received a certificate of completion. The second Parent Café in Cole County Children's Division was held in October 2017 and the third café was held in April 2018. Cole County was able to add transportation and child care for the meeting in April 2018. In addition, Central Missouri Foster Care and Adoption Association sponsored training for table hosts in February 2018.

Continue Older Youth Summits

In SFY14, CD and its partners began having 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. Summits have been held across the state in most every area with the exception of three rural areas which did not feel they could support

the staff resources required for this type of event so a decision was made in SFY17 to move forward and begin a second round of summits across the state with areas that had previously hosted one. In the original summits, a similar structure and format was adhered to with many of the same guest speakers. Children's Division Central Office staff involvement with the planning and implementation was very strong in the beginning and tapered off with the last summit to be held with this format in April 2017. With the second round of summits, the Regions and Circuits are to structure and plan the day as they see most beneficial, with the same overarching goal of developing a common community plan of supporting youth in transition. In the most recent summit held, presentations included Signs of Safety, Being Involved with Court, Financial Options for Post-Secondary Education and a tour of the college in which the event was held. It is the intention of the Children's Division to continue to have Older Youth Summits across the state. To date, ten summits have been held:

- April 2013 in Kingdom City with over 80 participants from four Judicial Circuits from the Central part of the state.
- March 2014 in Kansas City with 144 registered participants from six Judicial Circuits in the Western part of the state.
- December 2014 in St. Louis with approximately 200 in attendance from five Judicial Circuits from the Eastern part of the state.
- June 2015 in Springfield with 161 participants from five Judicial Circuits in the Southwest region of the state.
- October 2015 in Joplin with 129 attendees from five Judicial Circuits in the Southwest region of the state.
- April 2016 in Cape Girardeau with attendees 128 youth from nine Judicial Circuits in the Southeast region of the state.
- October 2016 in Trenton with 150 attendees from three Judicial Circuits in the Northwest region of the state.
- April 2017 in Edina with 150 attendees from four Judicial Circuits in the Northeast region.
- September 2017 in Rolla with 185 attendees from nine Judicial Circuits in the Southeast Region of the state.
- March 2018 in St. Louis with over 150 attendees from the two judicial circuits in the region.

The Southwest Region intends to have a summit in the fall of 2018.

Improve FST Process

Team Decision Making (TDM) in Missouri dates back over 10 years when it was first began in St. Louis City through the Family to Family program brought to the state by the Annie E. Casey Foundation. Team Decision Making focuses on gathering individuals involved with the family and coordinating a meeting to make the best decisions possible. These meetings are triggered by certain events in the system such as the possibility of removal, a child in foster care changing placements and a foster child achieving permanency.

The St. Louis City area has had much success with this program in so far as it has been integrated into the practice and culture of the child welfare system. Both the facilitators of the meetings and the child welfare workers value the process and see it as a beneficial and efficient way to reach an appropriate decision for a case situation.

Approximately 4 years ago this practice was expanded to the areas of St. Louis County and Jackson County (The Kansas City area). This expansion has received support from the Annie E Casey Foundation throughout 2017 to improve the results of this process. Both areas continue to work on building this practice and bringing their external partners onboard with this process.

During 2016 Missouri again partnered with the Annie E. Casey Foundation (AECF) to assist with the expansion of the TDM practice. Two sites, one in Greene County (Springfield) and the other in Jasper County (Joplin), began implementation work and started using these meetings in March 2017. These two sites have steadily used this process for most of 2017, with continued support from AECF.

In 2017 initial work began to expand this practice to four new circuits in the state. These circuits surround St. Louis and are still in the first phases of implementation.

Below is a table of information and outcomes surrounding the TDM practice from Missouri’s three sites.

	St Louis	Kansas City	Southwest
% of meetings mother attended	77	81	86
% of meetings father attended	37	47	56
% of children maintained in own home after meeting	31	45	29
% of children custody was requested after meeting	47	28	28
% of kids placed with relatives after meeting	44	30	36
% of children placed in foster home after meeting	10	8	10

Increase Judicial Engagement to Include Judges and Court Staff

Staff Competency in Court

Legal Aspects training continues to be offered a minimum of six times per year, with additional classes scheduled upon the request of specific circuits. The Legal Aspects trainer collaborates with the local jurisdiction requesting specific training and encourages and supports co-training with the Juvenile Office attorneys and encourages participation of court personnel along with Children’s Division staff, if such an environment is conducive to learning and strengthens partnership and understanding.

In April 2018 revisions to the delivery of legal aspects training has begun. The Legal Aspects trainer is in the process of updating material content, format and will be creating eLearning modules to incorporate into the legal aspects training package.

Casey Family Program’s Judicial Engagement Strategy

Beginning in 2015, a group comprised of representatives from the Children’s Division, Division of Behavioral Health, and the Office of the State Courts Administrator held meetings to develop a substance abuse strategy with the courts. The work of this group explored the Cross-Systems Change Initiative, based on the theory of the Sequential Intercept Model that individuals move through our system in a predictable way.

The state team identified key decision points within each of their respective service delivery systems. The team concluded if key supports are provided at each of these decision points, families could experience more optimal outcomes and court personnel would be able to make more informed decisions. In addition, the state team determined the following for consideration:

- Cross Training
- Policy Recommendations
- Individual Agency Recommendations
- Treatment options for women and children including prioritization for families involved with the Children's Division

Priorities for this strategy have shifted in recent months. The focus has been to introduce and raise awareness for the Children's Division integrated practice model. Along with informational pieces from Signs of Safety, Trauma Informed Pathways to Wellbeing and Team Decision Making, the group is focusing efforts to improve court collaboration. Collaboration is an excellent investment of resources which merits expansion. To accomplish this expansion, the Children's Division began attending regular meetings with statewide representatives from the court community to problem-solve around systemic barriers in the court system. While these state-level meetings were useful, the group agreed that more collaboration was needed on the local level. Under the leadership of Missouri Supreme Court Judge Patricia Breckenridge, and in partnership with the Office of the State Court Administrator, the statewide group has launched the "Partnership for Child Safety and Wellbeing" (PCSW) which will design and implement court technical assistance teams in each of the Missouri's 46 circuits. The Court Technical Assistance Teams, or local PCSW groups, will meet together on a monthly basis to review data, trends, discuss common barriers seen across cases, and foster an overall culture of learning and continuous quality improvement.

Strengthen the organizational culture and create more skilled workforce

Career Ladder

The Governor recommended and the General Assembly approved funding beginning in State Fiscal Year 2015 to implement a Career Ladder for Children's Service Workers in the Children's Division. The Career Ladder was implemented July 1, 2014, providing the opportunity to advance within the Children's Division based on experience, competency, and performance. The Career Ladder added two new job classes - Children's Service Worker III and Children's Service Worker IV.

The purposes of the Career Ladder include:

- Increasing retention and improving performance and effectiveness of Children's Service Workers and Supervisors;
- Providing opportunities for advancement, while keeping the most effective staff on the front-lines working with children, youth, and families;
- Strengthening the team concept and shared responsibility of workers, supervisors, and specialists; and
- Creating a system of ongoing professional and leadership development tied to proven professional competencies (knowledge, skills).

The Children's Division has had an incredible success rate for Children's Service Worker IIIs with approximately 93% approval of eligible applicants from the initial implementation of the career ladder. As of March 31, 2018, there were 422 Children's Service Worker IIIs and 90 Children's Service Worker IVs statewide.

National Child Welfare Workforce Institute (NCWWI) Leadership Initiative

In 2016, feedback from past academy participants was utilized to develop a revised, Missouri Leadership Academy, which integrates both NCWWI Leadership Academies for Middle Managers and Supervisors and connects the work to the organizational intervention Design Teams.

The incredible support and resources that NCWWI has shared with Missouri has provided the Children's Division with a strong foundation to cultivate a unique leadership development program, tailored to meet the needs of staff.

May 2017 through May 2018, Children's Division has used this integrated Missouri Leadership Academy in the Northern Region with 21 staff in the 10th, 12th, 14th, and 45th Circuits. NCWWI continues to support and provide guidance throughout this process. NCWWI will assist Children's Division in determining evaluation measures which can be used to support ongoing leadership development. Evaluation and feedback sessions will take place in May – June 2018 so that revisions and adjustments can be made to be prepared to offer the leadership development to more teams throughout the state in FY2019.

Quality Assurance/Quality Improvement Training

After an internal assessment of the state's continuous quality improvement process, the decision was made to enhance staff development for Quality Assurance and Quality Improvement Specialists. QA/QI Unit has updated the training plan. QA Unit has developed a QA handbook and gathered feedback from Exec team, supervisors and Circuit managers. The handbook covers multiple concepts and the plan is to incorporate QI duties in the future.

The regional Quality Assurance and Quality Improvement staff for Children's Division have participated in various training opportunities over the past year.

- Signs of Safety-- with the continued implementation of Missouri's Practice Model, staff have had the opportunity to be trained on the basics of Signs of Safety
- Transformational Coaching-- all Quality Assurance System staff participated in transformational coaching
- Case review training-- all Quality Assurance System staff participated case review training for Program Improvement Plan monitoring and will be serving as reviewers and first level quality assurance. Following each quarterly case review, a phone call or meeting will be facilitated by the CFSR Coordinator and/or Quality Assurance Unit Manager to discuss any rating consistency concerns and lessons learned during the review.
- Vendor training-- all Quality Assurance System staff have participated in vendor review training and will be involved in conducting statewide reviews

- Leadership Academy for Supervisors-- many Quality Assurance System staff have participated in this process of promoting leadership across supervisory units
- Team Decision Making—Quality Assurance System Staff will participate in the Team Decision Making Database training and work local circuits to maintain the information system
- Trauma training—all Quality Assurance System staff have been trained in being trauma informed
- Psychotropic Medication training-- all Quality Assurance System staff are participating in medication training

Ensure effective transitions of young people

Crossover Youth Expansion

The Crossover Youth Practice Model was piloted in four circuits encompassing nine counties. All model sites have been provided with training and technical assistance from CJJR team and Missouri’s Crossover Youth Initiative Coordinator, and continue to improve practice for Crossover Youth. The State Policy Team remains committed to statewide implementation of well aligned service to Crossover Youth and has identified a strategy in partnership with Center for Juvenile Justice Reform to implement a statewide model for Crossover Youth consistent with their multi-agency shared framework and reflecting best and promising practices to be implemented from 2017-2019.

Progress: Missouri is in the process of developing statewide policy which is aligned across youth serving agencies for case management protocols and a Crossover Youth toolkit to support the implementation of best and promising practices for this population. This is expected to take place over a 2 year period from 2017-2019. The foundational work completed for this process in 2016 includes the shared framework for Crossover Youth developed by the State Policy Team, the Juvenile Officer Standards, and reflective learning from implementation of practices in the model sites. In 2017 a workgroup comprised of Child Welfare and Juvenile Justice Professionals in the field gathered to assess current Crossover Youth practices and make recommendations for statewide changes. The group met in January 2018 to evaluate field feedback against established shared philosophy, Juvenile Officer Standards and CJJR’s best practices and develop recommendations for changes. The group presented their findings and recommendations to the State Policy Team in March of 2018 and is committed to seeing through the development of multi-system policy developments, inter-agency agreements and the development of a Crossover Youth Toolkit to guide local practice. The State Policy Team reviewed and approved the workgroup’s recommendations to develop capacity, culture, best practices and an implementation and sustainability plan for work with Crossover Youth.

Residential Workgroup

The Residential Workgroup met quarterly through the spring of 2016. Also established during this time was a subgroup of the Health Care Oversight and Coordination Committee whose focus is behavioral health care for children in foster care. Much of the subgroup’s work overlapped the discussions held by the Residential Workgroup. The decision was made to cease the Residential Workgroup so duplication of effort was not occurring.

Conduct Education Summits

The Division recognizes the importance of education for children in foster care. At the time the five year plan was developed, the intent was for a workgroup to be developed in year one to make recommendations for improvement. Part of this plan also included convening educational summits to strategize and form action plans. The Division is currently in the process of implementing a new practice model so this strategy will be explored further in the coming years.

Increase coordination of healthcare

Develop Health Homes

In 2015, a health home model for children and youth in foster care was established in the St. Louis region to more effectively coordinate medical and behavioral health care for foster children. All children entering out-of-home care in the St. Louis region must be referred to one of the two health home providers for his/her 30-day comprehensive assessment.

Children under age 12 are served by the Fostering Healthy Children Program at SSM Health Cardinal Glennon Children's Medical Center in St. Louis. In addition to providing 30-day comprehensive assessments, the Fostering Healthy Children Program provides for foster children initial health exams upon entry into care, standardized developmental screenings, mental health evaluations, counseling recommendations, referral and treatment, and education regarding normal child development and issues specific to children in foster care. Cardinal Glennon gathers each child's medical history prior to the comprehensive assessment and then coordinates any recommended follow up care.

The Creating Options and Choosing Health (COACH) Clinic through Washington University in St. Louis provides foster youth ages 13-17 his/her initial 30-day comprehensive assessment. Served youth are also given the opportunity to participate in voluntary health education programs and have continuous access to medical care, psychiatric services, dental services, and case management.

Contracts for the two existing foster youth health homes have been extended while Missouri transitioned to statewide Medicaid Managed Care expansion effective May 1, 2017. On November 30, 2017 MO HealthNet, in collaboration with the Children's Division, held a Youth in State Custody Summit with all three managed care plans and featured the foster youth health homes model as a best practice. The goal is to build on the care coordination responsibilities of the managed care plans and encourage the inclusion of foster youth health care homes or similar specialty clinics in the health plan provider networks. This will lead to better overall integration and care coordination and provide a path toward sustainability and expansion.

Assessments Within 30 Days of Custody

Children's Division continues to address timely 30-day comprehensive assessments for children case managed by Children's Division and contracted foster care case management providers. Results from an initial 2015 baseline revealed only 36% of children had a 30-day comprehensive assessment documented in FACES. There was much room for improvement to either get the assessment scheduled and completed timely, or get the information entered into FACES within 30 days of the assessment. Improvement strategies have adjusted over the years with only marginal gains noted. Current efforts for improvement involve more frequent data pushes and a preemptive approach. Specifically, data files are run monthly and sent to the circuit manager who has more direct oversight of the staff responsible for case management and data entry. Furthermore, the data files include and highlight children who entered out-

of-home placement within the previous month to alert staff if a comprehensive assessment has not already been scheduled, or entered into the system if it has been completed, then it needs to be done. Data showed notable progress upon initial implementation but waned over time. To better understand what and where more support was needed, circuits were asked to delve into each case and provide the reason the child missed the comprehensive assessment, as indicated in FACES. The modest response revealed just over 60% of the children had received the comprehensive assessment timely as evidenced by documentation in the case record or confirmation with the child's health care provider, yet the data was not entered into FACES to credit compliance. This data entry cleanup contributed to a minor increase in statewide compliance. Most recent May 2018 data indicates 62% of children have the 30-day comprehensive assessment documented in FACES while 16% have the assessment noted in FACES but the date of the assessment fell outside the 30-day timeframe.

The Missouri State Foster Care and Adoption Board requested clarifying information on the various health exam requirements for children in foster care. In particular, requested was documentation outlining the statutory requirement for children under age ten to receive two full comprehensive assessments each year. Resource providers have been met with resistance from physicians to complete the second comprehensive assessment, when medically deemed unnecessary, as it exceeds the child's periodicity schedule. Resource providers hoped having documentation in hand to present the physician would resolve some of these obstacles. In response, an "HCY InfoSheet" was introduced in November 2017. The InfoSheet capitalizes on the opportunity to not only advise physicians of the aforementioned statute, but also to inform or remind out-of-home care staff and placement providers of essential elements of the HCY program. Highlights of the InfoSheet include: 1) description of the HCY program, 2) what is included in an HCY screening, 3) who needs an HCY screening and when, 4) why do children under age 10 need a full HCY exam every six months, 5) what documentation of the HCY screening is needed, and 6) an FAQ section that addresses the most common questions and misconceptions.

Health Outcomes Measurement

Developing an interface between Children's Division and MO HealthNet systems to track and measure health outcomes for children in care remains a goal. To attain more immediate results, MO HealthNet accepted from the Health Care Oversight and Coordination Committee recommendations of key metrics to be included in the new managed care contract released for bid in 2016. The statewide expansion of Managed Care began May 1, 2017 affording all foster children the same coverage, services, care coordination, and measurable health outcomes. Although not yet available, generating and providing various points of data specific to foster children is a performance requirement of the contract.

Children's Division maintains a contract with Care Management Technologies: A Relias Learning Company for use of the *ProAct Advantage* tool. Based on Medicaid claims data, *ProAct* provides a myriad of data by population or individual, including best practice "red flags," gaps in care for chronic diseases, and integrated health profiles. The end user access to *ProAct* recently expanded again to include another subset of Children's Service Specialists across the regions – selected by the respective Regional Directors - to promote the flexibility for regional field staff to identify and prioritize key metrics to monitor and measure.

Access to Behavioral Health Care

Increasing access to quality behavioral health care for children in care was identified as one of three strategic goals of the Health Care Oversight and Coordination Committee (HCCC) in May 2015. The HCCC meets quarterly and oversees a wide range of health care components and initiatives related to children in care. In order to direct more time and attention to this priority goal, a subcommittee was formed with representation from Children's Division, Department of Mental Health/Division of Behavioral Health, and residential treatment service providers. The subcommittee's work focused on reevaluating the residential care referral and screening process, improving discharge planning, and creating outcome measures to be included in the forthcoming residential treatment and services contract rewrite and bid proposal.

Changes have been made to the residential referral process, including the adoption of the 2014 revised Childhood Severity of Psychiatric Illness (CSPI) assessment tool. The revised CSPI requires the rater reflect on information and events occurring in the past 30 days so information used for the youth's placement and treatment planning is based on current and relevant information.

Coordinating a youth's discharge from a residential treatment center to a community-based placement, or to another residential treatment center, varied among providers and lacked a meaningful exchange of information and smooth transition of services. The subcommittee successfully advocated for the inclusion of a requirement in the April 2016 residential treatment services contract rewrite that all providers participate in a discharge transfer conference with any subsequent placement provider to exchange pertinent information to help ease the youth's transition and inform the youth's treatment plan. Children's Division is currently developing a training for staff and residential providers related to expectations for discharge planning to include monthly reviews and updates.

Improving behavioral health care for youth in residential treatment reaches beyond the referral, screening, and discharge processes and requires close examination of what is being delivered during the youth's placement. The subcommittee's initial endeavor had been the identification of outcome measures to be included in the next contract bid, including: seclusion, critical events, hospitalizations, emergency discharges, physical restraints by child, chemical restraints by child, and readmissions to another residential facility or that same facility after placed in a less restrictive placement. Much effort was spent defining the outcomes to ensure all residential providers are measuring the same thing in the same way. Children's Division needs to determine how data components will be collected and the mechanisms for transferring and aggregating the data. Plans this year include a 3-6 month pilot with 2-4 selected residential providers to address any issues with data collection in preparation for statewide implementation with the release of the next residential contract in 2019.

Introduced in March 2018 was the Missouri Collaborative Systems Team Meeting (CSTM). The objective of CSTM is to improve collaboration, practice, policy, and service delivery for youth and adults who are involved with the Children's Division and who qualify for services through the Department of Mental Health. Core CSTM membership is comprised of the Children's Division, the Division of Youth Services, the Department of Mental Health's Division of Developmental Disabilities and Division of Behavioral Health, the juvenile court, and an adult or youth consumer and their family members or guardians.

Become a trauma informed organization

Trauma Awareness and Secondary Trauma

Children's Division continues making strides toward becoming a trauma-informed organization. Establishing a baseline understanding of trauma with shared language among all staff was a necessary first step. Children's Division selected the National Child Traumatic Stress Network Child (NCTSN) Welfare Trauma Toolkit training to create this foundation. Staff training began in January 2015 and all staff, including contracted staff, were trained by the end of June 2016. The Toolkit training course is now offered across all regions of the state on a quarterly basis to accommodate newly hired staff who are required to complete the two-day course within the first six months of hire. Class openings are offered to stakeholders, such as guardians ad litem, juvenile officers, school personnel, law enforcement, etc. as all are seen as essential players in the greater child welfare system.

Increasing staff's awareness of the trauma children and families involved in the child welfare system often present naturally propelled Missouri's focus to the secondary traumatic stress experienced as well by Children's Division staff, especially frontline practitioners and supervisors. In response, all staff are provided training on secondary trauma and resiliency practices within six months of hire. Supervisory staff are required to have a next-level training focused on promoting resiliency and creating a trauma-responsive work environment. Additional support to frontline practitioners is provided through the Secondary Trauma Consultation contract. The contract provides one-time individual or group consultation to staff involved in a traumatic event or series of events, such as a child fatality or incident of egregious child abuse or neglect.

Staff are working with children and families shortly after completing Child Welfare Practice Training (CWPT - new frontline practitioner orientation) and would not have yet been provided the NCTSN Toolkit training or training on secondary Trauma and resiliency practices. Trainer feedback over the past year identified the benefit of weaving into the CWPT curriculum key trauma-informed principles and resiliency practices. This adaptation would expose new staff early to some fundamental concepts around trauma and self-care by connecting them with the policy and practice content taught in class and further explored during on-the-job activities. The five training regions have incorporated these revisions and are beginning to implement the changes.

The Children's Service Supervisor is recognized as the greatest catalyst for creating and supporting a culture which is trauma-sensitive, trauma-responsive, and promotes staff resiliency. A training course will not alone produce the sustainable culture shift needed to adequately support staff. The Division needs to bolster the supervisor's capacity to meet the resiliency needs of frontline staff while also supporting the supervisor's well-being. The Division's trauma specialists – staff trainers of the NCTSN Toolkit – have assumed additional support roles, serving as consultants to local circuits, offices, and staff in the area of trauma. The trauma specialists provide direct clinical and practical support to supervisors to integrate trauma principles and resiliency skills into supervision, local practices, and office culture. Trauma specialists also assist circuits in developing local trauma committees, providing clinical support as needed.

Equipping resource parents with the knowledge and skills to care for children who have experienced trauma is congruent with the Division's practice model which is supported by a foundation of trauma-informed care. Increasing resource parents' understanding of the impact and manifestations of a child's trauma history, and to recognize behaviors as symptoms of those traumatic experiences supports the

child's safety, permanency, and well-being. All current and prospective resource parents are encouraged to complete the NCTSN Resource Parent Curriculum, Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents. The workshop has been well-received and the Division continues facilitator recruitment efforts to ensure accessibility to resource parents across all regions of the state.

Develop the model for MOST

Missouri Children's Division explored the possibility of providing services to children who experienced an entry into foster care through a program titled MOST (Missourians Overcoming Separation Trauma). Funding was not provided for this program through the legislative process at this time. MOST incorporates many of the tenets of the current Children's Division Practice model, however, because of the number of initiatives being pursued and the lack of funding to support MOST this program is not being pursued at this time. The tradeoff is in training staff and resource parents in trauma signs, symptoms and treatment.

The Children's Division regularly provides community stakeholder groups with updates regarding agency policy and practice initiatives, including any applicable data as it is available. For example, results from Round Three of the Child and Family Services Review were presented at a community event in January, 2018. Also included throughout the event were discussions about Children's Division data which complement the CFSR measures. Partners from Foster Care Case Management agencies, representatives from Office of State Court Administrator, members from the CFSR Advisory Committee and judicial representatives were present for the meeting. The Foster Parent Advisory Board, the State Youth Advisory Board, and CFSR Advisory Committee are among the groups who regularly receive Children's Division updates.

The Children's Division's InFocus Newsletter is published quarterly and focuses on a specific policy or practice issue with each edition. Data surrounding the topic is included in the article, often reaching the circuit-level for staff members to discuss performance in localities throughout the state. Information discussed in local Continuous Quality Improvement (CQI) meetings is funneled to the state level through local and regional meeting notes. Actions, if needed, are determined at quarterly statewide CQI meetings. The newsletter is provided to all CD staff, as well as all staff in contracted agencies. Community partners are also able to view past newsletters via the DSS website memorandum links.

In addition to the provision of updates to various community stakeholder groups, the Children's Division's Executive Team meets semi-monthly to make policy and practice decisions. Communication from those meetings is disseminated in a variety of ways, including memos, regional and office meetings, webinars and email communication.

SERVICE DESCRIPTION

Stephanie Tubbs Jones Child Welfare Services Program

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. Documented Calls are calls in which the allegation does not meet the criteria to alert to the field as a report or referral. Below is a call chart for SFY13 - SFY17:

Fiscal Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non CA/N Referral	Documented Calls
2013	134,619	20,804	113,815	60% (67,691)	16% (18,423)	24% (27,701)
2014	137,620	18,734	118,886	63% (74,883)	16% (18,530)	21% (25,473)
2015	140,158	18,316	121,842	61% (74,713)	16% (19,395)	23% (27,734)
2016	146,558	17,507	129,051	61% (79,232)	17% (21,867)	22% (27,952)
2017	145,325	15,518	129,807	58% (74,879)	18% (23,450)	24% (31,478)

Source: FACES Report for FY13-FY17

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 calls received at the CA/N Hotline Unit increased each year for FY13-FY16 and then levelled off for FY17. Regardless of fluctuation in total call volume, the percentages of calls classified in the three categories of CA/N, non-CA/N, and Documented Call have not significantly changed over the five-year span. It is noted that a statutory change in August 2013 required each mandated reporter to make a separate hotline call on each incident of abuse/neglect rather than a

“designated” mandated reporter at a school or facility making one call for all mandated reporters with knowledge of the incident at that agency. This resulted in a significant increase (over 7,000) in CA/N reports for FY14 compared to FY13. In FY16, total calls increased significantly (6,400) with a comparable increase in CA/N reports (4,519), but since there was no significant policy change the percentage of calls classified as CA/N reports was the same as FY15 (61%), and non-CA/N referrals and Documented calls varied by only 1%. For FY17, the percentage of CA/N reports decreased from 61% in the preceding two years to 58%--primarily a result of a comprehensive statewide work group review of screening protocols with an intentional effort to screen out specified types of CA/N reports based on field feedback.

Child Abuse and Neglect Call Management System Technology

During the last five years, the CA/N hotline has primarily used Call Management System (CMS) technology to provide real-time call data and management reports. This technology has allowed 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 or busy messages received each month over the previous five years.

Calls Answered Table

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages Monthly
2013	134,619	89%	3066
2014	137,620	87%	3965
2015	140,158	86%	5572
2016	146,558	86%	5686
2017	145,325	82% (87% if online reports are included)	6862

Source: Information extracted from the Call Management System, FACES, and Cisco Reports

The percentage of calls answered has remained in the 80-90 % range during the last five years, but there has been an increase in busy signals/messages each year. The incremental increase in busy signals/messages over the last five years from an average of 3,066 each month in 2013 to 6,862 in 2017 is attributed primarily to (1) staff turnover and (2) a statutory change in August 2013 that required each mandated reporter to make a separate hotline call on each incident of abuse/neglect. Previously a “designated” mandated reporter at a school, facility, etc., was allowed to make one call for all mandated reporters with knowledge of the incident at that agency. This change has resulted in multiple calls on the same incident.

As noted in the chart above, while total call volume in 2016 increased significantly (6,400 additional calls), the percentage of answered calls remained the same at 86% and the average number of busy signals per month increased by only 114. For a portion of 2016 and all of 2017, the call data was obtained from a

combination of Call Management System phone reports for the Jefferson City office and Cisco phone reports for out-based offices in Jackson and Boone counties. Additionally, for 2017, it is noted that if online reports are included in the percent of calls answered (accepted), the percent answered (accepted) is raised from 82% to 87%.

Online Reporting: Due to continued challenges to handle 800# call volume, an online reporting option called OSCR (Online System for Child Abuse/Neglect Reporting) was implemented on 11/21/16 for mandated reporters to file reports for non-emergency situations. During the initial phase, online reporting was well-received by Missouri mandated reporters as a convenient way to make timely reports. The online option took 980 calls out of the 800# queue during the six weeks of initial operation in November/December 2016. Throughout 2017, the Children’s Division promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups resulting in 16,309 online reports in CY 2017. The OSCR implementation has been a timesaver since online reports can be processed in half the time as phone reports, freeing up hotline staff to take more calls.

Mobility Project: Hotline workers are sometimes required to take time away from answering incoming 800# calls to read entire emergency reports and prior history to on-call field staff during evenings, weekends, and holidays. During 2015, on-call field investigators were issued iPads enabling many of them to access hotline reports after-hours via their iPads. During 2016, a statewide group of “mobility mentors” was created to coach field staff in the effective use of their iPads. These mentors are available to reinforce on-call investigators’ acceptance of hotline reports after-hours via their iPads. With each additional mobility resource, the goal is for after-hours call-out procedures to be streamlined to allow hotline staff to focus entirely on answering hotline calls.

Staff Turnover and Retention/Recruitment: Several 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/holiday shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children’s Division field office in order to work directly with children and families. Hotline staff are dedicated to statewide CA/N intake and are not required to assume investigative responsibilities.

Over the past few years several retention/recruitment steps have been taken. Since September 2013, temporary hourly staff with previous hotline experience have been hired/retained to fill coverage gaps while newly hired staff gain experience and speed in taking calls. In 2014, the career ladder was implemented, and in 2017 ten hotline workers had been retained after their promotion from Children’s Service Worker II to Children’s Service Worker III.

In August 2016, an out-basing plan was implemented, designed to forward overflow 800# calls from the centralized hotline in Jefferson City to designated field offices. For the first time since 1975, hotline staff began taking calls outside of Jefferson City. Out-basing has allowed CD field staff to transfer to hotline positions at their current work location for the first time and has provided a larger pool of candidates to fill hotline vacancies. As of December 2017, seven hotline workers were out-based in Jackson, Boone, and Greene Counties. The first out-based supervisor was hired from Greene County in October 2017, and in November four workers from the southwest area of the state transferred to the Greene County hotline unit. Plans are underway to expand the Jackson County unit in 2018.

Turnover at the hotline improved from 33% in CY16 to 23% in CY17 (not counting turnover of part-time staff). Over time, it is believed that the career ladder and out-basing will continue to reduce turnover at the hotline.

Public Consulting Group Evaluation: Due to the unsustainability of the hotline analog phone system and the ongoing challenge of reducing abandoned calls and busies, the Department of Social Services (DSS) awarded a contract to Public Consulting Group (PCG) in May 2017 for a comprehensive evaluation of CA/N Hotline technology and overall operations. The primary goal was to purchase an upgraded phone system, with supporting workforce technology, for out-based offices and the main call center office in Jefferson City to operate on a uniform digital phone platform. PCG conducted site visits in June at the Jefferson City and Jackson County offices. After completing a comprehensive review of intake protocols, staffing levels, supervision, training, call data, and phone systems, in October PCG issued the following recommendations: (1) increase staffing levels to handle call volume and meet standard service levels (2) increase training (3) reduce the number of peer record reviews (4) employ strategies to minimize “shrinkage” (5) revise intake protocol to reduce duplication (6) implement a single digital telephony platform throughout the call center; expand call queue functionality; utilize dashboard, callback, and chat features (7) expand operations outside of Jefferson City (8) expand online reporting (9) explore the viability of speech analytics (10) continue refining and revising FACES.

The PCG recommendations are being implemented starting in October 2017 and extending into 2018. Staffing was immediately increased by the addition of an out-based unit in Greene County with a supervisor hired and trained in October 2017 and four workers hired and trained in November. The Jackson County out-based unit is being expanded in early 2018 to add a supervisor and four workers. In Jefferson City, an additional trainer and specialist have been hired effective March 2018 to expand training, review peer record procedures, develop strategies to minimize shrinkage, support the new workforce reports, and to provide support to out-based staff. Plans were already in place to publicize and expand online reporting throughout 2017, and a work group was already underway to review intake protocols including FACES refinements. Cisco Unified Contact Center Enterprise (UCCE) was selected as the new phone platform to meet the recommended requirements with implementation starting in January 2018. The Cisco technology was already in place in the out-based offices, but further enhancements will be rolled out during 2018 for both Jefferson City and out-based offices to meet PCG recommendations.

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, assessment, and classification protocols 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. The following chart shows the PRR results from the past five years:

PRR CALENDAR YEAR	2013	2014	2015	2016	2017
TOTAL CALLS REVIEWED	6,793	6,725	6,755	6,846	6,566
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?	100%	100%	99%	99%	100%
Was the correct Response Priority chosen?	99%	99%	99%	99%	99%
Was the correct Track assignment chosen?	99%	99%	99%	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 99%-100% range) over the past five years. The performance of the workers at the CA/N hotline unit has held steady over time indicating processes, such as training and supervision, are consistent.

Child Abuse and Neglect Reports

During SFY17 the Children's Division completed 68,014 reports of child abuse/neglect, involving 98,270 children. This was a decrease in reports of 6.0% from SFY16, and a decrease of 7.4% of total children. Over the past three years, this represents a total decrease in the number of reports by 0.8%.

Continued efforts to make mandated reporter guidelines and training available to all mandated reporters, increased emphasis on community education of child abuse and neglect and substance abuse is ongoing.

Incidents and Children Reported to the Child Abuse/Neglect Hotline				
Year	Total Reports	Annual Change	Total Children	Annual Change
2015	68,623	0.6%	100,625	-1.4%
2016	72,388	5.5%	106,067	5.4%
2017	68,014	-6.0%	98,270	-7.4%

Source: Child Abuse and Neglect Annual Report, SFY17

Note: All counts of children are duplicated because a child may be reported more than once during the year.

Reporter Demographics: The Children’s Division’s centralized Child Abuse/Neglect Hotline Unit (CANHU) receives concerns from both “mandated” and “permissive” reporters. Mandated reporters are required by state statute (Section 210.115, RSMo.) to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Those who are mandated to report suspicion of child abuse/neglect are clearly identified in statute. Permissive reporters are those who are not required to report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports made by mandated reporters has risen slightly over the last three years.

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY17.

Reporters of Child Abuse/Neglect during SFY17 by Occupation		
	Number	Percent
Permissive	20,791	26.6%
Principal or other school official	13,486	17.2%
Social Worker	9,865	12.6%
Peace officer or Law Enforcement	9,723	12.4%
Nurse	4,564	5.8%
Mental Health Professional	4,440	5.7%
Teacher	4,274	5.5%
Unknown	3,110	4.0%
Other Person with Responsibility for Care of Children	2,812	3.6%
Physician	1,000	1.3%
Juvenile Officer	890	1.1%
Day Care	612	0.8%
Psychologist	436	0.6%
Other Health Practitioner	427	0.5%
Other Hospital/Clinic Personnel	359	0.5%
Intern	199	0.3%
Probation Officer or Parole Officer	166	0.2%
Minister	135	0.2%
Medical Examiner	66	0.1%
Dentist/Dental Hygienist	43	0.1%
Resident	36	0.0%
Jail/Detention Personnel	28	0.0%
Coroner	26	0.0%
Chiropractor	4	0.0%
Optometrist	3	0.0%

Note: Reporters exceed reports because more than one person may report an incident

Source: Child Abuse and Neglect Annual Report, SFY17

Many of the professions in the table above receive minimal or no training on the statutory obligations of being a mandated reporter or on abuse/neglect in general. A sub-committee of the Task Force on the Prevention of Sexual Abuse developed online standardized mandated reporter training, which became available to the public in November 2016. Targeted efforts have been made to notify several of the professions with a poor reporting rate of this new training opportunity. As of November 1, 2017, more than 9,500 professionals have completed the training.

The 2018 Missouri legislative session passed a change to Section 191.737 to allow physicians or health care providers to refer families in which children may have been exposed to a controlled substance to the Children's Division. Prior to this change, per the statute, physicians or health care providers could refer such families to the Department of Health and Senior Services; however, most utilized the Child Abuse and Neglect Hotline to report to the Children's Division.

Hotline Classification: Pursuant to Section 210.145, RSMo., the Children's Division utilizes protocols based on Structured Decision Making (SDM) to classify and prioritize all calls to 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. Of the 68,014 reports in SFY17 which met criteria to be classified as child abuse/neglect, 39.4% were completed as investigations and 60.6% were completed as family assessments. This percentage remains consistent over time.

CAN Investigations: An investigation is a classification of response by CD to a report of suspected 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 is based upon structured decision making protocols. Investigations 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 violation of specific criminal codes as specified by Missouri statute,
- 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 the 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, or
- All reports referred to the Out-of-Home Investigation (OHI) Unit.

The Children's Division utilizes the following statutory definitions when making determinations of abuse/neglect:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any

victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).

- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child’s household;
 - Those exercising supervision over a child for any part of a twenty-four hour day;
 - Any person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family; or
 - Any person who takes control of the child by deception, force, or coercion.

A regulation was promulgated in November 2015, and the following definitions were added to Missouri law:

Physical injury: Any bruising, lacerations, hematomas, welts, permanent or temporary disfigurement; loss, or impairment of any bodily function or organ, which may be accompanied by physical pain, illness, or impairment of the child’s physical condition.

Sexual abuse: Any sexual or sexualized interaction with a child, except as otherwise provided in paragraph 2 below.

1. Sexual abuse shall include, but is not limited to:

- a. Any touching of the genitals, anus or buttocks of a child, or the breast of a female child, or any such touching through the clothing; any act involving the genitals of a child and the hand, mouth, tongue, or anus of another person, or any sexual act involving the penetration, however slight, of a child’s mouth, penis, female genitalia, or anus by any body part of another person, or by any instrument or object,
- b. Any conduct that would constitute a violation, regardless of arrest or conviction, of Section 566, RSMo., if the victim is less than eighteen years of age, Section 567.050, RSMo. if the victim is less than eighteen years of age, Sections 568.020, 568.060, 568.080, or 568.090, RSMo., Sections 573.025, 573.035, 573.037, or 573.040, RSMo., or an attempt to commit any of the preceding crimes;.
- c. Sexual exploitation of the child, which shall include:
 - i. Allowing, permitting or encouraging a child to engage in prostitution, as defined by state law, or
 - ii. Allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.

2. Any reasonable interaction with a child, including touching a child’s body for the purpose of providing the proper or necessary care or support of the child, shall not be considered sexual

abuse. The touching of a child's body, including a child's genitals, buttocks, anus, or breasts for reasonable, medical, child rearing or child care purposes shall not be considered sexual abuse.

3. The division shall not be required to prove that the alleged perpetrator received sexual gratification or that there was an exchange or promise of anything of value as a result of the act of sexual abuse to establish sexual abuse under Sections 210 or 211, RSMo.
4. The use of force or coercion is not a necessary element for a finding of sexual abuse.
5. Sexual abuse may occur over or under the child's clothes.
6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.
7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

Emotional abuse: Any injury to a child's psychological capacity or emotional stability demonstrated by an observable or substantial change or impairment in the child's behavior, emotional response, or cognition, which may include but is not limited to: anxiety, depression, withdrawal, or aggressive behavior; and which may be established by either lay or expert witnesses.

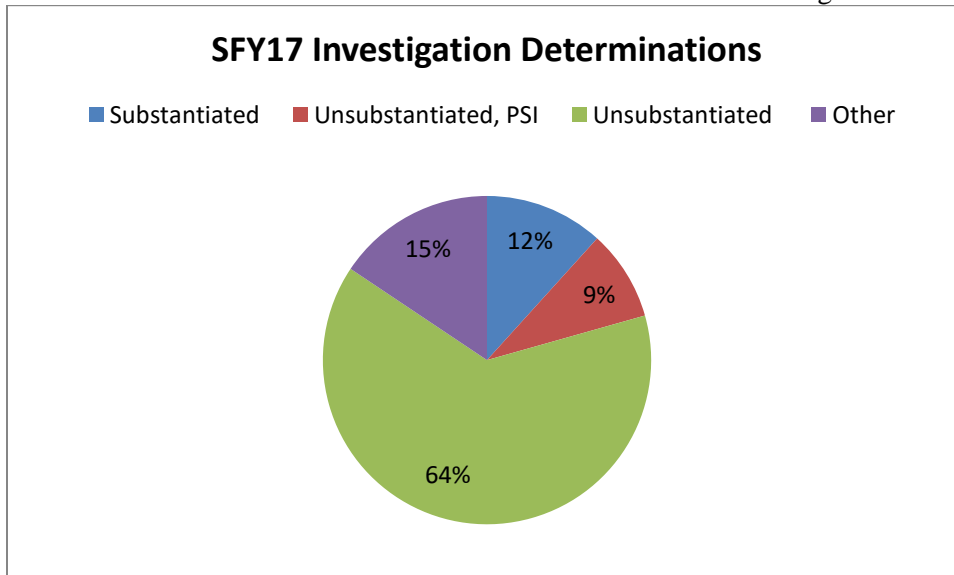
Proper or necessary support: Within the definition of neglect, adequate food, clothing, shelter, medical care, or other care and control necessary to provide for the child's physical, mental, or emotional health or development.

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

- **Preponderance of Evidence:** This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in Section 210.110, RSMo., as "the degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not."
- **Child Abuse/Neglect Present, Perpetrator Unidentified:** This conclusion is reached when the elements of abuse or neglect are proven, but the perpetrator cannot be determined.
- **Unsubstantiated:** This conclusion is reached in the absence of sufficient evidence to determine 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.
- **Unsubstantiated-Preventative Services Indicated:** This investigative conclusion is reached 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 be provided to the family.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are 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: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state. Every effort should be made to assure safety in the other state. Staff may not take the word of the reported caregiver of the child located out of state as a means of verifying the alleged victim’s location in another state or to establish their safety or well-being.
- Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Division has sent the report to the superintendent of the appropriate school district. A conclusion of home schooling is not appropriate when there is concern for educational neglect.
- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Child abuse and Neglect Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for investigations in SFY17.



Other includes unable to locate, inappropriate report, located out of state, home schooling
 Source: Child Abuse and Neglect Annual Report, SFY17

Substantiated Children by Category of Abuse/Neglect			
Category	2015	2016	2017
Neglect	58.5%	59.1%	54.2%
Physical Abuse	22.8%	22.1%	21.3%

Sexual Abuse	21.3%	19.8%	24.5%
Emotional Abuse	4.9%	5.0%	5.4%
Medical Neglect	2.7%	2.7%	2.6%
Educational Neglect	1.3%	1.0%	1.3%

Source for SFY17 data: Child Abuse and Neglect Annual Report, SFY17

Family Assessments: A Family Assessment is a classification of response by CD to provide for a prompt assessment of a child who has been reported to CD as a victim of abuse or neglect, the child's family, and, if necessary, the provision of community-based services to reduce the risk and support the family.

Family Assessment reports include:

- Mild, moderate or first-time non-felonious reports of physical abuse or neglect (including medical neglect)
- Reported abuse or neglect in which this incident occurred or likely occurred over one year prior to the report date, except for the following:
 - Sexual Abuse
 - Serious Physical Abuse
 - Serious Neglect
 - Mild or moderate reports of emotional abuse
 - Educational neglect only reports
- The following is a list of the determinations which may be reached at the conclusion of a Family Assessment:
 - Family Assessment-Services Needed: The family needs Family-Centered Services beyond the 45 day assessment period.
 - Family Assessment-No Services Needed: The family does not need Family-Centered Services from the Division 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 45 Days: The family received services during the 45 day assessment period (either by the CD Children's Service Worker or by a community resource/support system). The family no longer needs services provided by the Children's Division.
 - Family Assessments-Services Needed, Family Declined: The Division 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: This conclusion is reached only after all three of the following criteria are 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, and

- 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: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state.
- Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Division has sent the report to the superintendent of the appropriate school district.
- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for family assessments in SFY17. Percentages have remained consistent over the past five years among all categories.

SFY17 Family Assessment Determination at a Glance					
Family Assessment Determination	Services Needed	Services Not Needed	Family Uncooperative - Child Safe	Services Needed - Linked in 45 Days	Services Needed - Family Declined
Percentage	9.6%	68.5%	4.5%	7.7%	2.8%

Source: Child Abuse and Neglect Annual Report, SFY17

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in all of the child abuse/neglect reports received during SFY17:

Relationship	Percentage
Natural Parent	68.9%
Parent/Caretaker’s Paramour	8.7%
Step-parent	5.2%
Grandparent	4.1%
Other	3.9%
Aunt/Uncle/Cousin (Also Great)	2.5%
Adoptive Parent	1.1%
Friend	1.0%
School/personnel	0.9%
Foster parent	0.9%
Institution/staff	0.8%
Sibling	0.7%
Day care provider	0.7%

Source: Child Abuse and Neglect Annual Report, SFY17

The data below highlights perpetrator demographics for substantiated reports for SFY17. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (69.6%) were between the ages of 20 and 39.

Slightly over half (58.4%) were male.

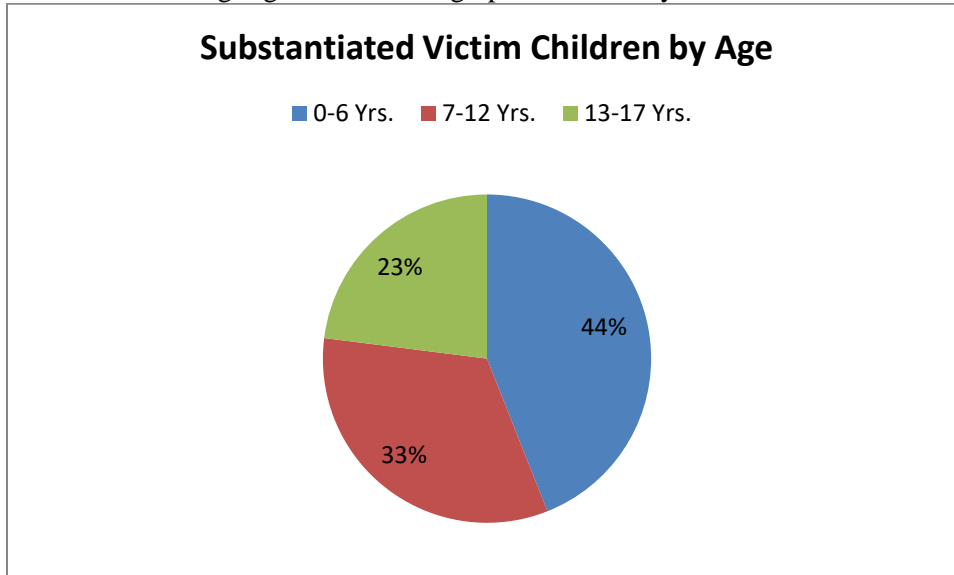
Three-fourths (75.6%) of the perpetrators were white and 18.8% were black.

While natural parents were the overwhelming majority of reported perpetrators, only 4.7% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.

The most prevalent perpetrator characteristics were having other drug related problems (29.7%). This has been a steady increase since SFY15, which was 11.2%. Other prevalent perpetrator characteristics include having an adequate support system (17.8%), having a history of criminal behavior (19.6%), and having a mental/emotional disturbance (19.6%).

Child Demographics:

The data below highlights child demographics for family assessments and investigations for SFY17:



Source: Child Abuse and Neglect Annual Report, SFY17

Of the substantiated children, 54.4% were female and 45.6% were male. For Family Assessments, 48.3% were female and 51.7% were male.

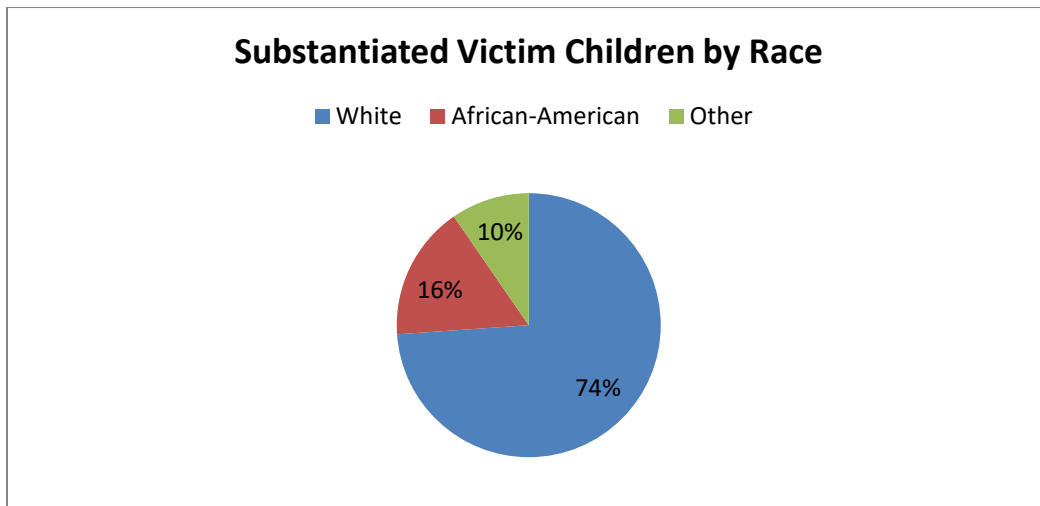
Children birth through six years old constituted approximately 44% of all children involved in substantiated investigations. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.

Children birth through four years old constituted approximately 33% of all children involved in substantiated investigations. This demographic supports CD's goal to target services to Missouri's most vulnerable children.

Approximately 58% of substantiated neglect victims involved children birth through six years of age.

Approximately 55% of the substantiated sexual abuse victims involved children ages 12-17 years of age.

For substantiated reports in the investigation track more male than female children were neglected and physically abused. Approximately 83% of the children who were found to be sexually abused were female.



Source: Child Abuse and Neglect Annual Report, SFY17

For Family Assessments, 72.6% of children were White, 18.2% were African-American, and 9.2% were other.

In comparison to the most recent Census data for Missouri, African-Americans were disproportionately represented in child abuse/neglect reports as only 11.5% of the population is African-American.

Children with Problem Sexual Behaviors: Senate Bill 341 was passed in the 2015 Missouri legislative session and went into effect on August 28, 2015. This bill authorizes the Children’s Division to utilize a family assessment and services approach when reports are received containing concerns of children with problem sexual behaviors. Senate Bill 341 defined a child with problem sexual behavior as ‘any person, under fourteen years of age, who has allegedly committed sexual abuse against another child’. These reports are to be screened in by the Child Abuse and Neglect Hotline Unit when any child under the age of fourteen (14) is alleged to have committed an act of sexual abuse against any person under the age of eighteen (18). Historically, these reports have been classified as non-caretaker referrals which the Division referred to the juvenile office and/or law enforcement for investigation of potential delinquent acts. The intent of Senate Bill 341 is to provide an avenue for intervention and treatment for these children. In addition to addressing the needs of the victim(s), the Division completes a holistic assessment of the child with problem sexual behaviors and their family. The purpose of the assessment is to help determine if the incident involved problematic behavior and to address any safety and service needs. The Division completes a safety plan when an act of sexual abuse has been witnessed by an adult; there has been a disclosure from the child victim, when the child has admitted to problem sexual behavior, and/or when a parent/caregiver is concerned that their child is exhibiting problem sexual behavior. The Division makes a referral to the juvenile office prior to beginning the assessment process when the act involved a weapon or serious physical injury. The child may also be referred to the juvenile office when the parent/caregiver does not engage in the assessment process, when there is no evidence the parent/caregiver(s) are taking steps to prevent future problem sexual behavior, when there is a repeated

incident, and/or when the assessment reveals the child’s behaviors are of such severity that the child cannot be safely maintained in the home and/or community.

The Children’s Division received 3,680 Juvenile Reports in SFY17.

Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY17:

Children’s Division launched a CA/N program-based workgroup in CY12. The workgroup includes representatives from Central Office, Regional Offices, CANHU, Out of Home Investigation Unit, Training and Workforce Development, and the Department’s Division of Legal Services. Representation from regional management with specific expertise in CA/N has been increased. The CA/N workgroup has focused efforts to engage and receive input from multiple levels and program lines within the Children’s Division to affect positive advances in policy and programmatic development. Members of the CA/N workgroup review draft policy changes related to CA/N and are able to provide feedback prior to implementation. Draft policy changes are also 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 CY17. 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
CD17-10	Introduced standardized forms for making referrals to the juvenile office, making emergency requests for protective custody, report for the protective custody hearing, and for the juvenile officer’s response to the Children’s Division’s referral or request for removal.
CD17-17	Informed staff of an appellate court ruling that the Children’s Division does not have the authority to place an ‘unknown’ perpetrator on the central registry. Staff were required to cease making preponderance of evidence findings on ‘unknown’ perpetrators.
CD17-41	Introduced the Comprehensive Addiction and Recovery Act (CARA) and added a requirement for staff to develop Plans of Safe Care when an infant is born affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder.
CD17-43	Introduced new legislation that allows the Children’s Division to retain investigation reports when the child is known to have been abused or neglected, but the identity of the perpetrator cannot be identified. Also introduced legislative changes that make it easier to re-open an investigation when new, specific, and credible evidence is obtained. Also introduced a legislative change to the definition of those who have care, Custody, and control of children to include any person who takes control by deception, force, or coercion.
CD17-53	Introduced enhancements to FACES to allow for better data collection on CA/N fatalities.
PP17-IA-03	Clarified duties of the Chief Investigator and provided flexibility in completing chief investigator consults outside of the 72 hour timeframe on holiday

	weekends if contact with the victim child has been made.
PP17-IA-04	Clarified confidentiality restrictions of domestic violence shelters and informed staff of the Safe at Home address confidentiality program.
PP17-IA-05	Clarified administrative review procedures.
PP17-IA-06	Reminded staff of the requirement to make referrals to First Steps for any child under the age of 3 who has been determined to be a victim of CA/N.
PP17-IA-07	Clarified that family assessments with an inappropriate report conclusion are retained indefinitely.
PP17-CM-06	Discontinued the FACES conclusion screen on Preventive Service Referrals that are screened in solely because there is an open case management function and provided guidance on how to address the concerns.
PP17-CM-07	Provided flexibility in the automatic three hour response time on Newborn Crisis Assessments.
PP17-IA-08	Clarified the appropriate use of utilizing a multi-disciplinary team member for initial victim child contact.
PP18-IA-09	Provided clarification on delayed investigative conclusions.

Differential Response Assessments: Differential Response Assessments are family assessments that have been determined by the family, worker, and supervisor as needing more intensive work with the family. These are traditionally the assessments that go beyond the 45 day completion requirement. The purpose of determining an assessment a Differential Response Assessment is to provide the family with the needed resources, support, and services to further promote safety and well-being within the family unit during the assessment period.

Requirements to identify assessments as Differential Response Assessments include:

* Differential Response Assessments will require a consultation between the worker and a supervisor that the family is in need of services that will continue past the 45 day completion requirement. These consultations shall be prior to the 45 day completion requirement. Conversations should include what services the family is in need of, how Children’s Division can support, and resources that can be provided. Supervisor consults should be more frequent in a Differential Response Assessment to continually assess the family throughout the report period. All supervisor consults shall be documented in FACES.

*The decision to identify the assessment as a Differential Response Assessment shall be documented in FACES in the worker and supervisor consultation. The supervisor consult between the worker and the supervisor that an assessment is going to be track changed to a Differential Response Assessment shall occur and be documented in FACES by the 45th day.

*Supervisory level or higher shall go to the Priority Response/Track Assignment Override screen in FACES and track change the report from “Assessment” to “Differential Response”. This shall be completed no later than the 45th day.

*If throughout the Differential Response Assessment process the allegations have been determined to be more severe, the report may be track changed to an investigation. Supervisory level or higher may go to the Priority Response/Track Assignment Override screen in FACES and track change the report from “Differential Response” to “Investigation”.

Worker Expectations:

Workers are expected to thoroughly document the on-going assessment of the family, safety, risk, services provided, and case consultations in FACES. Workers may use a running narrative to complete assessment. Supervisor discretion is used to determine the number of home visits and collateral contacts that are needed for each Differential Response Assessment. The number should be based on the needs of the family. This may be one home visit per week or weekly contact with the family through in-person, phone, collateral, or other types of contacts. Collateral contacts should be meaningful to the family's situation. Proper releases are to be used and workers shall tell parents that someone will be contacting collaterals to obtain additional information as needed.

*Suggested tools could include:

- My Safety House (CD-216)
- Three Houses Tool (CD-217)
- Case Mapping Tool (CD-218)
- Fairy Tool (CD-227)
- Wizard Tool (CD-228)
- Timelines
- Genogram
- Eco-Map
- Culturalgram
- Web-based resources

Differential Response Assessments shall be completed within 90 days of the original report date. If more intense services are needed within the 45 day timeframe or after, the case should be referred to Family-Centered Services as soon as the need is identified.

Child Abuse and Neglect Review Board(s)

The Child Abuse and 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 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 begins with a local review by the Circuit Manager or designee. 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 six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield. The Springfield board was convened in December 2017.

Each board conducts approximately eight-ten 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 2013-2017

CANRB REVIEWS	2013	2014	2015	2016	2017
UPHELD	269	312	329	318	368
REVERSED	137	142	178	180	108
TOTAL	406	454	507	498	476
PERCENTAGE UPHELD	66%	69%	65%	64%	77%

Source: CANRB CY13-CY17

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 were upheld in approximately two out of every three CANRB reviews for years 2013-2016 but rose to a high of 77% in 2017. 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 outcome. The division does not have specific data regarding the reversed findings, as each Board’s reason for reversal is case-specific. For each reversal, 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 to CD 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 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 background screenings as follows:

ANNUAL BSIU SCREENINGS	2013	2014	2015	2016	2017
	103,009	107,577	105,781	97,368	92,356

Source: BSIU CY13-CY17 Reports Produced by the Child Abuse/Neglect Hotline Unit

The decrease in BSIU screening requests for each year since CY 2015 is likely attributed to an increased 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 Department of Social Services (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 (and other agencies) 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. Additionally, the FCSR puts the ownership on the applicant to provide the screening results instead of the agency.

Child Assessment Centers

Child Assessment Centers, more commonly referred to as child advocacy 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. CACs are safe and child-friendly environments 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. CACs also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

Child Advocacy Centers in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, 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. CACs go through an extensive accreditation process which requires they meet ten areas of criteria for providing services. All CACs are reaccredited every five years. Beginning in January 2017, Missouri's CACs must meet revised standards established by the National Children's Alliance. The new standards require stronger demonstration of the victim advocacy, mental health, medical response and case review areas of accreditation.

According to data collected by Missouri KidsFirst, Missouri's CACs conducted 7,663 forensic interviews in SFY17, compared to 7,233 interviews in SFY16. CACs provided mental health services to 4,690 children in SFY16.

Missouri KidsFirst works with all the CACs coordinating public policy advocacy, providing support, training and technical assistance to each of the regional centers in the state. Missouri KidsFirst has a Board of Directors made up of leaders from across the State representing a diverse variety of backgrounds. The Board of Directors was developed to promote and support the financial viability of the Missouri Network of Child Advocacy Centers. The Directors of Missouri's 15 regional CACs make up the Missouri Network of Child Advocacy Centers, a program of Missouri KidsFirst and serve as an advisory board.

In the past two decades, Missouri KidsFirst has successfully expanded its work from advocating for CACs to building a child abuse prevention network throughout Missouri. Missouri KidsFirst serves as the state chapter of both the National Children's Alliance and Prevent Child Abuse America. Rooted in the belief that all adults are responsible for the safety and protection of children, the mission of Missouri KidsFirst is to empower adults to protect children from abuse. If children are to be kept safe, adults need to have the knowledge, skills, and understanding required to act on the behalf of children who are abused. This work falls into roughly three broad categories: education, advocacy, and prevention.

Missouri KidsFirst empowers adults by providing education. Through professional development for nurses, prosecutors, teachers, clergy and many others who dedicate some portion of their working lives to children and families, Missouri KidsFirst seeks to ensure professional communities understand best practices for helping children victimized by abuse. Missouri KidsFirst also facilitates communication among professionals who must work together to ensure the safety and welfare of Missouri's children.

Often, empowering adults to protect children means changing the systems developed to protect them and help families. As best practices evolve, so must policies. This is why Missouri KidsFirst helped push for and lead Missouri's Task Force on the Prevention of Child Sexual Abuse and continues to work on implementing recommendations of the task force through legislative advocacy. They also advocate to secure funding for Child Advocacy Centers (CACs) throughout our state.

Missouri KidsFirst coordinates the Missouri Stewards of Children Facilitators Network. This network provides sexual abuse prevention education by utilizing the Darkness to Light's Stewards of Children curriculum. They also organize an annual Pinwheels for Prevention event every April during Child Abuse Prevention month.

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 (CACs), 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 SFY17, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. Monthly online training was held for current SAFE-CARE providers, in addition to in-person classroom training. The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. There are currently forty-eight (48) SAFE-CARE providers located throughout the state. Many of those that are not located in one of the three Resource Centers are contracted to provide services through local CACs. In SFY17 the number of SAFE-CARE providers remained stable at 47. According to the Department of Public Safety’s SAFE payment program, there were 1,756 child SAFE exams and 1,379 CARE exams (physical abuse exams) in SFY17.

Legislation in 2016 requires investigative staff to complete four (4) hours of medical forensics training. In response to this Missouri KidsFirst, several SAFE-CARE providers, and the Children’s Division have developed training for Children’s Division staff primarily taught by medical providers on various topics related to medical issues common to child abuse and neglect investigations.

Legislation was enacted in 2016 requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation be either evaluated or have a case review completed by a SAFE-CARE provider. Approximately 7,008 children were referred to a SAFE-CARE provider as a direct result of this legislation in CY2017.

In June 2018, the SAFE-CARE network will start using the Extension for Community Healthcare Outcomes (ECHO) model to provide ongoing training and case consultation that will be available to SAFE-CARE providers statewide. The SAFE-CARE ECHO provides a brief learning didactic, followed by case presentation. Two ECHO series are planned for 2018: one on physical abuse and one on sexual abuse. The Children’s Division has partnered with the SAFE-CARE network and Missouri Kids First to be a part of the hub of experts that help share knowledge and facilitate learning at each session.

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. The Task Force issued its final report in December 2012 with numerous recommendations centered on community-based child sexual abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force continues to be active and met three times during 2017. There are numerous sub-committees working on the recommendations from the initial task force report. The Children's Division is active in the Mandated Reporter Curriculum, the Multi-Disciplinary Best Practices, and the Youth with Problem Sexual Behaviors sub-committees.

Some of the highlights of the work done through the Task Force in CY2017 include:

- Mandated reporter online training was completed and piloted during November 2016 and was made available free of charge to mandated reporters across Missouri. As of November 1, 2017, more than 9,500 professionals have completed the training.
- \$200,000 was appropriated to the Department of Elementary and Secondary Education (DESE) to implement a trauma-informed schools initiative and pilot project. The funding would have supported DESE in providing resources, training and funding to school districts that are interested in beginning the process of becoming trauma-informed. The funds for the pilot were withheld.
- \$500,000 of funding was secured for the Missouri Children's Trauma Network to continue providing evidence-based mental health trainings to mental health practitioners and to enhance access to these services for victims of trauma.
- Funding was secured from the Children's Justice Act to hire a Child Abuse Resource Prosecutor to enhance the investigation and prosecution of child abuse cases throughout Missouri.
- Senate Bill 638: Trauma-Informed Schools. <https://motraumaschools.org> was created as part of the Trauma-Informed Schools Initiative which includes a Missouri Model for districts. Pursuant to Section 161.1050, RSMo, each school district shall provide the address of the website described under subdivision (3) of subsection 3 of this section to all parents of the students in its district before October 1 of each school year. This was included on the Items Not Waived Checklist (appendix II) that superintendents use to show compliance with legislation and State Board of Education regulations.

The Task Force group agreed that several work groups should reconvene, and several are no longer needed at this time but may need to be revisited if funding for continued work and/or statute changes allow. It was also decided that Missouri Children's Trust Fund will facilitate the development of the home visiting recommendations. At this time, the Task Force will work on recommendations to strengthen child abuse and neglect prevention and interventions in Missouri through the following work groups:

1. Youth with Problem Sexual Behaviors
2. Multi-Disciplinary Team Excellence
3. Child Abuse Investigations (combining the work of the law enforcement investigations and Children's Division investigations)

- 4. Primary Prevention of Child Abuse and Neglect
- 5. Foster Care

Human Trafficking

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children's Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child's household;
 - Those exercising supervision over a child for any part of a twenty-four hour day;
 - Any person who has access to the child based on relationship to the parents of the child or members of the child's household or the family; or
 - Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse and neglect screening criteria was implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

Child(ren) of any age has forcefully or willingly been involved in any type of sexual act in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third party profits from the child's sex act. This also includes situations in which the child's basic needs are met in exchange for a sexual act and situations in which the child's parent/caregiver allows, permits, or encourages a child to engage in a commercial sex act. Examples include pornography, prostitution, stripping, and survival sex.

A new reporter description code of Child Sex Trafficking (HT) code was added to FACES and the existing reporter description code of Prostitution (A8) was discontinued. The addition of this new HT code provides the ability for staff to make findings specific to child sex trafficking.

The following are policies that have been implemented to specifically address human trafficking and the commercial sexual exploitation of children:

Memorandum Number	Summary
CD17-46	Introduced staff to the changes in abuse/neglect definitions, the new Child Sex Trafficking reporter description code, and provided guidance on making determinations based on the legal elements of the trafficking definitions.

Deputy Director Julie Lester and Program Development Specialist Kara Wilcox-Bauer are appointed members of the Missouri Supreme Court’s Combatting Human Trafficking and Domestic Violence Commission. The Commission is currently working on finalizing recommendations to the Supreme Court to improve the judicial response to these issues.

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children’s Division has contracted with Cornerstones of Care to provide introductory training on Human Trafficking to staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. Frontline staff and Older Youth Chafee providers received this training in CY2015 and CY2016. Cornerstones of Care continues to provide this training on an as needed basis for new staff and any employee that has not yet received training on human trafficking. The Children’s Division is currently exploring the development of advanced training curriculum to provide more skills on the identification and assessment of child trafficking victims.

Children’s Division staff continue to expand their awareness of and response to concerns of human trafficking by developing local protocols within multi-disciplinary teams, collaborating with federal law enforcement agencies for assistance in investigating cases of suspected trafficking, participating in various local human trafficking task forces, and developing local procedures to address youth who run away from foster care.

The Children’s Division is partnering with the Missouri State Highway Patrol and the Texas Department of Public Safety to be able to provide Interdiction for the Protection of Children Training. A train-the-trainer course is scheduled for May 7th-11th 2018.

PROMOTING SAFE AND STABLE FAMILIES PROGRAM

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 (FCS). If there is an open IIS case, the local office should 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 46 circuits within the State of Missouri.

According to the CD Annual Report, Table 38, in SFY17, 1,900 families and 4,757 at-risk children were accepted into the IIS program. In SFY16 there were 1,795 families and 4,631 children served. In SFY15 there were 1,848 families and 4,611 children served. 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 slight increase in the number of families served from SFY15 to SFY17 which can be attributed to a need for additional prevention services related to the number of children entering out of home placement.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY17, 38% of the children served by IIS were age five and under. In SFY16 and SFY15, the percentage of children five and under was 39% and 40% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

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 SFY17, 80% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 78% in SFY16 and 77% in SFY15. According to SFY17 IIS Annual Report, Table 24, in SFY16, 6% of children were removed during the IIS intervention. It is also important to remember there are times when placement into foster care or another placement outside of the home is in the best interest of the child.

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.

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 three, six, and twelve month intervals following the intervention. Staff interested in reviewing data outside those timeframes may request the data through supervisory channels.

In December of CY15, the IIS and Intensive Family Reunification Services (IFRS) training contract was awarded to three IIS contracted providers. The IIS/IFRS training contract provides specialized training as required in order to ensure that contracted intensive in-home specialists, intensive family reunification specialists, and supervisors may successfully provide IIS/IFRS to families, according to standards of best practice. IIS/IFRS training functions to train IIS/IFRS practitioners in this service model. IIS specialists and supervisors continue to self-report the increasing needs and severity level of families served. As a

result, the regions and intensive in-home service providers offer input on training topics they would like added to the training curriculum to ensure specialists are better equipped to work with families. Children's Division staff is also encouraged to attend any of the trainings offered through the IIS/IFRS training contract.

In July 2016, (FY17), an additional one million dollars was made available for the IIS program based on the need for additional prevention services and the success of the program. This allowed for fourteen additional specialists across the state. Children's Division determined where the additional specialists should be allocated based on the current percentage of specialists and the current percentage of LS-1 entries in each intensive in-home site. Based on the difference this determined the need in each of the intensive in-home sites.

The current IIS contract will be expiring in May 2018. A new contract period is scheduled to begin in June 2018. The contractors all provided input on the current contract and suggestions for how to enhance a future contract to ensure the needs of the families and children served through the IIS contract will be met. The new contract will allow contractors to submit their own practice models for the IIS program and will put an emphasis on evidence based practices.

Intensive Family Reunification Services

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program 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 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. The contract also allows youth placed in residential treatment through guardianship and adoption subsidy to participate in IFRS to aid in reunification.

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 to allow the specialist ample time to work with the entire family. An IFRS specialist's caseload varies based on the stage of intervention, and they serve 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 contract has three stages of intervention. Stage one is focused on preparing the family and child(ren) for the child(ren)'s return to the home. This stage includes visits between parents and child(ren) observed by the specialist. A specialist can serve a maximum of five families in stage one. Stage one is typically two to four weeks in duration. Stage two is intensive service delivery to the family immediately following the child(ren)'s return home. A specialist can serve a maximum of three families in stage two

and this stage typically lasts six to eight weeks in duration. Stage three is a step down, follow up stage, focusing on resolving issues that arise following the removal of intensive services. The specialist conducts one home visit each month for ninety calendar days to monitor family functioning. A specialist can serve a maximum of eight families in stage three.

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. Sites offering IFRS include:

Site #941: Jackson and Cass Counties

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

Site #943: Boone, Callaway, Cole, Camden, Miller, Laclede, Moniteau and Morgan Counties

Site #944: Jasper, Newton and McDonald Counties

Site #945: Osage, Franklin, Gasconade and Jefferson Counties

Site #947: Crawford, Dent, Iron, Reynolds, Wayne, Perry, Bollinger, Cape Girardeau, Washington, Madison, Ste. Genevieve and St. Francois Counties.

Site #948: Scott, Mississippi, New Madrid, Pemiscot, Stoddard, Dunklin, Butler and Ripley Counties

Site #950: Greene, Christian and Taney Counties

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 2017, there were 93 Families served during CY 2016. In SFY14 there were 100 families served. The cause of this minor 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. Also, the award of the new contract in April of 2014 caused a decrease in referrals because of delay of award, new contractors and staff, and new sites/reconfiguring.

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 electronically in SFY11 when IFRS was put into FACES. The table below illustrates the 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. With some changes in contractors and sites and some needed data entry clean up, it was difficult to gather more in-depth accurate data for SFY17. 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.

Fiscal Year	Foster Care 3 months	Foster Care 6 months	Foster Care 12 months
2013	16%	19%	17%
2014	10%	4%	7%
2015	12%	2%	6%
2016	15%	7%	5%
2017	11%	11%	5%

For SFY17, the percentage of children in foster care at 3, 6, and 12 months following the IFRS intervention has changed slightly from the previous year. As discussed in the foster care section, the state focused efforts on improving engagement with families which will lead to a reduction of removals and better permanency outcomes for children.

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 also 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.

Missouri is currently in the process of restructuring the contract surrounding this program. Although not final, plans are being made to combine this program into the Intensive In Home Services program. This would allow more families to be served and also loosen some of the time constraints, allowing work with

families to be done within the first 30 days of a case opening, or after a child returns home as needed by the specific case situation.

Missouri does not plan to make changes in the use of funds and service array as a result of the revised statutory definitions of family support and family reunification laid forth in the Family First Prevention Services Act.

FAMILY SUPPORT SERVICES

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 SFY17, there were 14,865 active FCS cases compared to 18,087 during SFY16, and 19,331 in SFY15. (Source: CD Annual Report, Table #9). The total number of FCS cases in SFY17 decreased by 17.8% from SFY16. In CY17, CD Memo 17-16 informed staff of changes to the Family-Centered Services and Alternative Care functions in FACES. As of the date of the memo, staff were instructed to no longer open FCS functions on families when children are placed in alternative care. When the change was implemented, all FCS cases with associated AC functions opened automatically closed in the system, with a few exceptions. This is the contributing factor for the 17.8% decrease in the number of active Family-Centered Services cases in FY17.

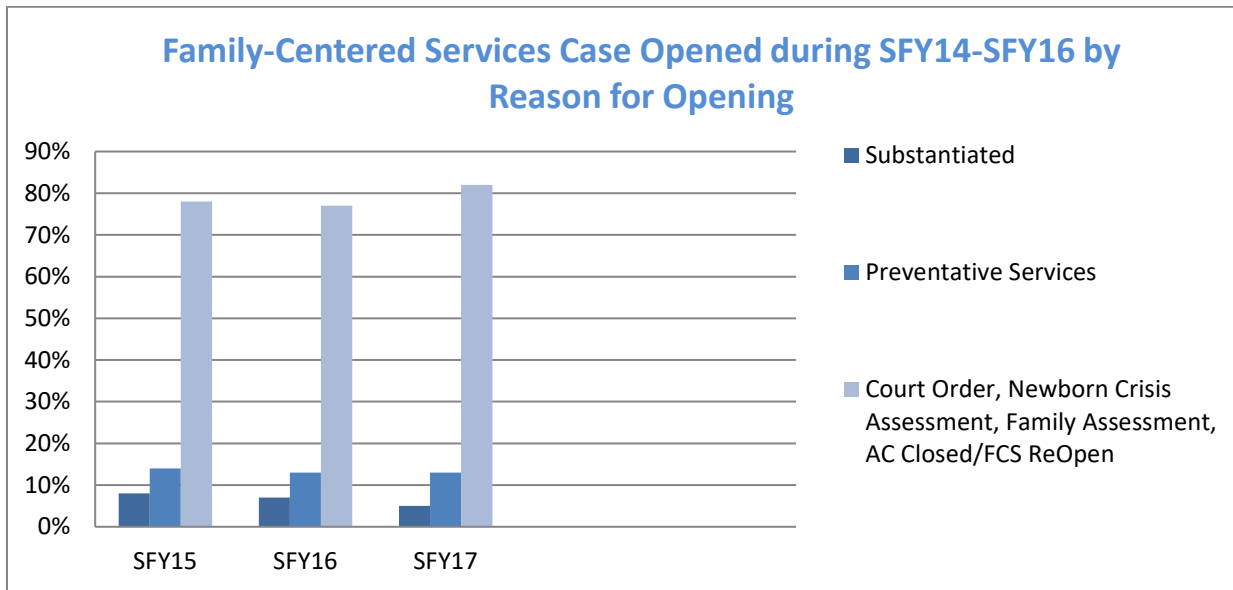
The total number of FCS cases in SFY16 decreased by 6.4% from SFY15. This decrease is attributed to the number of children active in out-of-home care increasing by 4.4% (Source: CD Annual Report, Table #35). Fewer intact (no court involvement) FCS cases are being opened because more children are entering out-of-home placement. As the number of children entering out-of-home care increases, the percentage of intact (no court involvement) FCS families decreases.

Family-Centered Services Cases Active SFY15 - SFY17

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY15	19,331	-3.8%
SFY16	18,087	-6.4%
SFY17	14,865	-17.8%

In SFY17, approximately 5% of FCS families were served as a result of substantiated child abuse/neglect reports (352 out of 6,519; Source: CD Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 13% of the total served. Almost 3% of the cases were opened due to court order. A new open reason was created in SFY17 based on the CD Memo 17-16 referenced

above to include cases where an AC case was closed and an FCS case was re-opened, approximately 1% of families were served as a result of the new reason for opening. The remaining 78% of families were served as a result of a Family Assessment or Newborn Crisis Assessment. The Family Assessment response exemplifies the family-centered approach, which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means resources are more wisely invested in treating and strengthening the entire family. The family assessment places greater responsibility on, and confidence in, families and local communities. Therefore, the foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.



In addition to monitoring the outcomes discussed within, the FCS Program Development Specialist participates in the Case Review process of reviewing FCS cases. This field support allows the FCS Program Development Specialist to receive feedback on new policy and practice and to ensure proper implementation of new policy when reviewing case files.

During CY15, an FCS new practice model implementation team was formed and tasked with strategizing the best way to implement the new model. The goal of the new practice model is to focus efforts on families with chronic neglect who consistently return to the Children’s Division in need of assistance. By focusing on this population, staff will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Instead of stipulating the required tools a worker must use, the worker will have the discretion to utilize any assessment tools that work for the needs of the family.

Pilot sites for the new practice model began in CY16. Five regions (St. Louis, Northeast, Northwest, Southwest and Southeast Region) began piloting the new FCS practice model. The Division is moving forward with a clear practice model anchored in values and practices that support exemplary child welfare outcomes. The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety are the foundational elements and frameworks. These are supported by essential processes such as Family-Centered Services.

The Child Welfare Manual will be updated over time in accordance with the new practice model. The training for the initiative will involve skill building and will provide staff with solution-focused tools to reach goals established in partnership with the family.

To improve practice and enhance worker skills, the Children's Division holds a family-centered services training contract. The trainings should be reflective of a family-centered model for accomplishing in-home and out-of-home child welfare services and shall include modeling of skills for the successful application of family-centered practice models. The process for using the family-centered services training contract changed during CY15. The previous contract had six vendors for the entire state and was not conducive to providing training based on the FCS training needs of the state. The current process allows for any qualified vendor to provide direct education and information primarily on family-centered and family-systems approaches to working with families.

Child Care and Development Fund

As part of the prevention efforts, Children's Division (CD) is the lead agency for the federal Child Care and Development Fund (CCDF) and administers the state child care subsidy program for low income families served through the Family Support Division (FSD) and protective services families served through CD. The Child Care Subsidy Program helped support approximately 29,404 low income children with about 7,103 children served through protective services in SFY17.

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.

The Child Care Subsidy Program 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

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 from birth up to the child's 18th birthday.

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 victim 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 which 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, with the last rebid occurring in 2015. Currently there are 10 crisis care facilities across the state. Children stay at a minimum one unit, but others stay for multiple units or have multiple stays. An average length of stay is calculated each year based on the units of care that were invoiced. The average length of stay is not specific to a reason for admission.

Follow up services with the families were added with the competitive bid process in 2015. Previous follow up was required at 90 days after the child(ren) left Crisis Care. With the 2015 bid follow up services are required at forty-eight (48) hours, fourteen (14) calendar days, and thirty (30) calendar days of discharge. Additional resources and services are to be offered during follow up to assist with alleviating any barriers or additional needs the family may have.

In SFY17, 3,461 children age 12 and under were served, which was a decrease of 2.64% from SFY16.

In SFY17, 433 children ages 13 to 18 were served, which is a decrease of 22.40% from SFY16.

Admission data has been collected for the past five years. Accuracy of the data is dependent on the crisis care facilities categorizing the reason for admission within the quarterly report to the state agency. The primary reason for admission in SFY17 was overwhelming parental stress (39.26%), followed by homelessness/unsafe housing (35.59%) and hospitalization of parent/guardian (11.85%). Since this is a contracted service, other unknown variables could have impacted the number of children receiving crisis care.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families.

The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of 3 years. The program provides parents with education aimed at preventing the risk of child abuse and neglect, as well as various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, and school readiness. The Home Visiting program also provides the parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents

to keep them engaged in the program. As the child ages out of Home Visiting they are referred to a Head Start or other early learning program to maintain continuity of educational services with the family.

The Home Visiting program is located in 11 regions across the state with eight Partnership Agreements and 11 Competitive Contracts providing Home Visiting Services. In SYF 17, there were a total of 2,916 unduplicated families and 3,035 children age birth to three years old served.

Home Visiting contractors and partnerships currently utilize either an evidence-based or promising approach model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to serve 70% Children's Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

TIME LIMITED FAMILY REUNIFICATION SERVICES

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 may 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 a related family member or has a close relationship with the family. Relative placement providers must complete training and a licensure process to care for a child and for payment for to be received. *Note: The Division changed the categorization of placements during 2017 to integrate kinship placements (non-related persons) into the same category of relative placements. The data below will still reflect the kinship designation.*
- **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 are successfully receiving Chafee Foster Care Independence Program services.
- **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. The increase in Medical placements indicates children and youth are entering care with a diagnosed condition which requires additional care and training. The Division is observing not only a natural increase in children classified as medical as a result of the increase in the foster care population, but are seeing an increased number of children with autism spectrum disorders, which often times require a medical approach rather than behavioral as parents must adapt to the needs of the youth for whom they are caring.

Foster Care Placements

Placement Type	Coding Categories	SFY14	SFY15	SFY16	SFY17
Emergency	FHE	215	169	149	120
Foster Care	FAH, FGB, FGH, FGM, FHB, FHE, FHM, FHO	5,998	6,105	5,869	6,012
Relative Care	RHB, RHM, RHO, RHU	6,254	6,810	6,928	7,500
Kinship Care	KHB, KHM, KHO, KHU	1,740	2,077	2,298	2,232
Elevated Needs	FGB, CFP, FHB, KHB, RHB	940	1,038	923	954
Medical Care	KHM, FHM, RHM	341	390	417	552

Transitional Living	TLA, TLG, TLS	337	343	290	310
Independent Living	ILA	271	297	300	349
Residential Treatment	RFA, RF2, RF3, RF4, RFE, RFP, RFT	2,049	1,985	1,831	1,691
Total Children		17,154	19,312	19,314	20,031

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 with the foster care population being at 13,436 in January 2017. 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. A slight decline is noted for the most recent fiscal year.

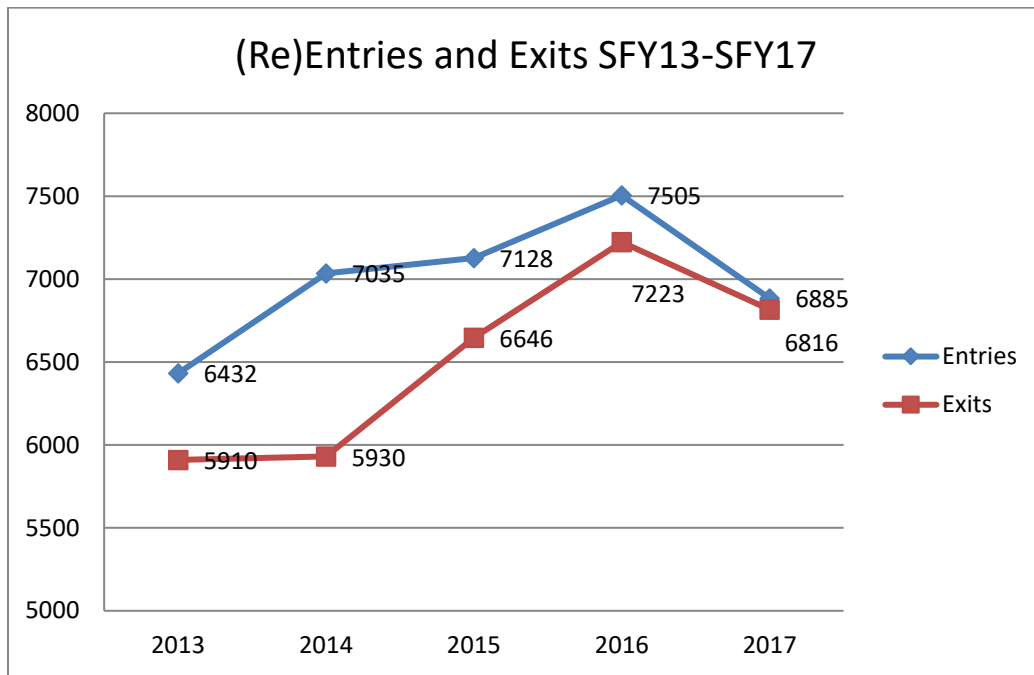
Children Active in CD Custody During SFY13 - 17

Fiscal Year	Number of Children	Change from Prior Year
SFY13	17,162	4.0%
SFY14	18,283	6.5%
SFY15	19,426	6.3%
SFY16	20,284	4.4%
SFY17	20,031	-1.3%

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 *re-entering* care declined by almost 700 children between SFY16 and SFY17; this

was after an increase of almost 400 during SFY15 to SFY16. According to Table 35 of the CD Annual Report, the number of children exiting foster care has increased each year from SFY12 to SFY16. In FY17 a decrease of about 400 exits occurred. While the number of exits has mostly increased each year, the exit rate has not surpassed the rate of entries. Therefore, the total number of children in care continues to rise, compared to several years ago.



Source: CD Annual Report Table 35

In an effort to find explanations for the increase in foster care population growth, the Quality Assurance Unit conducted a data analysis to look at different factors such as entries and exits, parent involvement in case planning, Intensive in Home Services data, collaboration with community stakeholders, staff retention, employee engagement results, service array and number of hotlines. Data will continue to be monitored and ideas explored regarding the increase of entries and the disproportionate number of exits.

Some areas of focus and development for SFY18 and ongoing in regards to the growth of the foster care populations are:

- Service Workers – Previously, if foster youth were placed in another county, a service worker would visit that child on behalf of the case manager in the county of jurisdiction. The service worker and case manager would work together to provide case management services to the child. In Fall 2014, regional plans were designed to eliminate service workers, and full implementation began in 2015. Case managers were then expected to see all youth on their caseload, in person, in their placement, each month. This process was adjusted in 2017 to allow a service worker to be assigned if the child was placed over 2 hours away from the case manager’s county.
- Worker Retention – Worker turnover can greatly affect case planning and slow permanency for youth in foster care. In CY14, a Management Analysis Specialist position was created to focus on staff retention and turnover. Also in CY14, a Career Ladder was implemented, allowing

experienced workers to seek approval to become higher level workers, with increased pay, also helping with worker retention. See the Program Support, Recruitment and Retention of Staff section of this document for more information on efforts regarding worker retention.

- Family-Centered Services – As described further in the Family Support Services section, in CY14, the Children’s Division recognized a need to examine the current Family-Centered Services philosophy and organizational culture regarding engaging families, to find out what is being done and what needs to improve. Children’s Division looked at whether staff are given the knowledge to treat families with respect and dignity through the engagement process. A workgroup was established in CY14 and charged with developing a new FCS model for Children’s Division. The workgroup was tasked with developing a framework, recommending a model, and developing core training for staff. Improvements in Family Centered Services can lead to better services to intact families, ultimately creating fewer removals and fewer youth in foster care. Currently there is a pilot process in place to examine the effectiveness of this new model.
- Trauma Informed Practice - Children’s Division recognizes exposure to trauma can impact children’s physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus. To steer the development and implementation plan for becoming a trauma-informed agency, the Children’s Division partnered with the Department of Mental Health (DMH) in March 2014 to share the employed position of Patsy Carter, PhD, Director of Children’s Clinical Services for DMH. In addition to assisting CD in becoming a trauma-informed agency, Dr. Carter will help build a clinical structure within the agency and provide clinical consultation services.

The initial phase of implementation is to ensure staff has a shared foundation of trauma awareness. The Division has elected to train staff using the NCTSN *Child Welfare Trauma Training Toolkit* curriculum. A group of select staff and contracted providers received NCTSN *Child Welfare Trauma Training Toolkit* train-the-trainer in September 2014 and nearly all staff in their respective regions has received this training. Future training sessions will incorporate resource providers and multidisciplinary members (juvenile officers, guardian ad litem).

- Youth Trauma - Children ages 0-6 are identified to be at greater risk of maltreatment, and children who have experienced trauma are more vulnerable to future trauma. In response, Missouri has created the Missouri Early Trauma Initiative (MET) to explore strategies to address the trauma these young children endure. Understanding children in foster care can experience separation trauma at the time of removal from their caregiver or when transitioning between placements, MET created the Missourians Overcoming Separation Trauma (MOST) initiative. This proposed initiative focuses on mitigating the impact of separation trauma on children in foster care ages 0-8 by utilizing a home visitor model in an educational and skills building approach with the caregiver and resource provider.

On August 28, 2013, SB205 and SB208 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.

Worker Visits with Children

The Division continues to maintain in the area of frequency of worker visits with children. Missouri achieved 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 99% in FFY15, 98% in FFY16 and 97% in FFY17. 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.

Length of Stay

The average length of stay for children in the foster care system in FY09 was 25.1 Months. The table below shows the changes in recent years for several types of stays in Foster Care and the average length of stay.

Fiscal year	Length to Reunification*	Length to Guardianship*	Length to Adoption*	Average Length of Stay**
2016	13.20 months	20.76 months	29.67 months	20.9 months
2017	13.29 months	21.06 months	30.12 months	22.3 months

*Source: CD Outcomes report, table 9c

**Source: CD Annual report, table 20

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. 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 Clinical Supervision Process was piloted in several areas, with full implementation statewide, in February 2015. The Children's Division continues to emphasize timely achievement of permanency with staff, managers, Quality Assurance and Quality Improvement Specialists and the Courts.

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, and thus has become an increased area of focus. The Division continues to develop strategies and guides to aid staff in increasing family engagement. Another area of focus is diligent search, used for both parents and potential relative and kinship placement resources. There are enhanced tools for staff use to aid in diligent search. These tools can assist staff in locating and engaging both parents as well as locating relatives and kin for potential placement resources.

During 2017, the Division made strong efforts to implement a new practice model (Signs of Safety) in all areas of the state. This model encourages social workers to partner with families to create safe environments for child. The approach is solution-focused and highlights the family's strengths and how they can be used to protect children.

A future plan is to look at implementing the Team Decision Making (TDM) model across the state. The effort will help decrease the time in care for children by allowing the best decisions being made for a child early and often while they are in the Division’s custody.

Placement Stability

Fiscal Year	% of Children with 2 or fewer placements
2013	81.84
2014	80.64
2015	79.73
2016	79.07
2017	79.92

*Source: CD Outcomes Report, measure 13a

As a result of Round Two of the CFSR, the Division developed a workgroup to develop strategies to increase placement stability. Case review results and AFCARS composite data indicate outcomes have remained fairly stable from 2013 to 2017. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included 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 in 2014 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 addition to monitoring the data provided in the foster care section, the PDS also travels to all parts of the state to provide field support to staff when requested.

Relative and Kinship 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
2013	5,927	34.55%	1,460	8.51%
2014	6,253	34.19%	1,739	9.51%
2015	6,810	35.05%	2,077	10.69%
2016	7,257	35.78%	2,371	11.69%
2017	7,500	37.44%	2,231	11.14%

Source: Outcome Measure #17a/b

It should be noted that the Division changed its definition of relative during 2017. At this time, all placements that are with a relative or friend of the family are considered relative. The data above will be the final data that reflects a separation of kinship and relative.

As the table above illustrates, significant increases in the use of relative and kinship placements have occurred since FY13.

Fiscal Year	% of children exiting care from a relative home placement
2013	47%
2014	49%
2015	50%
2016	52%
2017	55%

Source: CD Annual Report Table 21

In SFY17 55% of the children leaving care exited from a relative home placement. This continues a steady increase over the last several years. 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 which included tools to inform relatives and kin of children entering the system. 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.

The Legal Aspects of Relative Placements Training DVD 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 for consideration when making placement decisions. This training is available to staff as well as foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions. This training is required of staff who are supervising or coordinating relative placements and available to all other staff. The trainings are tracked in the state Employee Learning Center.

Children's Division provides specialized training to all relative (now including kinship in this definition) providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training used in Missouri, is used with relatives and non-relative persons who have a close emotional relationship with the child or parent. 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.

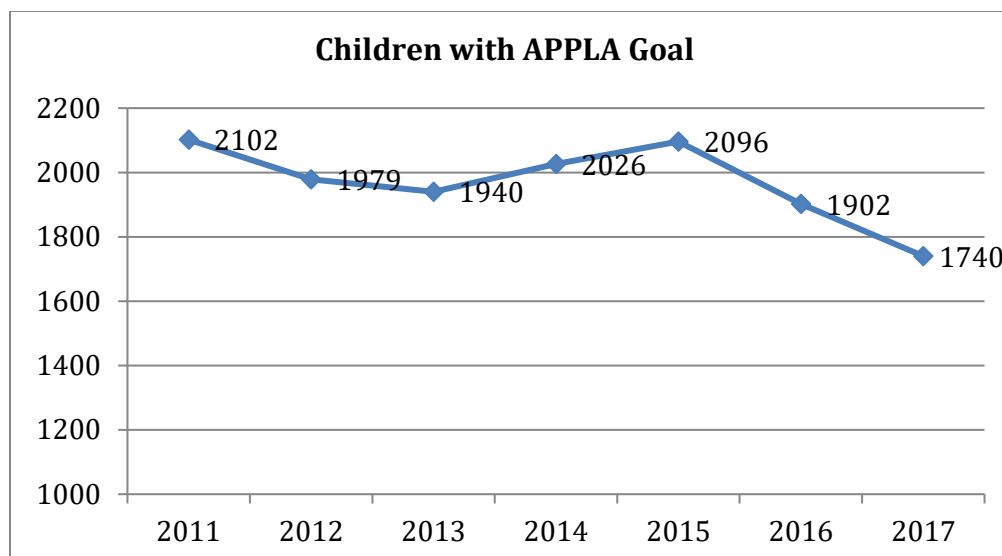
Another Planned Permanent Living Arrangement

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, 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 agreement called a Permanency Pact with the youth for this purpose. The purpose of the agreement is to identify an individual with which the youth wishes to continue to have as a support in his or her 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.

In 2015, federal law went into effect that requires a child be at least 16 years of age before APPLA can be used as the case goal. The Division continues to work within its own agency to comply with this law as well as work with the court system and other partners to enact this change. During 2016, the state of Missouri passed HB 1877 which put this federal requirement into state statute.



Source: CD Annual Report, Table 25

In recent years, Central Office and QA/QI staff has 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. On January 31, 2017, 39 children under the age of 16 were showing with a goal of APPLA in the system. On January 31, 2018 there were 46 such children. This information is sent to the regions for review periodically and is continually being addressed.

The Older Youth Program (OYP) provides services to youth with an APPLA goal through life skills teaching, youth leadership opportunities including leadership boards, financial assistance for post-secondary education, and subsidized living arrangements. The OYP reflects the philosophy and the services offered to foster youth and the program addresses permanency and positive youth development.

Permanency Pacts 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. Permanent connections are also captured on the Adolescent FST Guide and on the case member screen in FACES.

Children’s Division sponsored statewide trainings on the Permanency Pact in conjunction with Foster Club All-Stars including Missouri’s 2014 All-Star. The train the trainer format has been used. Three sessions with 45 participants each occurred as scheduled. The Permanency Pact 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 for use as a tool, and now this has been formalized into policy.

In SFY 15, “What’s It All About? A Guidebook for Youth in Out-of-Home Care” was revised. This guidebook contains information about permanency goals and placement options for youth as well as rights and resources. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care.

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 with the transition to independence.

Residential Treatment Services

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 lesser 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 Treatment Agencies for Children and Youth (RTACY).

During SFY17, 680 children entering the custody of the Children's Division were in a Residential placement. This is a decrease from SFY16 when 852 children entering custody of the Children's Division were in a Residential Care placement. Throughout SFY17, 3501 children in the custody of the Children's Division received service in a Residential Care placement. This is an increase from SFY16 when 2799 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to place older youth into specialized foster care settings. Also, 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 2017, children received services through 66 licensed residential treatment agencies for children and youth operating at 112 separate sites. In 2017, there was one initial RTACY license awarded. Thirty-one RTACYs renewed their licenses in 2017. In 2017, of the 66 licensed RTACYs, 26 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). One additional RTACY is actively seeking accreditation at this time. Such accreditation in Missouri serves as prima facie evidence that an accredited agency meets state licensing standards. Licensed RTACY staff are required to have initial orientation and a minimum of 40 hours of on-going training per year.

Specialized Care Management Contract

The "Specialized Care Management" contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and has been renewed annually since that time. The contract was up for rebid in 2018 and MACF was awarded the new contract, which began on April 1, 2018.

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized care management services which are individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While enrolled in the program, the

contractor is the sole case manager for the enrolled child. Once the youth is stabilized in a community setting, the youth is dis-enrolled and the state agency resumes case management activities.

The contract is capped to serve a maximum of 325 youth statewide. The areas served are comprised of designated counties within the central, eastern, western, and southwestern regions of the state. As of April 2018, there are approximately 265 youth being case managed through this contract. From July 1, 2012 to present, approximately 820 youth have been served through this contract.

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. The average age of active enrollments is 13.14 years.

Nine specific outcomes are measured during each contract period (July 1 through June 30). The following outcome measures assess safety, permanency and stability, and child well-being:

Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.

Target Goal: 99.43% SFY17 Data: 100%

Children shall not be on/or have been on runaway status in excess of 48 hours.

Target Goal: 95% SFY17 Data: 96%

Children shall not be or have been arrested or detained.

Target Goal: 95% SFY17 Data: 97%

Children should remain stable within their community 90 days after disenrollment. It should be noted that this data does not include children who dis-enrolled and because of the child's age and/or legal status, data could not be gathered regarding their stability in the community.

Target Goal: 90% SFY17 Data: unavailable

Youth will not experience a move that is to the same placement type or a more restrictive placement setting.

Target Goal: 78% SFY17 Data: 77%

Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.

Target Goal: 50% SFY17 Data: 49%

Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.

Target Goal: 95% SFY17 Data: 94%

Children dis-enrolled or discharged must have had a physical examination within the past 12 months.

Target Goal: 90% SFY17 Data: 93%

Children must be enrolled in and actively participating in an educational program or have successfully graduated.

Target Goal: 90% SFY17 Data: 93%

These measures address the commitment by CD and MACF to ensure youth are safe, stable, and have the opportunity to be successful. Current performance indicates that MACF met, and often exceeded, most outcome measures. Data outcomes for SFY 2017 show that the number of youth exiting residential care within 180 days of enrollment increased during the time period. It started around 45% but during the last quarter it was 60%. Since the population of youth that MACF services have very high needs it often takes a longer amount of time to stabilize and find appropriate community placements in which youth can transition. This is also a factor to why the goal of children not entering a more restrictive setting was not met. Data for the outcome measures is tracked every quarter and outcomes are discussed with the contractor on a regular basis.

Children's Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services focused on permanency. In August 2017, CD and MACF staff met to discuss the current state of the Specialized Care program and to review cases where children had been in the program for over 5 years. Another meeting is being scheduled for the summer of 2018.

Foster Care Case Management Contracts

The award of Foster Care Case Management contracts on 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 across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with seven provider consortiums to serve 3,435 cases across 28 Missouri counties. Because contractors serve a set caseload, the percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 25% of the children in the care and custody of the Children's Division. This is a decrease from 2009, when approximately 38% were served by the private contractors and the total number of children in care was lower.

In October 2011, Foster Care Case Management regulation was promulgated which changed the case referral methodology from a designated number of monthly case referrals to a 1-for-1 case replacement methodology where a case is referred only when another case exits the contractor's services. The new methodology maximizes opportunities to refer cases at the entry point of care and reduces the need to

disrupt already active cases for the sole purpose of maintaining contractor caseloads. This new methodology has allowed Children's Division the opportunity to move away from the rebuild process historically necessary to bring contractors back to their base caseload. When new contracts are awarded or expansion occurs, the referrals can focus on new entries into care.

The 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 which outlines specific strategies the contractor will implement to meet the outcome measure for the coming year. The average permanency rate achieved statewide for 2017 was 33.59%, the safety measure was 99.81%, where only 0.19% of the children had a substantiated CA/N report while in care, and 93.4% of the children served did not re-enter care within a 12 month timeframe from achieving permanency.

The permanency targets for each region over the last 12 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children's Division in each region.

Privatized Recruitment and Retention Contract

In August 2013, Cornerstones of Care Healthy Families Program was awarded the state contract for Recruitment, Licensure, Training and Retention of Resource Homes.

In January 2014, the Northwest Region of Missouri as well as Jackson County came under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. This two year pilot project contract included responsibility for recruitment, training, and activities to support licensing/approval of resource homes in the counties of the Northwest Region and Jackson County. COC began the contract with two subcontractors and in early 2017 reduced the number of subcontractors to one. COC and their subcontractor manage the cases of resource families, completing activities of licensure and re-licensure as well as support services to retain foster and adoptive resource families. Additionally, the contractor is responsible for identifying placements for children from their pool of resources for placement of children managed by the Children's Division. The contract was extended for 12 months while revisions were made to the contract and new contract was awarded to COC beginning January 1, 2018. The new contract no longer requires the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function has been absorbed by the Children's Division. Three staff have been assigned to cover this function within the Division with one based in Jackson Co., one in the Northwest Region and a floater to cover overflow of ICPC requests. The intent of this change is for the contractor to focus efforts on recruiting and licensing families who will be willing to accept older youth, youth with elevated needs which will include therapeutic or treatment resource homes in an effort to reduce utilization of residential placements.

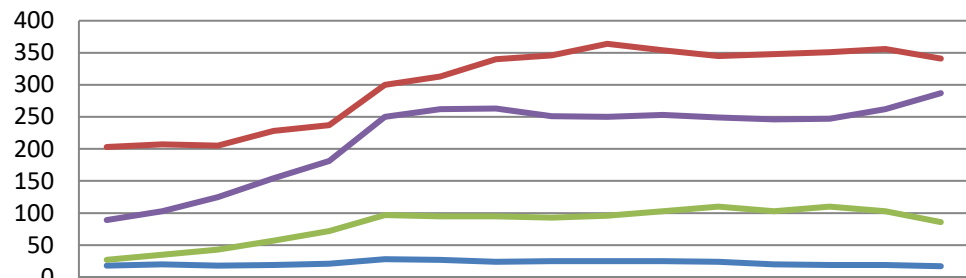
By late 2013, 865 resource home cases were transferred to COC. As of February 2015 there were 1,295 licensed/approved resource families in the pilot area. As of February 2016 there were 1,413 licensed/approved resource families in the pilot area indicating the success of the contractor in increasing the number of resource families available in the pilot region. As of February 2017 there are 1,374 licensed/approved resource families in the pilot area. As of December 31, 2017 there were 1,070. During the third year of the pilot the decision was made for the contractor to be responsible for placement

identification to include an allowance for shelter care. During the initial two years of the pilot the contractor was responsible for identification of only placements in a family like setting (relative, kinship or foster home placements). Assessment of this process identified the process as inefficient for the contractor and Children's Division staff and was having a detrimental effect on children awaiting transition to their alternative care placement. This has been a positive change and has not resulted in a higher percentage of children being placed in shelter than prior to the change due to the concerted effort made to address an increase in residential and shelter placements made in the first year of the pilot. The concerted effort included a focused data review by staff in each of the areas and ongoing meetings and discussions with local staff to focus on the shared goal of fewer youth in residential. COC in turn hired intensive home finding specialists to address placements of youth in an effort to avoid placement in and to increase discharge from residential. Residential placements have decreased in Jackson Co. and remained stable in the NW.

During this second year of the contract, the focus was on assessment of the pilot and determination of the next step in privatization of resource development in Missouri. The determination was made to maintain a contract for recruitment, licensure and retention of foster and adoptive homes in the current regions and not expand to additional regions. Additionally, the CD decided to exercise the option to extend the current contract for another 12 month period with the intent of assessing a full two years of the pilot and approach the new contract request for proposal informed by the assessment. In years three and four 2016 and 2017 the Children's Division and Cornerstones of Care have focused on the following data measures as indicators of the efficacy of the pilot and consistent with the benchmarks and outcomes in the contract. Beginning January of 2018 the benchmarks and outcomes are being adjusted to capture data consistent with the current uptick in relative placements. The number of resource homes will be split into two measures; available resource homes including relatives and available resource homes excluding relatives. Additionally, CD will be tracking the addition of elevated needs families and siblings and eliminating the percentage of placements in relative and foster placements as the contractor is unable to control which placement settings are used for placement. Additional measures are being developed for tracking adoption only homes and specific recruitment strategies for the waiting adoptive population. The subsequent APSR will reflect these measures.

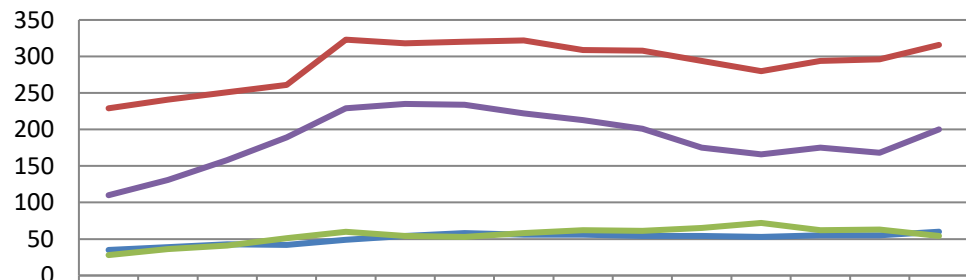
The number of Resource Homes have been tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family like setting for alternative care placement as well as determining how successful the CD and the contractor are in increasing use of relative placements:

Number of Active Vendors by Quarter
NW Region-Jan 15, 2014-Dec 31, 2017



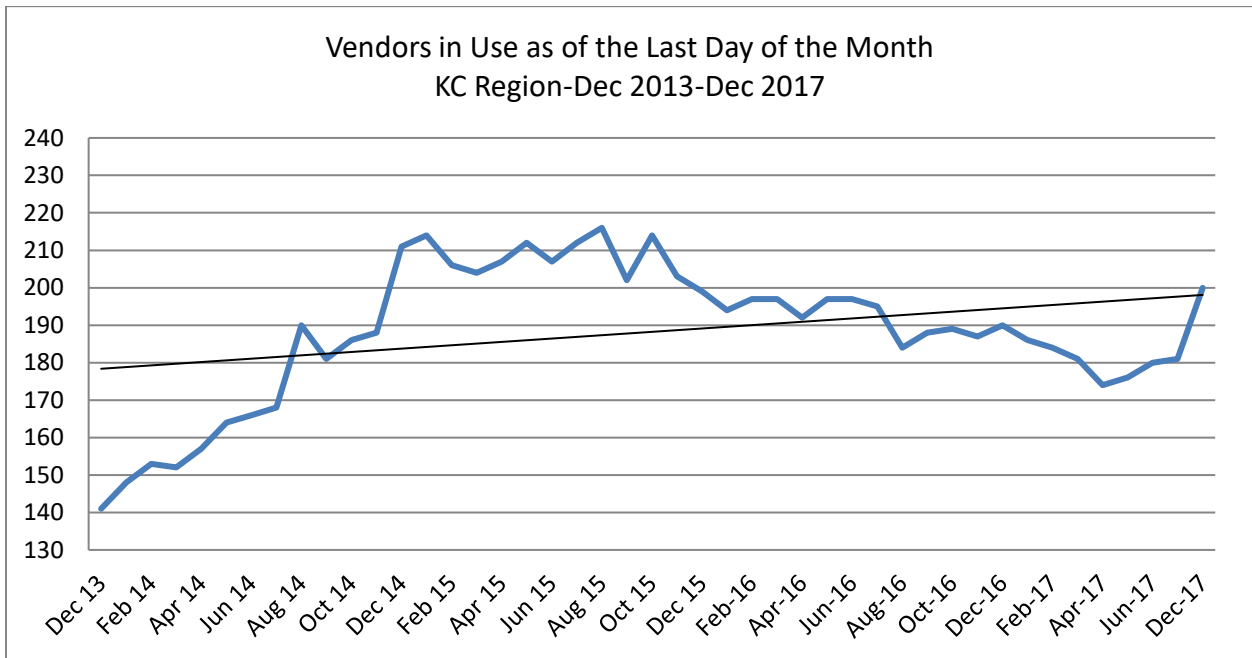
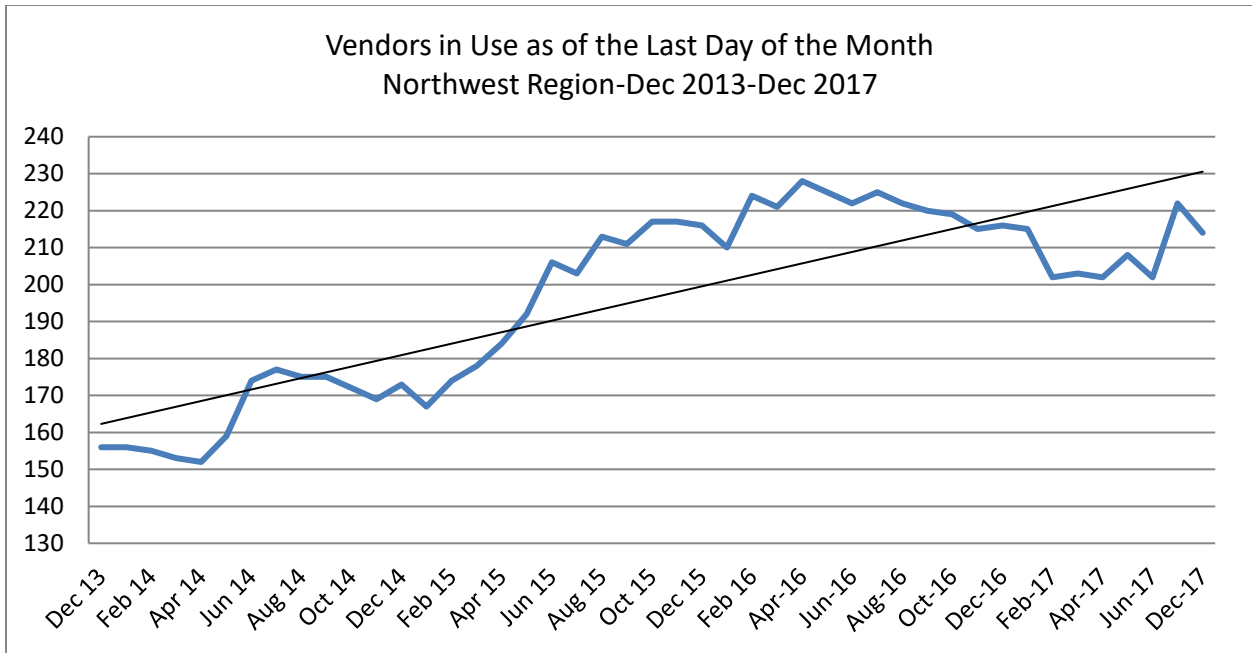
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	Qtr 10	Qtr 11	Qtr 12	Qtr 13	Qtr 14	Qtr 15	Qtr 16
— Career Foster (CF)	18	20	18	19	21	28	27	24	25	25	25	24	20	19	19	17
— Foster Home (FH)	203	207	205	228	237	300	313	340	346	364	354	345	348	351	356	341
— Kinship Home (KH)	27	35	43	57	72	97	95	95	93	96	103	110	103	110	103	86
— Relative Home (RH)	89	103	125	154	181	250	262	263	251	250	253	249	246	247	262	287

Number of Active Vendors by Quarter
KC Region-Jan 15, 2014-Dec 31, 2017

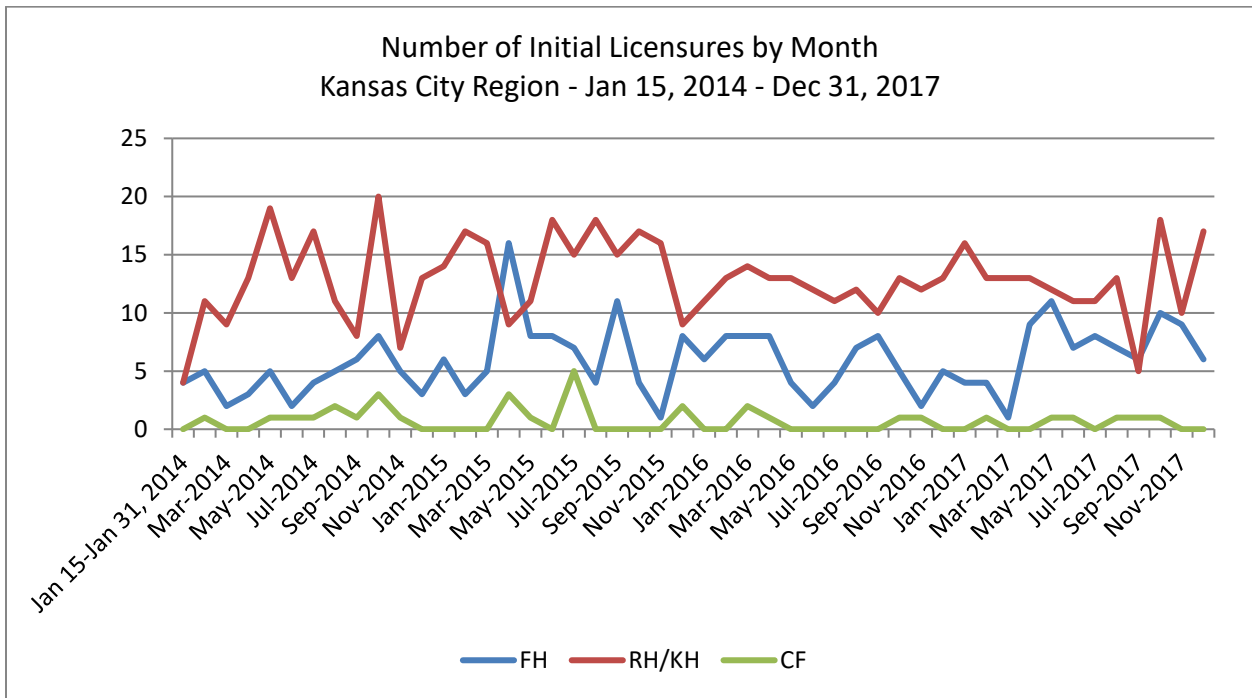
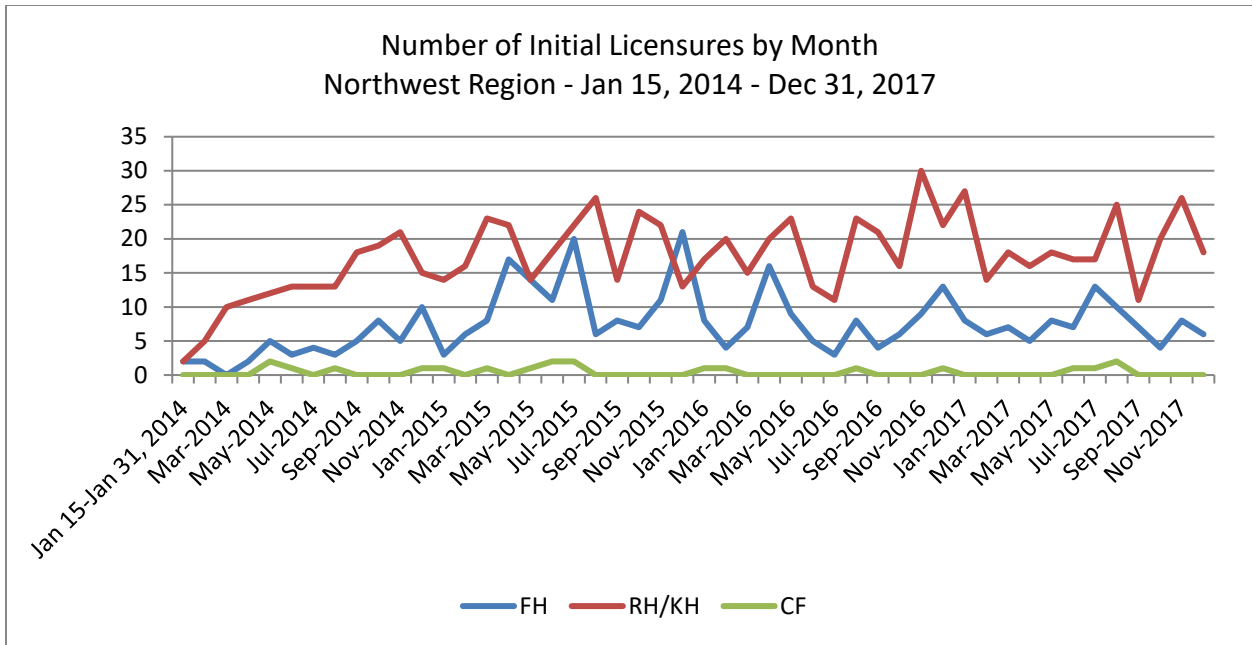


	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	Qtr 10	Qtr 11	Qtr 12	Qtr 13	Qtr 14	Qtr 15	Qtr 16
— Career Foster (CF)	35	39	43	42	49	54	58	56	56	54	54	53	55	55	60
— Foster Home (FH)	229	241	251	261	323	318	320	322	309	308	294	280	294	296	316
— Kinship Home (KH)	28	36	41	51	60	54	53	58	62	61	65	72	62	63	54
— Relative Home (RH)	110	131	158	189	229	235	234	222	213	201	175	166	175	168	200

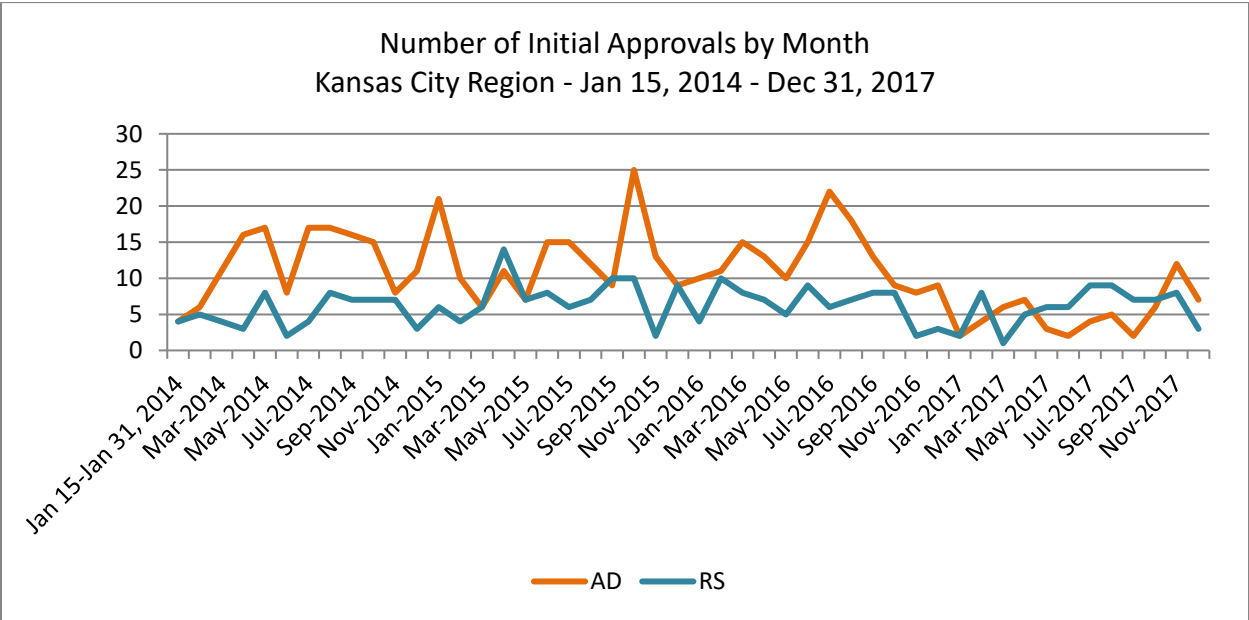
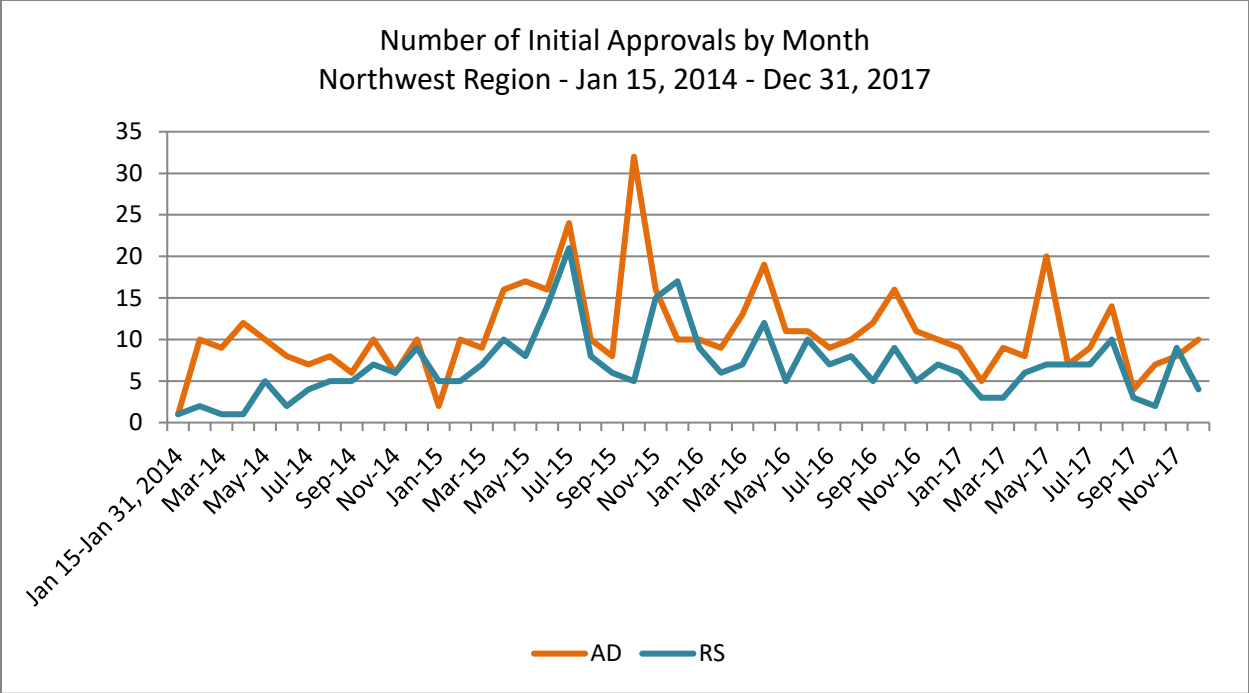
Vendors in use each month has been reviewed to determine if the resource homes being developed and retained by the contractor as meeting the needs of the population of youth in the care of the Children’s Division.



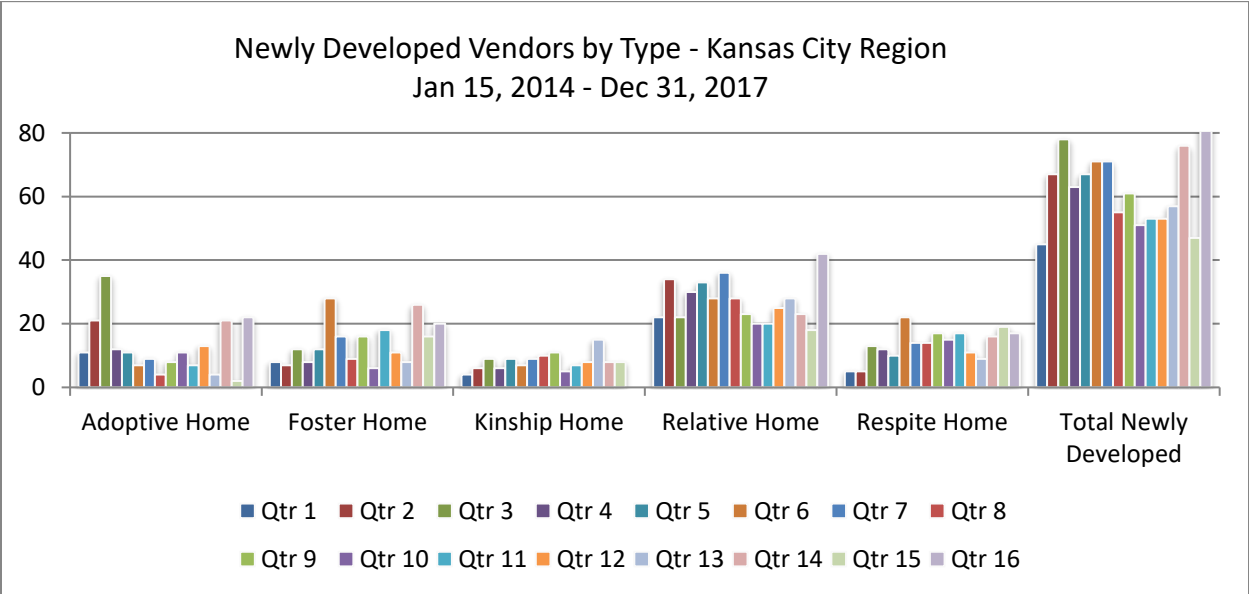
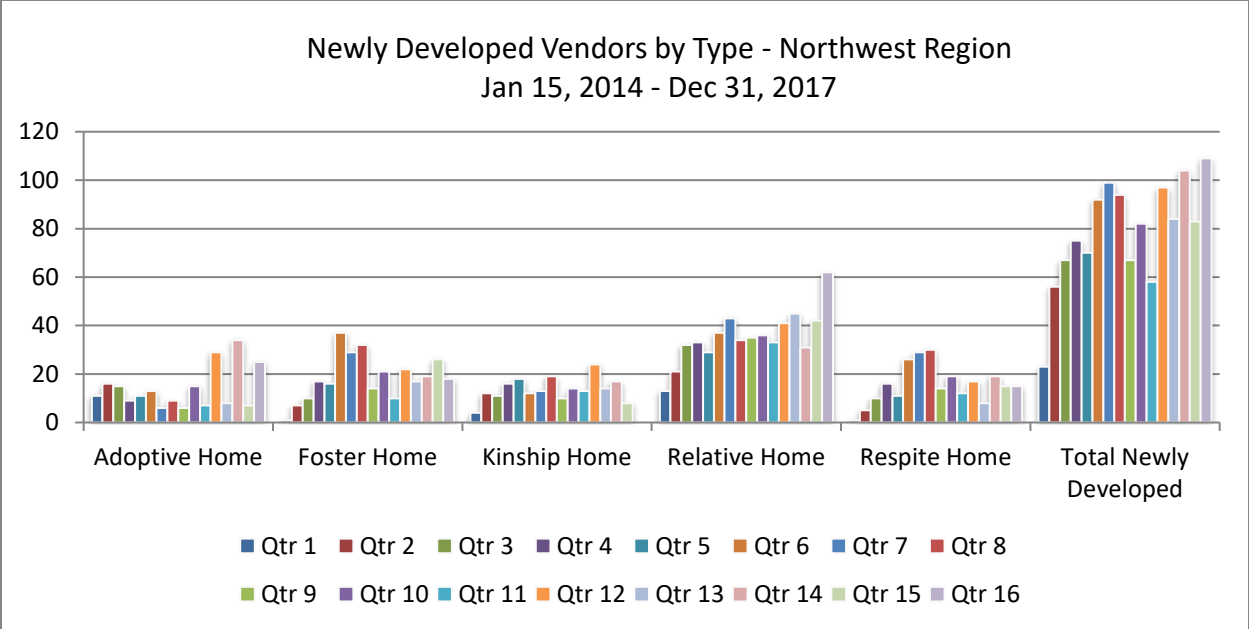
The number of initial licensures demonstrated a substantial increase within the first two quarters of 2014 resulting in a backlog in processing of initial applications and in turn completion of initial licensure activities. During 2016 and 2017 the data indicated a more typical pattern of highs and lows in processing of applications and licensures consistent with the remainder of the state. This pattern is typical because of the time necessary to complete home assessment and training. The following two charts indicate this licensing trend for foster, relative and kinship licensures.



The following two charts indicate the pattern observed with adoptive resource approvals throughout the four year contract.



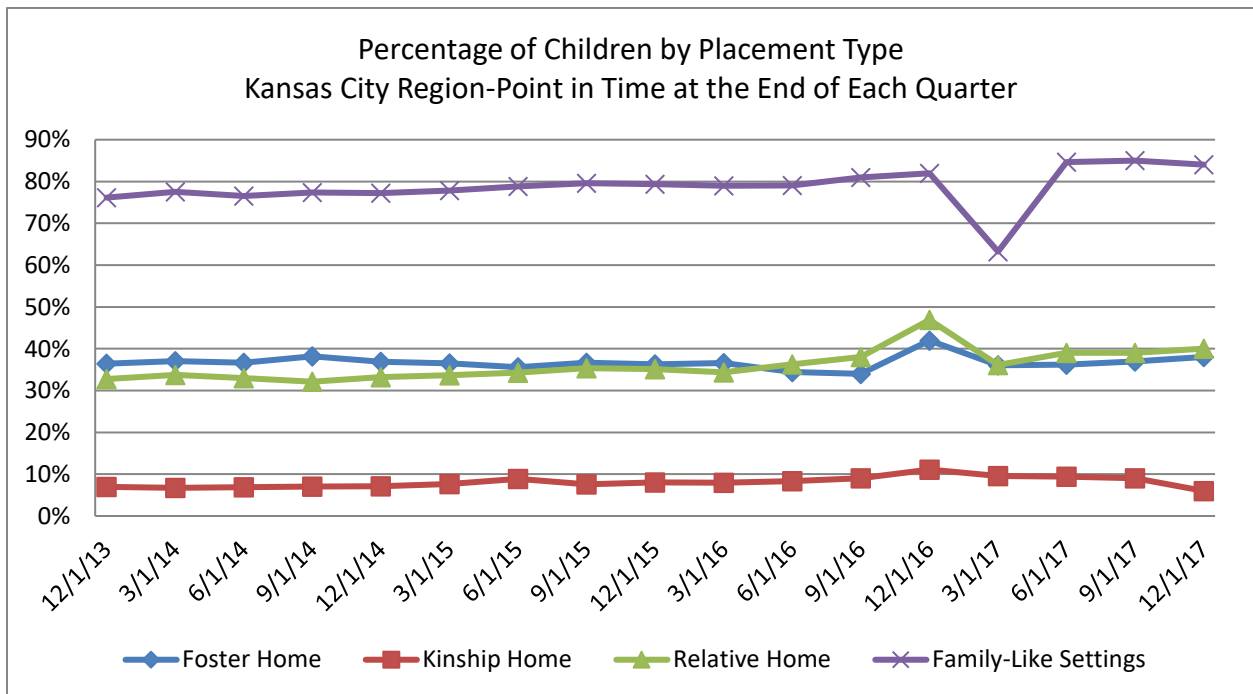
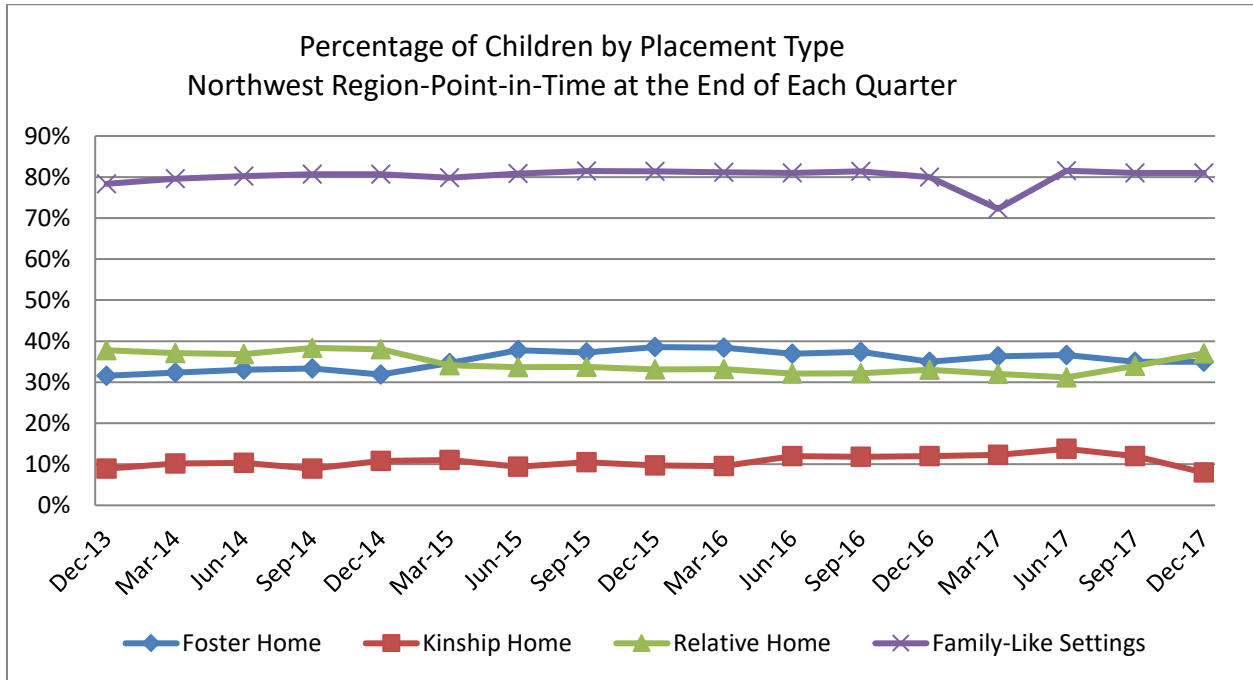
The following chart indicates the trends observed in resource development by resource type throughout the four year contract.



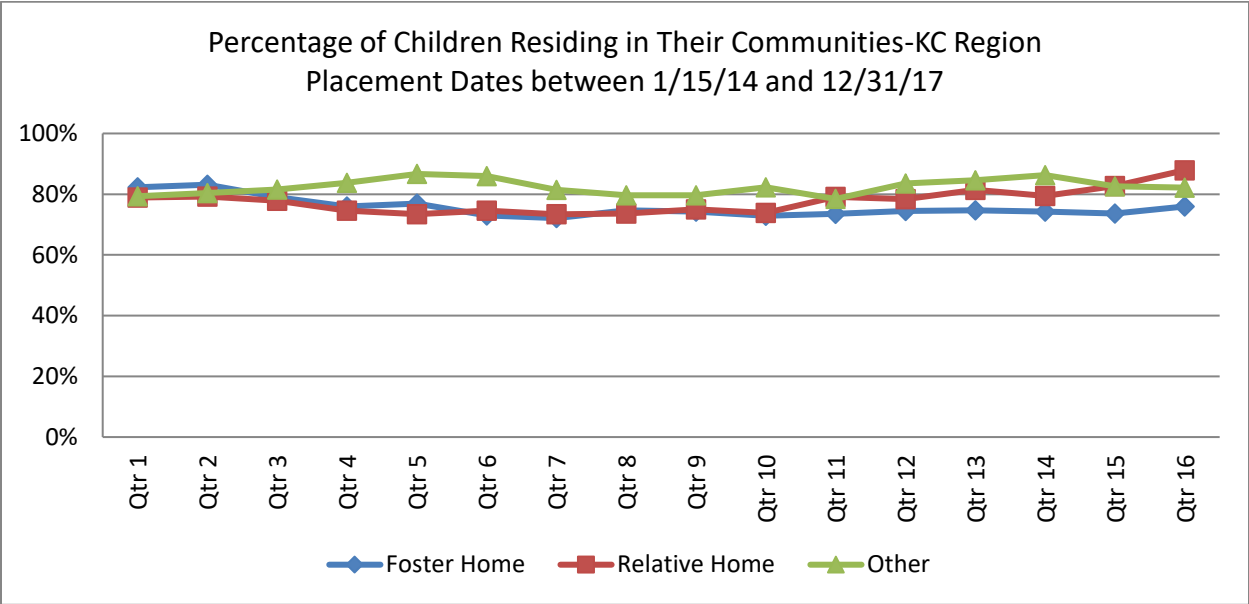
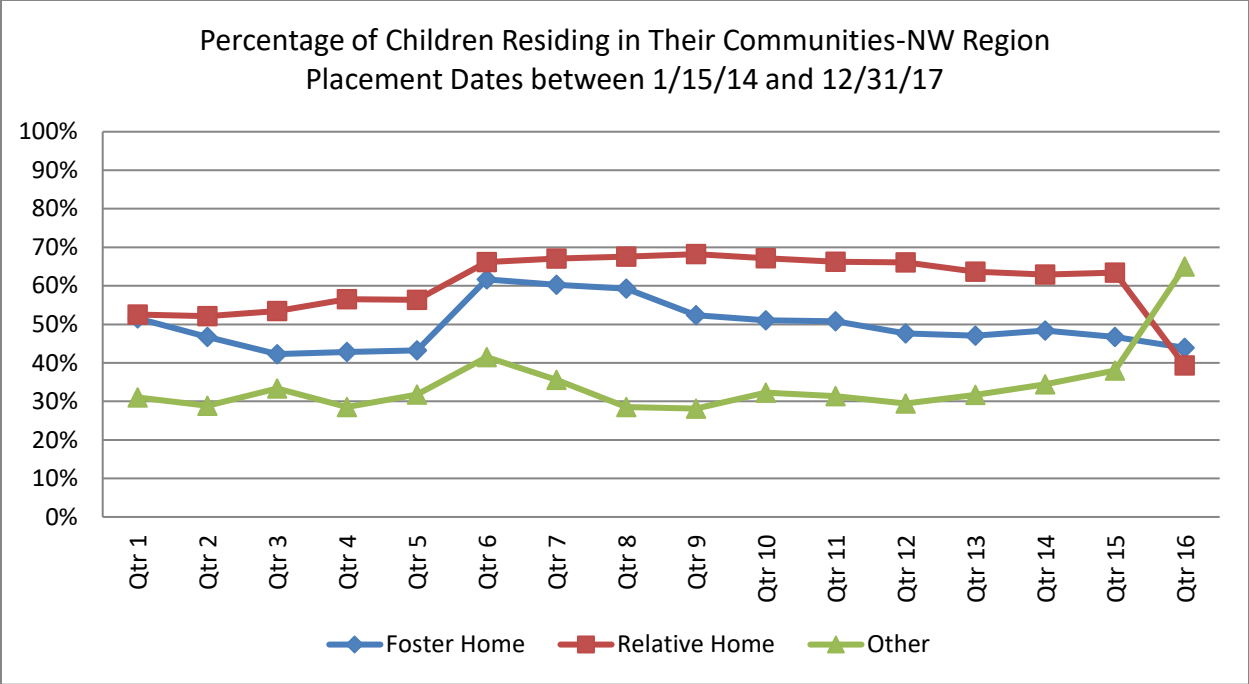
The following three sets of charts indicate the consistent focus on placement of children in family like settings that are within their home community and meeting the goal of two or fewer placements in a twelve month period. Family-like settings combine the data for foster, relative and kinship homes in the charts below.

The notable increase in relative homes and decrease in kinship homes is due to a change in state statute, phasing out the category of kinship and changing the definition of relative to include kinship placements. This change went into effect August 28, 2017. All initial kinship placements are now categorized as

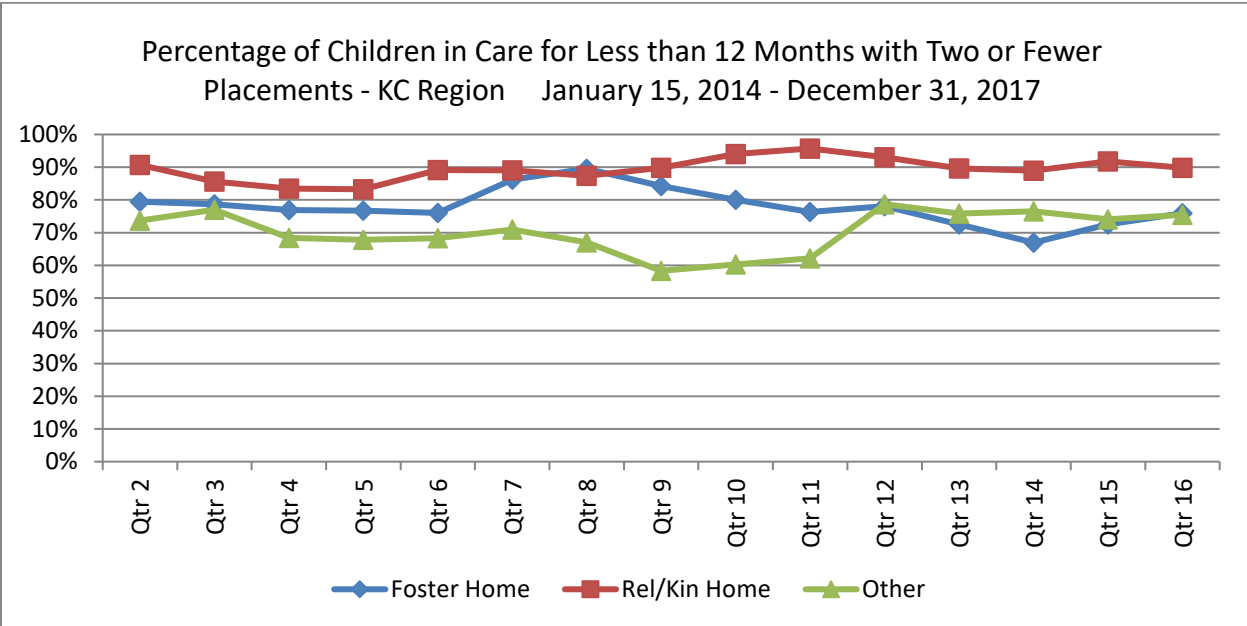
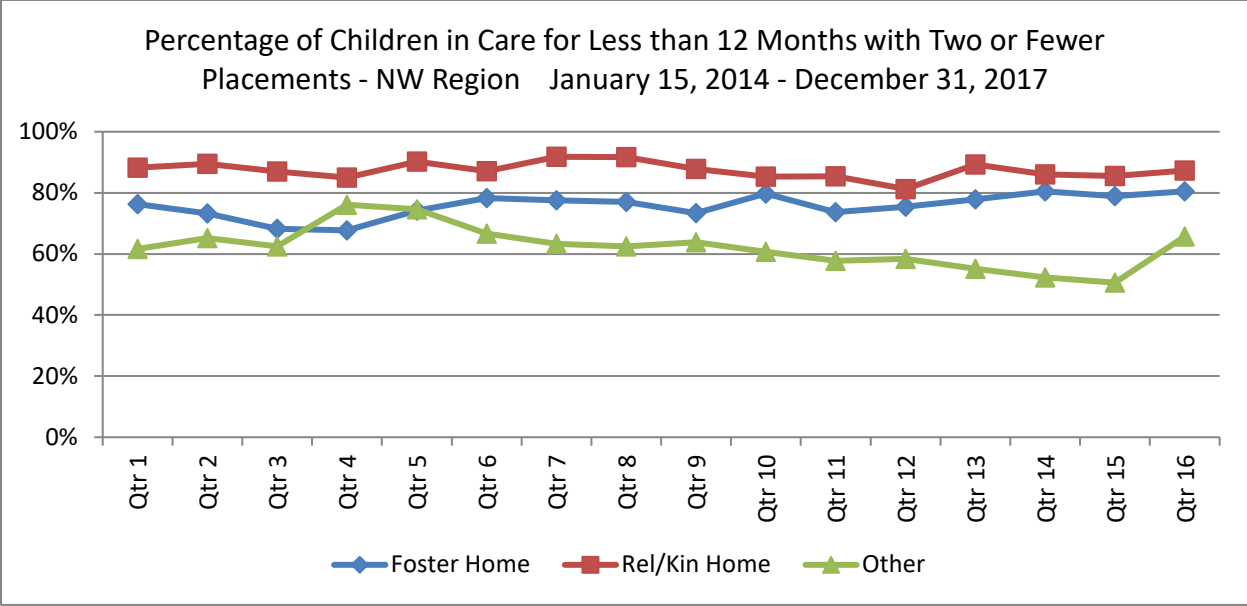
relative placements and all kinship placements will be switched as re-licensure occurs over the next two years.



Throughout the four year contract, there has been an emphasis in placement of children within their home circuits. The following two charts indicate the percentage of children who were able to reside with their communities.



Data for youth in care less than 12 months with two or fewer placements was also reviewed for this contract.



ADOPTION PROMOTION AND SUPPORT SERVICES

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, with the Foster Care Case Management contractors or with the Recruitment, Retention and Licensing of Foster and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete the STARS and Spaulding training provided through the Division or its 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. Children are featured on the national AdoptUSKids web site at www.adoptUSkids.org and 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 <http://www.moheartgallery.org>. The Adoption Exchange partners with the Division to arrange for the photography and photo preparation for the gallery.

Adoption Recruitment Training Support

The Adoption Recruitment Training Support (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes and informing the state recruitment plan.

ARTS serves as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD and provide necessary support to staff responsible for identifying and supporting permanent homes for children.

The focus in 2017 was the implementation of Document Imaging for forms to be electronically filed. Due to audit reasons, keeping the paper forms were needed but would be revisited. The Document Imaging Users Guide was released to staff on January 26, 2017. The Five Year Felony Rule was also a topic of discussion. Clarification is given as; the change was made as a result of an Administrative Rule Change where the five year language was eliminated. The hardship this change was causing was understood and the decision was made to reinstate the five year limit, however, that policy has not yet been released. The ARTS group is a central meeting place for statewide diligent recruitment planning. The group continues to review the streamlined approach via The Adoption Exchange, AdoptUSKids, and The Missouri Heart

Gallery. The ARTS team will continue to be a sounding board for developing policy, training or any support necessary to field staff.

Heart Gallery

The Missouri Heart Gallery began in 2006 and continues today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. Over the past few 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. As a result, the Division took a closer look at the Heart Gallery process and partnered with the Adoption Exchange and the ARTS team to revise and update the registration process and practice.

The most significant change to the Heart Gallery involves the registration which is completed through The Adoption Exchange's new website. Staff can register the child for The Adoption Exchange, the AdoptUSKids and then forward the registration to Central Office for the child to appear on the Missouri Heart Gallery website. The Adoption Exchange now writes the media profiles and continues to assign the photographers. Staff has experienced less stress and more flexibility with the new process. Staff now has more time to decide if the Heart Gallery is the most appropriate recruitment tool for the child as well as the opportunity to register children who become available for recruitment throughout the year. As with previous years, photographs will continue to be printed, however, the plan for 2018 is to print just twice a year for the traveling Gallery. Each region will receive 8x10 images of children from their region who are featured in the 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 PTA functions, fairs, and church events.

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

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 permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. In SFY17 adoption and guardianship expenditures were \$89,811,251, slightly higher than SFY16's expenditure of \$82,327,301. As of June 30, 2017 there were 15,027 children receiving adoption subsidy and 5,585 children receiving guardianship subsidy, per DSS Research and Evaluation.

As of February 28, 2018 there were 4,824 legal guardianship entries since August 28, 2013 who had prior relative, kinship or foster home placements. As of January 16, 2017, there were 3,468; this would show an increase in guardianships since the Senate Bill 47 took effect in 2013, making the revision in statute a contributing factor.

Additionally, the Division implemented a new policy which allowed the service of respite to be added to the basic package for subsidy agreements if needed and not require a letter of explanation.

Child Placing Agencies

The Children's Division is the licensing body for Missouri child placing agencies pursuant to Chapter 73 of the Children's Division - Child Placing Agencies rules. Child Placing agencies may be licensed to provide "recommendation of foster homes for license," "placement of children in foster family home," "foster care services" and "adoption services," which includes international placements.

In CY 2017 Missouri Children's Division had 56 Child Placing licensed agencies. Many of the agencies have multiple operating sites, a total of 35 throughout the State of Missouri. The combination of Missouri Children's Division Child Placing licensing sites totals 91. Of the 56 Child Placing licensed agencies, 32 are accredited by a nationally recognized accrediting body (Council on Accreditation, Joint Commission on Accreditation or Hague Accreditation). The Child Placing licensed agencies placed 254 domestic and 79 international children for adoption. Child Placing licensed agencies provided finalized services (post placement or post adoption services) to 225 families. Several of the Child Placing licensed agencies are involved in the foster care case management and specialized contract previously described in this report.

Populations at 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 Signs of Safety to assess for risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

The Signs of Safety Child Protection Practice Framework is used to determine what supports are needed for families to care for their children, whether there is sufficient safety for the child to stay within the family, whether the situation is so dangerous the child must be removed, and if the child is in the foster care system, whether there is enough safety for the child to return home. Full implementation of Signs of Safety was completed in CY17. During CY18, staff will continue to receive ongoing training and support on the Signs of Safety Child Protection Practice Framework.

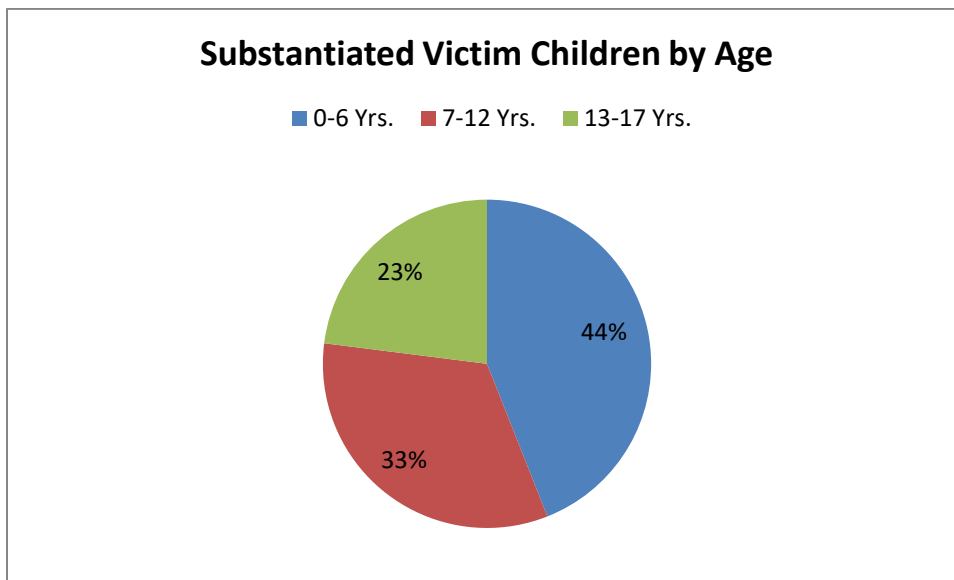
Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is simple and stresses getting the answers to three important questions: what are we worried about, what is working well, and what needs to happen. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

Children's Division recognizes the importance of obtaining the child's voice. One important facet of the Signs of Safety approach is involving children and as a result specific tools and processes have been

developed to actively engage children in assessment and safety planning. These tools include: three houses tool, wizards and fairies tool, words and pictures, and child relevant safety plans.

Identified Population

Pre-school aged children are typically more vulnerable and at the greatest risk of maltreatment because they are dependent on others to meet their nutritional, physical, and emotional needs. No changes in the population of children at the great risk of maltreatment has been identified since the development of Missouri's Child and Family Services Plan. 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. They may also have limited contact with entities outside their immediate families.



Source: Child Abuse and Neglect Annual Report, SFY17

Based on the chart above, children birth through age six constituted 44% of all substantiated victims in SFY17.

Of all the children found in need of services after completion of a family assessment, approximately 44% were children birth through age six.

It is also important to note the most recent Missouri child fatality data indicates that in FY17, the majority (68.7%) were two years old or younger.

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

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.

Under CAPTA, in all instances that a "Preponderance of Evidence" determination is made regarding a child victim less than three (3) years old, CD staff will make a referral to the First Steps program. In calendar year 2016, the number of children referred to First Steps by referral source DSS was 964. The total number of children under three years of age with a preponderance of evidence finding was 1260. Seventy-seven percent (77%) of the children requiring a referral were referred to the First Steps program.

In calendar year 2017, 1,147 children were referred to the First Steps program by DSS. Of the 1,147 children, 448 children (39.1%) had a referral source of CAPTA, and 699 children had a referral source of Department of Social Services. It is believed the increase was due to the release of the new online system where the user has to specifically select if the referral is a CAPTA referral or general DSS. This system was introduced March 1, 2017 to help track CAPTA referrals, as it was suspected most were being coded as DSS instead of CAPTA.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY17, 38% of the children served by IIS were age five and under. In SFY16 and SFY15, the percentage of children five and under was 39% and 40% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

Legislation was enacted in 2016 requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation be either evaluated or have a case review completed by a SAFE-CARE provider. The purpose of this legislation is to specifically address those most vulnerable to child abuse and neglect. The Children's Division is also now required to make a referral to the Juvenile Office anytime a child under the age of four is diagnosed as a victim of physical abuse by a SAFE-CARE provider. While the Children's Division is not required to recommend removal, the purpose of this requirement is to ensure that information regarding the child's safety is communicated. Anytime the Children's Division receives an investigation involving a victim child under the age of four, staff make a referral to one of the three child abuse and neglect resource center children's hospitals in the state. Referrals are made early in the investigation process, typically after the investigator makes contact with the child. Child abuse and neglect pediatricians review the referral information and make recommendations for follow up medical care. These recommendations can vary from general medical and preventive care to specific diagnostic testing for child abuse and neglect. Approximately 7,008 children were referred to a SAFE-CARE provider as a direct result of this legislation in 2017.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) establishes a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term “illegal” as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements relating to data collection and monitoring. Additions to the Children’s Division’s policy manual include guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also include things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

Policy on Plans of Safe Care was introduced to the field in August of 2017. Field staff was instructed to coordinate with their local multi-disciplinary agencies to assure that the implantation of Plans of Safe Care would be a collaborative effort. Currently, a workgroup of Children’s Division staff is being planned to look at how the collaborative effort is functioning in all areas of the State of Missouri. The goal is to define Plans of Safe Care on a more consistent state level and disseminate the information to collaborating agencies once that has been achieved on a Division level.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in documentation of the record.

A Plan of Safe Care should be inclusive of the following:

- Parents’ or infant’s treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services

To be in compliance with the requirements of CAPTA/CARA, the State of Missouri developed a Program Improvement Plan (PIP) and has taken the following steps:

The Comprehensive Addiction and Recovery Act (CARA) requires statewide laws, policies, and/or procedures requiring healthcare providers involved in the delivery, or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder to notify state child protective services for the occurrence of such conditions of infants. Per current law, healthcare providers are required to notify the Department of Health and Senior Services if they have identified an infant that has been identified as affected by substance abuse.

Initial legislation indicated a health care provider may refer a family to the Department of Health and Senior Services when a child may have been exposed to a controlled substance and the Department is required to offer service coordination services, upon referral, to the family. House Bill 2164 was introduced at the beginning of the 2018 Missouri legislative session that began January 2018. This bill changes the Department to the Children's Division within the Department of Social Services and removes the requirement that the Department offer coordination services to the family. The change was made in SB 819 which was signed by Governor Greitens on 6/1/18 with an effective date of 8/28/18.

Revised Missouri Statute Section 191.737 RSMo states:

- Notwithstanding the physician-patient privilege, any physician or health care provider may refer to the Department of Social Services (Children's Division) families in which children may have been exposed to a controlled substance or is experiencing withdrawal due to exposure to a controlled substance listed in section 195.017, schedules I, II and III, IV, V or alcohol.

The current language of SB819 does not require health care providers involved in the delivery or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the Children's Division of the occurrence of such conditions of infants. Rather the language states that the providers may refer to the Children's Division. The Children's Division is working with the Division of Legal Services to resolve the inconsistency within Missouri statute to reach full compliance with CAPTA/CARA reporting requirements. However, the Children's Division does receive over 5,000 of these reports annually as Missouri Statute 210.115, RSMo. requires physicians and health care providers to report to the hotline when a child has been or may be subjected to child abuse or neglect or when a child is subjected to conditions which would reasonably result in child abuse or neglect.

Missouri will be notifying external parties of the statute change as well as internal staff. Children's Division staff will be directed to work closely with their local community agencies to make them aware of the statute change and to ensure Plans of Safe Care are made when appropriate. A workgroup is being formed made up of all levels of staff to further study the statute and provide guiding tools to frontline staff when working with community agencies and families on Plans of Safe Care.

In March 2018, changes to FACES were implemented to reflect if a Plan of Safe Care was developed. Prior to this implementation, information was captured in a narrative format which made reporting difficult. The three data reporting criteria are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

As of March 13, 2018, staff will be required to answer the following question to be in compliance:

*Was the identified infant affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder? Staff must check yes or no.

If staff answers “Yes” the following question will be required:

*Was a Plan of Safe Care developed with the family? Staff must check yes or no.

In addition, the option of “A referral was made for appropriate services including services for the affected family or caregiver” has been added to the “Possible Actions to Take” section of the Conclusion Screen in FACES.

Missouri is currently exploring options for the increased CAPTA funding to support Plans of Safe Care. One concept being explored is the use of a Predictive Risk Model (PRM) at the Child Abuse and Neglect Hotline Unit. Currently, call screening decisions in Missouri are not directly related to the child welfare history of the child, parents or other individuals on the referral (except when a reporting source mentions prior system involvement). The addition of a PRM tool would allow staff to see a standardized indicator of the severity/complexity of the history of individuals presented as a single score. This could reduce unwarranted variation in decision-making at call screening. It might also alert staff to cases where additional attention or services might be required. In relation to identifying children that may have been exposed to a controlled substance, a PRM tool will assist in identifying past substance abuse history and give indicators on services that might be provided to support the family.

CAPTA funding will be used to obtain training and outreach materials to better educate the community on Plans of Safe Care. A workgroup is currently being formed to better define Plans of Safe Care within the Children’s Division for frontline staff. The objective is to solidify a working knowledge of a Plan of Safe Care within the Children’s Division so that local staff can then educate their community partners.

The Children’s Division is also working with the Department of Mental Health to develop a pilot site that targets children that have been drug exposed and wrapping services around the mother/parent that might require assistance. This endeavor is in its very earliest stages of development. The hope is to identify these clients through the Newborn Crisis Assessment and assist them with a “team” of wrap around services that can include substance abuse, mental health treatment, community support, employment, childcare assistance, and other resources as identified.

Services for Children Under Age Five

Family-centered, strength-based treatment services for children under five years of age who remain in their 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. 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 developmental stimulation/early childhood education
- Specific habilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visitation Providers)

- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE finding for child/ren 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

The Division recognizes the importance of addressing 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. 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.

In SFY18, the Home Visiting program was rewritten with a stronger emphasis on child abuse and neglect prevention. Home visiting is designed to improve parenting practices through home visits, group training and networking activities. Home Visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families. The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child/ren under the age of 3 years in the home. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, improving parenting skills, and school readiness. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of home visiting they are referred to a Head Start or other early learning program to maintain continuity of educational services for the family.

The Home Visiting program is currently located in eleven regions across the state, including 8 Community Partnerships and 11 Competitive contracts. In SFY17, there were 13 competitive and 8

Community Partnerships providing Home Visiting Services. There were a total of 2,916 unduplicated families and 3,035 children age birth to three years old served.

Home Visiting contractors currently utilize either an evidence-based or promising approach model focusing on the following areas: child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness.

During FY17, the Missouri Department of Social Services, entered into a contract with the Curators of the University of Missouri on behalf of the University of Missouri – Missouri Head Start State Collaboration Office (MHSSCO) - Columbia. This contract 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

The Children's Division is in the process of implementing Signs of Safety statewide. Creating everyday safety for children is the primary aim of the Signs of Safety. Signs of Safety recognizes that caregivers are more likely to change when they understand how their behavior is impacting their child. Several different tools are available to staff to assist in having conversation with children around safety to place the child's voice in the center of the family's involvement with the Children's Division. One key process of Signs of Safety is creating a words and pictures document to be shared with children to explain why they have been removed from the home as well as the safety plan that has been created. This is especially useful for younger children.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY17, 38% of the children served by IIS were age five and under. In SFY16 and SFY15, the percentage of children five and under was 39% and 40% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

Population of Children Under 5

Year	Total Children	Children under 5	Percent
SFY15	19,429	7,018	36%
SFY16	20,284	7,460	37%
SFY17	20,031	7,498	37%

Source: Child Welfare Outcomes Report, Table 8b

The population of children ages five and under in foster care has remained relatively stable over the last few years.

According to point in time data effective January 31, 2018, there were 5,129 children aged 5 and under in the custody of the Children’s Division. Of these approximately 47% (2,411) were female and 53% (2,718) were male. For the same time period, approximately 68% (3,498) of the children were white and 18% (908) were black. The remaining 14% were American Indian/Alaskan Native, Asian, multi-racial, and unable to determine. In addition, 54% (2,792) of the children age five and under are placed with relatives or kin.

The Children’s Division places a strong emphasis on achieving permanency for all children served including those age five and under. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last four years (SFY14 - 17) 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.

Age Groups Exiting to Reunification (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY14	37.6%	35.9%	26.5%
SFY15	37.8%	35.7%	26.5%
SFY16	37.83%	36.56%	25.61%
SFY17	39.05%	34.89%	26.06%

Age Groups Exiting to Guardianship (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY14	38.2%	37.0%	24.9%
SFY15	40.0%	37.2%	22.8%
SFY16	34.27%	39.10%	26.63%
SFY17	36.65%	37.76%	25.59%

Age Groups Exiting to Adoption (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY14	55.8%	34.2%	10.0%
SFY15	58.0%	32.3%	9.8%
SFY16	55.61%	33.31%	11.08%
SFY17	55.19%	35.57%	9.24%

Some strategies for achieving permanency for young children include: increased parent-child visitation whenever possible, front loading services to get the family engaged early, placement with relatives, concurrent planning, and regular FST meetings to review progress and clearly define goals. 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. 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 so as not to delay permanency.

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 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.

Point in time date from January 31, 2018 shows Children’s Division has 201 children age 5 and under available for adoption (TPR complete and having a goal of adoption); of those children, 107 (53%) are in a pre-adoptive placement. This is a decline since 2014, 70% (2014), 69% (2015), and 61% (2017). All of this information was from point in time data January or March of those years. This change will be

examined and could result of an increased focus on ensuring children who are available for adoption are matched and placed in pre-adoptive homes.

For the children aged five and under, not in a pre-adoptive placement, there are many recruitment activities which 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 web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with waiting children. Additionally, staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children in the 0-5 age group.

As mentioned in the foster care section, in an effort to reduce length of time in foster care for all children, strategies included enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors discuss 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 reviews cases on a monthly basis with their juvenile office to ensure children do not remain in foster care longer than necessary. These reviews have been successful in moving children to permanency.

Services for Children Adopted from Other Countries

The Children's Division 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.

Children's Division provides post adoption services for children adopted from other countries and their adoptive families through the Adoption Resource Centers in the same manner as families of children adopted from foster care, including referral for adoption competent counseling, support groups and parenting education. (See Adoption Resource Centers in the Collaboration section).

PROGRAM SUPPORT

Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia and its practice has spread to many jurisdictions across America and throughout the world. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. In CY16, a Signs of Safety hub was identified in the other four regions of the state to begin implementation. In CY17, Signs of Safety was implemented statewide. The Division continues to partner with Safe Generations to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide. In CY18 focus will be on: 1) Developing meaningful measures to track outcomes; 2) Enhance documentation, particularly around family engagement; 3) Policy and organizational alignment; and 4) Increased model integration.

Each region met with Safe Generations to plan 2018 support services. Support services for 2018 include:

Practice Leader Development Program (PLDP): Half-day leadership development workshops are specifically designed for leaders who want to build on their skills from the Advanced Practice Workshop, and push their learning and leadership to the next level. Each regional implementation wave selects its own small group of 15-20 participants who are each dedicated to grow their own practice and then spread and grow the practice of those around them and throughout their 'wave' geography. The same group of 15-20 participants commits to meet in-person approximately every 6 weeks for a half day of intense, small-group learning over the course of two years. Everyone is expected to complete "homework" between sessions, and keep a 'learning journal' to record and share reflections throughout the program.

Whole Systems Learning Case: Agency-specific learning cases are an essential element of whole-system implementation. The learning case process involves a cross section of agency staff together with a Signs of Safety consultant acting as advisor, all meeting regularly through the life of a current open case. The group learns together in real time about the use and application of Signs of Safety in practice, while at the same time also learning about the organizational barriers and opportunities to the whole-system implementation within the agency.

Power of Partnership Course (PoP): Each course consists of twelve facilitated small-group sessions, over a year's time. This also includes a facilitator development program. The PoP is intended to give participants the same information/curriculum as the Advanced Training 5 day session.

Manager/Leadership Workshop: This workshop will provide training to middle managers, some of whom did not receive the initial two-day overview. This workshop is also intended to provide skills for middle managers to better equip them to support their staff in the utilization of Signs of Safety.

Catalyst Refresher/Supervisor Exposure Hand-Off Workshop: This workshop is intended to further enhance the skills of catalyst trainers and continue to build internal training capacity.

Team Decision Making

Team Decision Making (TDM) in Missouri dates back over 10 years when it was first began in St. Louis City through the Family to Family program brought to the state by the Annie E. Casey Foundation. Team Decision Making focuses on gathering individuals involved with the family and coordinating a meeting to make the best decisions possible. These meetings are triggered by certain events in the system such as the possibility of removal, a child in foster care changing placements and a foster child achieving permanency.

The St. Louis City area has had much success with this program in so far as it has been integrated into the practice and culture of the child welfare system. Both the facilitators of the meetings and the child welfare workers value the process and see it as a beneficial and efficient way to reach an appropriate decision for a case situation.

Approximately 4 years ago this practice was expanded to the areas of St. Louis County and Jackson County (The Kansas City area). This expansion has received support from the Annie E Casey Foundation throughout 2017 to improve the results of this process. Both areas continue to work on building this practice and bringing their external partners onboard.

During 2016 Missouri again partnered with the Annie E. Casey Foundation (AECF) to assist with the expansion of the TDM practice. Two sites, one in Greene County (Springfield) and the other in Jasper County (Joplin), began implementation work and started using these meetings in March 2017. These two sites have steadily used this process for most of 2017, with continued support from AECF.

In 2017 initial work began to expand this practice to four new circuits in the state. These circuits surround St. Louis and are still in the first phases of implementation.

Below is a table of information and outcomes surrounding the TDM practice from Missouri’s three sites.

	St Louis	Kansas City	Southwest
% of meetings mother attended	77	81	86
% of meetings father attended	37	47	56
% of children maintained in own home after meeting	31	45	29
% of children custody was requested after meeting	47	28	28
% of kids placed with relatives after meeting	44	30	36
% of children placed in foster home after meeting	10	8	10

Reaccreditation

The Missouri Children’s Division first achieved accreditation on January 14, 2010. As part of ongoing accreditation efforts, the agency successfully completed a COA Interim Review in December 2017. The Interim review extended the agency’s accreditation through January 31, 2019 to allow time for each region to integrate newly revised COA best practice standards into policy and practice.

The Interim Review included an agency self –study, surveys to community partners, staff and consumers, personnel interviews and a detailed review of the agency’s administration and management, service delivery administration and child and family services standards.

The following is a summary of organizational strengths highlighted during the COA Interim Review:

- PA-AM The agency stresses the importance of community involvement at all levels. It works to bring in assistance to develop and refine new practice models. The ability and commitment of the Division Director to respect and listen to the staff’s input is a strength and helps to improve services to families and children.
- PA-ETH The agency has appropriate and ethical policies in place. The agency protects the privacy rights of children and families. The staff is continually reminded of key components of transparency and conflict of interest through training and communications.
- PA-FIN The agency has had a consistent budget planning and monitoring process for their operations and program budgets. The Division is part of a larger State Department. The Division Director and the financial staff work effectively with the State Department’s financial staff to plan and implement the mandated services for children and families.
- PA-HR There are planned revisions to the staff recruitment process. The agency has a commitment to responding to staff concerns.
- PA-PQI The quality of the QA staff is a strength. The agency’s administration and leadership are committed to implementing the QA processes and initiatives to achieve better quality services. The QA leadership and staff have a desire to improve the process and are committed to the overall goal of improving services.
- PA-RPM Strengths include the case record organization and maintenance, as well as the monitoring of contracts.
- PA-ASE The agency is committed to providing a safe work environment for the benefit of their employees, clients, and the public. The annual inspection of offices ensures that safety standards are preserved.
- PA-BSM The agency promotes the best possible interventions to support positive outcomes for the children and families they serve. The staff is trained to use de-escalation skills with children.
- PA-CR The agency provides two different client rights posters in public areas. One poster outlines clients’ grievance rights and procedures and the other is consumers’ rights and the operation hours of the agency.
- PA-TS The agency supports personnel and promotes regular supervision and training on service delivery. The agency’s professional development and training operations are regional, and are responsible for developing an annual training calendar for each of the training regions.

- PA-AS The agency philosophy is that every child is entitled to a safe, secure, and permanent home. They make searches for appropriate adoptive placements for children where adoption has been identified as the permanent plan.
- PA-CPS The staff is committed to safety, service planning, and working with families.
- PA-FKC The children in foster care live in nurturing environments where they receive care on a continuous basis that ensures safety, permanency, and wellbeing. They reside in safe environments with resource parents, relatives, and guardians who meet their daily needs.

During the COA Interim Review, the peer team also highlighted several opportunities for the Children’s Division to address through the continuous quality improvement process:

- PA- RPM Formalize the process for annual assessment of potential risks.
- PA-CPS Address 45 days to finish investigations.

Now that the Children’s Division has completed the Interim Review, Central Office is on schedule to participate in the full COA reaccreditation site visit December 10, 2018 through December 12, 2018. Following the Central Office site visit, each region will be scheduled to participate in a COA site visit through mid-2020 until each region achieves full reaccreditation.

Additionally, as part of annual maintenance of accreditation requirements, the agency continues to provide COA with evidence to support ongoing implementation of COA’s best practice standards.

Family and Children’s Electronic System (FACES)

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.

The formal SACWIS Review was held on September 16-20, 2013. Missouri received the final SARGe report in February 2015. With the guidance from federal partners, Missouri had started creating an inventory to track all findings and progress towards action plans for these items. The goal was to create action plans addressing all findings and provide an updated SARGe document within two years. With the new federal legislation eliminating SACWIS and the development of the new CCWIS (Comprehensive Child Welfare Information System) guidelines, Missouri is in the process of evaluating our current system to determine how it fits into the new CCWIS requirements. The plan is to provide a Notice of Intent by the deadline of August 1, 2018.

Missouri participated in a NYTD Pilot Review in August 2014. The final NYTD N-QIP was received in February 2015, noting strengths and areas needing improvement. Missouri completed the first wave of improvements as of January 2016 and the second wave of improvements in September 2016. An updated N-QIP was provided to ACF in November 2016. CD has not yet received a response.

In addition, Missouri has been addressing final issues from the 2008 AFCARS Review. The most recent update was provided in March 2018. It noted that CD is continuing to make some minor changes and validate some questions about the code. As soon as these issues are corrected and the code is verified, another update will be provided to ACF. Missouri is hopeful that this last update will resolve any remaining issues so as to be able to exit the AFCARS AIP in the near future. Missouri has also started

doing some GAP analysis in relation to the new AFCARS regulations. When this is completed, CD will begin moving forward with the necessary system changes to begin collecting the new data elements outlined in the new regulations.

Some of the system changes completed this past year include numerous FACES enhancements to all areas of FACES. This year is largely focused on system changes which support the new initiatives Missouri has adopted such as Signs of Safety and Five Domains of Well-Being. Such changes would include adding new forms and tools to FACES and to stop tools no longer relevant to the new practice model.

Upcoming plans for FY18 include system analysis for the new AFCARS regulations and enhancements to support the CCWIS transition.

Mobility Project

In December 2012, 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/scan documents
- Minimum of 32 GB of storage
- Wi-Fi
- 3G/4G
- Bluetooth
- Security/encryption
- Ability to access FACES
- Access to email and calendar
- Access to the internet so they can do immediate on-site searches for services for families.
- Access to many business approved apps such as GPS, Social work tools, parents guides, etc.

The group also identified the following four specialized FACES applications and forms portal as top priority for development:

- Contact Communication Log screens
- Participant Characteristics
- 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. These forms can also capture electronic signatures.

Seven areas in the state (NE, NW, SE, SW, KC, St. Louis City and St. Louis County) identified an initial field user/tester which would be involved in development of the four FACES applications and various forms and testing of the iPads in the field. After development and initial testing, the mobile technology was initially provided to the full field unit for each of the initial users (56 total users).

In February 2015, 480 iPads were deployed in the first wave. The second wave of iPads followed in June 2015 with 869. Each user with an assigned iPad goes through an orientation to the device and the applications. Additionally, two iPad mentors are assigned to each of the regions to assist field staff with navigating the iPads and the FACES applications. Staff may also contact the FACES Help Desk if they have an issue with the mobile applications.

The final order of iPads was completed in the Fall of 2016. All frontline staff now has an iPad available to them for use in their work in the field. By the spring of 2018, all Children's Division offices will have WiFi installed and most frontline staff will be equipped with Virtual Desktop. Virtual Desktop allows staff to remote in via their iPad to the network and allows them access to the full FACES application.

iPad mentors have been identified in each region of the state. Mentors are available to provide technical support to staff in using their iPads as new staff are hired. Additional funding is being explored to purchase iPads for frontline supervisors as well in the future.

Missouri is anticipating funding in FY2019 to replace 1300+ iPads which are going out of compliance.

MSW Program

The Children's Division understands the importance of building leaders at all levels and investing in staff to empower opportunities for continuous learning, competency, skill development and accredited academic advancement for frontline child welfare practitioners, supervisors and managers. To that end, the Children's Division has partnered with four public state universities (University of Missouri-Columbia, University of Missouri-Kansas City, and University of Missouri-St. Louis and Missouri State University) to offer Division practitioners, supervisors and managers graduate study opportunities through Title IV-E funded MSW educational programs. The Title IV-E funded MSW education program returned to offering part-time graduate education beginning with the fall 2016 cohort, whereby Title IV-E recipients were empowered to choose from among the four public state universities referenced above.

During FY2015, Children's Division reviewed the Title IV-E MSW Program and asked questions to the university partners about how to enhance the partnership and increase utilization of the funds. After discussion and analysis, the Children's Division restructured the agreements in an effort to increase the amount of students per academic cohort from 10 to 16 students beginning with the fall 2016 cohort. As such, the Children's Division has enhanced flexibility for employees to engage in educational opportunities, including options to receive on-line or on-campus learning to complete their part-time graduate programs. The next cohort is scheduled to begin during the fall semester of 2018.

Utilization of the Public University Collaborative Services (PUCS) contract may offer opportunities for additional collaborative professional development endeavors, such as certified training for career advancement or on-going skill enhancement. The Children's Division plans to increase interaction with the current university partners through expanding the scope of how these educational opportunities are offered.

Recruitment & Retention

In October 2014, the Department of Social Services Children's Division created a workforce recruitment and retention initiative to improve the Division's workforce stability and capacity. The Division has

dedicated a senior level workforce recruitment and retention specialist to oversee this work, which includes but is not limited to, completing research, analysis, and data interpretation related to staff recruitment, utilization, program operations, customer service, program outcomes, caseload distribution, and service delivery. The primary focus of this effort has been to use the information collected and analyzed to improve practices and procedures specific to workforce recruitment and retention. In addition, the information gathered and collaborations developed through this work have been used to formulate recommendations to improve program efficiency, program outcomes, office operations, and more effective use of agency resources.

The workforce recruitment and retention specialist has also provided primary oversight of the Title IV-E education program as a liaison of the Division to four public universities in Missouri and agency employees enrolled in the program as a recruitment and retention effort. Related efforts have included working with field administrators and universities throughout the state to develop pre-employment internships and/or practicum opportunities, participation in college/career fairs with alumni staff members, serving on panel discussions and/or offering to provide classroom lectures to students studying human services related fields of study, etc.

The Division's workforce recruitment and retention efforts have included the establishment of the Public University Collaborative Services (PUCS) contract to:

- enhance the Division's research and evaluation efforts
- create curriculum and/or provide ad hoc instruction in conjunction with the Division's professional development initiatives, and
- provide consultation services to improve direct practice, supervision and administration

This endeavor receives direct supervision from the Division's Designated Principal Assistant, which provides a direct line of communication to the Division's senior leadership. This also provides an enhanced ability for this work to maintain alignment with the Division's overall strategic action plan, for the specialist to remain informed, and to maintain active involvement in other agency initiatives that could have an effect of workforce recruitment and retention. Recommendations prepared by this work are intended to impact program-wide policies, procedures, practices, and client outcomes.

Ongoing efforts have included, but not been limited to:

- a review of the knowledge base specific to workforce recruitment and retention in public child welfare in collaboration with university partners at the University of Missouri-Columbia School of Social Work
- review and initial analysis of secondary administrative data specific to workforce turn-over occurring over the last four (4) fiscal years
- establishment of data gathering and analysis of the Division's current workforce to identify trends specific to recruitment and retention efforts
- engagement with public universities in ongoing collaborations designed to assist the development of evidence-based outcomes and recommendations to improve workforce recruitment and retention practices
- engagement with public universities to identify or create curriculum which introduces students to coursework resembling the child welfare practitioner and leadership competencies of the Division

- involvement in career fairs and panel discussions within communities and at universities and colleges throughout the state
- involvement in the Division’s ongoing efforts in collaboration with the National Child Welfare Workforce Institute
- the creation of a Workforce Recruitment and Retention Workgroup, including field representatives from every region, to continue the process of implementing Staying Power as the Division’s recruitment and retention model.
- the creation of workforce recruitment materials, such as: brochures, flyers, fanfare items, etc.
- assisting field offices to identify and engage perspective employees in the recruitment, selection and hiring process
- serving on Career Services and Field Placement Advisory Boards with University partners

National Child Welfare Workforce Institute (NCWWI)

The Missouri Leadership Academy – Ongoing Leadership Development in Missouri: The Children’s Division collected information shared from each of the cohorts within the NCWWI projects and spent 2016 designing an integrated leadership development structure and training package with the NCWWI experts’ guidance. This integrated “Missouri Leadership Academy” was implemented in the 10th, 12th, 14th, and 45th Circuits in May 2017. These contiguous circuits are a sub-region within the Northern Region. This academy will run for one year and include a Field Support Manager, four Circuit Managers, four Specialists and 12 Supervisors. The Missouri Leadership Academy integrates learning concepts from the Leadership Academy for Middle Managers for the Field Support Manager, Circuit Managers and Specialists; integrates concepts from the Leadership Academy for Supervisors for the Supervisors; and integrates concepts from the Organizational Intervention Design Teams for management and supervisors. These participants become one cohort going through the academy in a blended learning process of online learning and peer-to-peer learning networks. The managers learn concepts that support and provide development within their sphere of influence and proficiency while also requiring managers to practice learned concepts by coaching and supporting supervisor participants. Supervisors are also learning concepts that provide leadership development within their sphere of influence and proficiency. At the end of the academy both managers and supervisors will be required to develop change initiatives that support the Children’s Division practice model and create a Design Team to empower the workforce and provide support and accountability to the local change initiatives.

In May 2018, the Northeast sub-region of four circuits, 10th, 12th, 14th, and 45th, graduated Circuit Managers and Supervisors from the Missouri Leadership Academy. These Circuit Managers and Supervisors each developed and presented their change initiative at the graduation event. Over the months of June and July these circuit teams prepared for the kick-off of Circuit Action Teams (aka Design Teams). Circuit Managers recruited and shared information about Circuit Action Teams being a local workforce team meant to empower and support workforce initiatives, including change initiatives created in the circuit. August 2018 a Circuit Action Team Orientation was held to share the purpose and meeting process of the Circuit Action Team with the newly recruited workers, specialists, supervisors and the circuit manager. The NCCWI 2018 Comprehensive Organizational Health Assessment Results were advertised as a rich data source for the Circuit Action Teams to review and utilized. All four circuit teams used the last half of the meeting to brainstorm workforce improvement issues for their circuits; meetings

were set for each circuit to meet monthly through the end of 2018, with future dates to be set at a later time.

Research Initiatives

The Children's Division has an established process for the review of research applications. Persons requesting approval for research proposals involving Children's Division (CD) staff, data, or individuals served are required to 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. If applicable, they must provide copies of the informed consent they intend to use and/or Institutional Review Board approvals obtained. Additionally, they must describe the specific data requested and explain why identifying information is essential to their research. If applicable, applicants must provide a detailed plan outlining how they will maintain confidentiality of identifying information used in their research.

In approving research, the Division exhibits due regard for study subjects' participation rights with an emphasis on privacy, confidentiality, and informed consent. All research and release of data involving persons served is in accordance with applicable state and federal laws.

Following is a list of Children's Division Research Committee members. In 2016, physicians employed by the Missouri Department of Social Services began assisting with the review of research applications that specifically include individuals with complex medical needs or that involve medical interventions.

- Divisional Privacy Officer
- Division of Legal Services Representative
- Quality Assurance Manager
- Quality Improvement Manager
- Policy and Practice Manager
- Early Childhood Unit Manager

The researcher must agree to share their 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 state law and with Children's Division policies and procedures. The results of these studies may be used to enhance and inform Children's Division policy and practice.

The following studies were approved in 2017. This is not a comprehensive list of approved research proposals as some projects are approved due to the participant's role only.

1. Aligning Efforts for Comprehensive Prevention and Treatment of Childhood Obesity
Children's Mercy Hospital

The study's purpose is to determine provider utilization and patient uptake of a newly approved treatment benefit for childhood obesity for eligible 5-19 year olds insured by Medicaid following a provider educational intervention. Specifically, the benefit is for family-based behavioral therapy (delivered by licensed behavioral health providers) and for medical nutrition therapy (delivered by licensed dietitians) following referral by pediatric medical providers.

2. Building Better Systems of Support for Foster Youth who Utilize Psychotropic Medications
University of Missouri-St. Louis

This study will evaluate a trauma informed medication management intervention with the following research objectives:

1. Measure improvement in trauma responsiveness among child welfare staff.
2. Evaluate knowledge, attitudes, and behaviors associated with medication management.
3. Measure youth well-being indicators over time.

3. Defining Normal in Normile-Assessing Resident Satisfaction in the Bruce Normile Juvenile Center
Truman State University and Bruce Normile Juvenile Justice Center

The purpose of this study is to determine through interviews the perspectives of residents regarding their experience while placed in the Bruce Normile Juvenile Justice Center Family Center. The information will be used to assess the effectiveness of current programming and to guide staff training.

4. Enhancing Foster Parent Recruitment and Retention Efforts
Northeastern University

This research is designed to identify the attitudes and experiences of foster parents including the incentives and barriers they perceive which impact their decision to become a foster parent and then whether they continue as a foster parent. This data will be utilized to inform policy and improve current practice related to foster parent recruitment.

5. Environmental influences on neurodevelopmental outcome in infants born very preterm
Children's Mercy Hospital

This research study is a part of a National Institutes of Health (NIH) initiative designed to learn about environmental exposures, behavioral health, and development of children from conception through early childhood. The NIH is the sponsor of this study and plans to enroll over 50,000 children from across the United States. The purpose of this Environmental Influences on Child Health Outcomes (ECHO) initiative is to leverage the ongoing NIH longitudinal multisite prospective study of approximately 600 infants born <30 weeks PMA from birth to age 2 entitled "Neonatal Neurobehavior and Outcomes in Very Preterm Infants (NOVI).

6. Evaluation of Team Decision Making
Child Trends Incorporated

Team Decision Making (TDM) is a practice that involves a skillfully facilitated decision-making process and brings together varied stakeholders when, following the identification of specific

safety threats to a child under the care of his/her parents, a decision is needed regarding whether or not a child should leave his/her home. The goal of each TDM meeting is to make the most informed and ultimately better decision about the need for a child to move from their current home, based on safety considerations. Over the past decade, a number of research studies have examined TDM. While contributing much to the knowledge base of how TDM is implemented and whether exposure to TDM's key elements is associated with outcomes, the past studies have not involved a rigorous evaluation design. In other words, no studies have been conducted that would allow for the establishment of a causal relationship between TDM and child outcomes. Child Trends identified Missouri as the site for the evaluation as Annie E. Casey Foundation's Child Welfare Strategy Group consultants are currently helping Missouri to roll out this practice. Child Trends selected three Missouri counties for inclusion in the evaluation (Greene, Jasper, and St. Charles).

7. Forgotten Bonds The Role of Sibling Relationships in Foster Care
University of Missouri-Columbia

Despite a foster child's active role in the family life, we know very little about foster children and their sibling bond from a communicative lens. It is important to investigate children's perceptions of communication to bring depth to current knowledge about sibling relationships. The aim of this study is to answer the research questions:

1. How do foster children communicate with their siblings?
2. How do foster parents observe their foster children relationships?

8. Health Behaviors of Mothers and Adolescent children
Washington University School of Medicine

This study seeks to determine if children born from 2000-2004 of mothers with high risk health behaviors are more likely to have adverse outcomes-specifically child maltreatment reports than are children of comparison mothers without the high risk behaviors.

9. Home Vent Home Visit Pilot
Children's Mercy Hospital

This purpose of this study is to decrease primary caregiver's depression, anxiety, and improve social health. The aim of the program is to provide in home psychosocial visits to families whose children are a part of the home ventilation/trach program. The goal of the visit will be to provide emotional support to parents of chronically ill children, gain an understanding of the families' environment and any physical challenges they may face in the home, assess and provide intervention for depression, anxiety, and social health. The second objective is to improve medical well-being of the children by having fewer emergency room visits, readmissions, missed and clinical appointments.

10. Lead Exposure and Child Welfare in St. Louis
St. Louis University

Lead exposure has been linked to a variety of child development and adult social-emotional problems, but no study has ever linked lead exposure to future risk of abusing a child or estimated how many foster homes are located in geographic areas where lead is prevalent. The purpose of this research study is to merge already collected lead screening data with aggregated rates of foster care placements and maltreatment investigations by census tracts within the city of St. Louis.

11. National Survey of Child and Adolescent Well-Being, 3rd Cohort (NSCAW-III)
RTI International

The National Survey of Child and Adolescent Well-Being is designed to address crucial program, policy, and practice issues of concern to the federal, state, and local governments, and child welfare agencies. It 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. This 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.

12. Supervision Style and Retention or Intent to Stay
University of Missouri-Kansas City

The purpose of the study is to analyze any correlation between transformational leadership styles and retention rates.

13. System of Care NOMS Data Collection
Missouri Institute of Mental Health, University of Missouri-St. Louis

The St. Louis Regional System of Care (SOC) has contracted with Annie Malone Children and Family Services to provide services to its families. SOC is funded by SAMHSA. To receive its funds, they are required to conduct an evaluation. As part of this evaluation, surveys of family members who are receiving services as part of the grant need to be administered.

14. Triple P Greene County
Community Partnership of the Ozarks

The purpose of this study is to evaluate the effectiveness of the Triple P program for families in Greene County. The specific goals are:

1. How increase in knowledge of caregivers attending Triple P sessions related to helpful parenting strategies (Level 2).
2. Document practices of caregivers attending Triple P sessions related to child behaviors and parent efficacy (Level 3).
3. Document child behavior, parent confidence, and caregiver/child relation quality (Level 4).

4. Document changes in caregivers; anger and negative attributions for their child's behavior (Level 5).

IN HOUSE TRAINING AND TECHNICAL ASSISTANCE

Children's Division Trauma Committee

To provide a trauma awareness foundation for all employees, a select group of Children's Division staff completed the NTCSN Child Welfare Trauma Toolkit Train-the-Trainer in September 2014. The training was provided by Dr. Kim Fielding and Dr. Patsy Carter, the Missouri Department of Mental Health Children's Services Director who holds a shared position with Children's Division. Since completion of the training, Dr. Carter has convened in-person learning collaboratives with this group, informally referred to as trauma specialists, every other month. The learning collaboratives are opportunities to build upon the specialists' knowledge and capacity so they, in turn, are equipped to provide support and consultation to field staff as the Children's Division moves forward to becoming trauma-informed.

A second round of train-the-trainer on the Child Welfare Trauma Toolkit was provided by two of Missouri's trauma specialists in FY 2017. Twenty-nine people were trained from the Children's Division and FCCM partners.

The Trauma Committee has identified issues and provided recommendations to the CD Executive team on several areas. Some examples include providing guidance on first contact with a family, supporting the institutionalization of the introductory sections of the Child Welfare Trauma Training Toolkit into new employee orientation to be followed by the complete toolkit training around six months of employment as well as institutionalizing stress reduction practices into new employee orientation training. CD also recommended the adaptation of a curriculum for addressing secondary trauma for first responders to be most meaningful for the work CD does. Most recently, staff safety has been identified as a major issue for workers going into homes and the community and CD is working to access both "live" training on Every Day Self-Defense as well as developing brief interactive web-based modules. The ESD training has obtained endorsement by the National Association of Social Workers for live and on-line trainings. The adapted web-based training will likely be completed at the end of the year

Technical Assistance and Field Support

Children's Division Central Office staff provided the following support and technical assistance to field work:

- Reading and approving CA/N reports: Central Office staff at all levels assisted the field in reducing a backlog of hotline reports. Activities included reviewing and approving completed reports, assisting with case consultations, entering information into the FACES system and contacting families. Field support occurred in all regions of Missouri.
- Signs of Safety: PDS Staff participated in a Northern Region workgroup to develop best practice with Signs of Safety in relation to CA/N Investigations and Assessments.

- Theories of Constraint: PDS Staff assisted Circuits with the implantation of the Theories of Constraint process.
- Child Abuse and Neglect Review Board video: PDS Staff and CANHU Staff developed a Child Abuse and Neglect Review Board (CANRB) video to assist staff in understanding the CANRB process. The video follows the steps of the CANRB process by showing a mock review from start to finish.
- Critical Event Reviews: Central Office staff began assisting in the completion of critical event reviews during staffing shortages in March 2016. Central office staff will continue to be in the rotation of completing these reviews.
- Signs of Safety Implementation Meetings: Central office staff participated in each region's implementation meetings for Signs of Safety to provide a state-wide perspective of implementation strategies and to provide any necessary technical assistance.
- Team Decision Making Implementation meetings: Central office staff supported the strengthening of the TDM process by attending refresher meetings in St Louis and Kansas City. Central Office staff also participated in the expansion of this program to the SW in the 31st and 29th Circuits.
- Retention Discussion with St. Louis County: Central office staff spent two days interviewing workers in St. Louis County (Jennings Office) on their job satisfaction and communication with their leadership teams. This information was shared with the Circuit Manager for use in making retention plans.
- Case Narrative Entry: During a high staff turnover period, Central office staff assisted the 13th circuit in the entry of case opening and monthly summaries into FACES during Jan-Feb so cases could be transferred or closed.
- Met with several judges and judicial court staff to provide education on Signs of Safety and discuss their concerns with the new practice model.

Capacity Building Center for States

In June 2015, the Capacity Building Center for States conducted an assessment for services. The assessment meeting was well attended by key leadership staff in the agency. In a collaborative effort, several areas were identified for potential capacity building. Following are the areas identified from the assessment:

- ICWA Compliance – A consultant with the Center for States has conducted interviews of several stakeholders involved with ICWA around the state. The information gathered has been compiled and will be shared at an upcoming meeting with agency staff and stakeholders. The urban Indian centers will be in attendance so that all can begin to partner and collaborate on strategies to more effectively identify and provide services to Indian children. Training to field staff was provided in the SW region in FY17. Staff who will be training the information in Jackson County were also present. The SW region trainers will co-train the material with Jackson County staff in Jackson County in the near future. Plans have been developed to provide training opportunities throughout the state in the upcoming months.
- Relationship with Courts – It is understood that by developing better relationships with courts throughout the state, the Division will be better able to move children to permanency timely. A Foster America fellow working with Missouri has taken a leadership role in developing

plans for enhancing the relationships between the Children’s Division and the courts throughout the state. Division leadership felt too many consultants were inhibiting the progress of the initiative. At this time, the Division’s work with the Capacity Building Center around court relationships has been discontinued with the understanding the Division can re-assess the need for assistance at any time.

- Update of CQI – The Division requested assistance in improving the infrastructure capacity of the agency’s CQI system. A two-day CQI Assessment workshop was held in January 2015, led by Ruth Huebner, consultant for the Center for States, and attended by over 60 staff members from all levels of the Division. The CQI Handbook has been updated and CQI training for staff has been developed. Implementation of training by members of the quality assurance system has taken place throughout the regions. The CQI project with the Capacity Building Center has ended successfully.
- Professional development for training team – This work will not begin until other projects are completed.
- Reasonable and Prudent Parenting – As the Children’s Division worked to develop policies and procedures to comply with the legislation, it was agreed the Center for States would provide a subject matter expert to provide feedback and a gap analysis in policies to ensure the agency can accommodate the new legislative mandates. The Center for States consultant has engaged youth through participation in the Youth Empowerment Task Force meeting and a State Youth Advisory Board meeting, and met with foster parents at the Missouri State Foster and Adoption Board. Policy has been issued as well as an on-line training for resource parents. The work with the Capacity Building Center with the reasonable and prudent parenting initiative has been concluded.

A review of the assessment in July, 2016 resulted in the combination of goals with focus in the areas of ICWA compliance and education for staff, relationship building with courts and continued CQI updates. The goals surrounding professional development for training teams will not be pursued at this time. Reasonable and Prudent Parenting standards have been introduced to Children’s Division staff and resource parents with the assistance and support of the Capacity Building Center for States.

An additional follow-up meeting was held in February of 2017. The updates to the CQI manual and training were presented. A demonstration of the FACES Case Review Tool was also provided.

Currently the Capacity Building Center for States continues work with Missouri around ICWA compliance. New work has begun with the Center providing support to Program Improvement Plan development and data analysis associated with strategy identification. This work will continue as the PIP negotiations continue.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

As of January 1, 2018, there were 108 foster children in Missouri who have been identified as American Indian/Alaska Native or who have AIAN heritage, per DSS Research and Evaluation. This information comes from the Case Member screen in FACES, which 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 appropriate, the child. This 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.

Out of those 108 children mentioned above, 51 are from southwest Missouri, 19 are from southeast Missouri, 16 are from northeast Missouri, 10 are from northwest Missouri, 12 are from Kansas City Missouri, and none are from St. Louis Missouri. As of the July 1, 2016 Quick Facts Missouri (United States Census Bureau), the population was 6,113,532 with .6% being AIAN. Southwest Missouri continues to have the highest documented population of AIAN children. This is likely due to the Joplin-Miami, MO-OK metropolitan area. This area consists of three counties, Jasper and Newton counties in southwest Missouri and Ottawa County in northeast Oklahoma.

Although Tribes in Oklahoma are often those who Missouri works with, staff report working with Tribes in Alaska, Wisconsin, South Dakota, North Dakota, and Michigan.

In southwest Missouri, the Division is fortunate to have an American Indian foster parent who is willing to help facilitate communication between the CD and Tribes as well as partnerships developed in the community with other native people. The southwest region also uses the Southwest Missouri Indian Center, located in Springfield, for consultation and mediation services.

There are two Missouri Indian Centers, the Kansas City Native American Indian Center and the Springfield Indian Center, which are active in the state. Coordination and consultation continues to be maintained with Missouri's two active Indian Centers over the past year with in-person meetings, phone and email conversations.

To more thoroughly capture the AI/AN population who are served by the Child Welfare system, beginning in 2018, the Child Abuse and Neglect Hotline Unit added the question in the intake process to ask the reporter if a child identified as an American Indian/Alaska Native or who has AIAN heritage. Early identification allows culturally competent services to be provided throughout CD involvement and be ICWA compliant.

When a referral for protective custody is made on a child, contact is made with the parent or custodian of the child by the Children's Division to inquire if the child and/or family is enrolled or eligible to be enrolled in a Tribe, as well as if they have any American Indian/Alaska Native (AIAN) heritage. This inquiry is made again when the child is placed in out-of-home care by the child's Children's Service Worker at the 24 hour meeting with the family. During this meeting, the Children's Service Worker gives the family the Indian Ancestry Questionnaire, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes 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 heritage.

Children's Division ensures notification is provided to the parents, custodian, Tribe and BIA Regional Director by certified mail with return receipt requested of the pending proceedings and of their right to intervention, either through direct notification or by providing information for the notification to the juvenile court.

Missouri continues to receive Technical Assistance in SFY18 from the Capacity Building Center for States to work on enhancing the Division's identification of ICWA eligible youth as well as coordination with Tribes.

In November 2015, the Division began the work with help from ICWA Specialist, Willie Wolfe, consultant with the Capacity Building Center for States. Since then, focus groups have been conducted with Missouri's Indian Centers as well as local CD staff. The CD ICWA Specialist has worked closely with Willie in developing a plan of action. Missouri continues to meet regularly by phone with key stakeholders including; Indian Centers, American Indian older youth and CD staff to carry out this plan. Missouri has been provided information on genealogy sources, resources on historical trauma for AIAN youth including those in foster care and adoptions and the North Dakota Plan for implementing ICWA on a state wide basis.

In November 2017, the Capacity Building Center for States provided an ICWA Learning Experience starting in Joplin, MO. Additional Learning Experiences will continue to roll-out in Jackson CO, NW, NE, St. Louis, and then SE regions. This two day training provides child welfare staff with knowledge to help them understand, engage with, and support children and families who are AIAN through their work. The training provides a historical view of State-Tribal relations, history of ICWA, and historical trauma. The training helps staff understand the culturally responsive engagement with AI/AN children, youth, families and Tribes. Discussions are held on establishing a State-Tribal partnership protocol, how to work effectively with Tribal government and principles that guide good working relationships. This training provides resources for staff to help when questions arise regarding ICWA or Tribal law policy.

One of many goals of this experience is to develop at least one staff from every region of the state as a trainer in the ICWA Learning Experience. Using the same curriculum and materials, staff with help from an AIAN co-trainer, would be able to present to field staff on an as-needed basis. Training objectives include:

- Expand the knowledge on AIAN children and families
- Know the requirements for serving AIAN
- Help community partners understand their role in serving AIAN
- Ensure staff understand the importance of AIAN and ICWA
- Engage the courts, provide knowledge to courts
- Locate and provide resources AIAN families
- Remove the "fear" staff sometimes have when they hear ICWA

Other goals from the work already underway include:

- Gather information from all families with children in care who do not already have the ICWA forms in their file
- As best practice, ask grandparents and any family historian if the family has any Indian heritage when the child is first removed from the home
- Strengthen relationships with the Indian Centers and Tribes by inviting them to monthly or quarterly meetings

- Update the ICWA forms, notification letter, flow chart and brochure, create a cultural agreement form
- Plan ICWA training for all staff across the state to encompass the culture of AIAN, the history of ICWA and the importance of this work
- Have foster/adoptive parent recruitment events in combination with Tribal events
- Identify AIAN homes among existing resource homes

Consistent with the federal On-Site Review Instrument, a new case review tool is being developed in FACES which will capture the following:

- Was a 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, a federally recognized Indian Tribe?
- If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?
- If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act's placement preferences?

Practice improvements are also addressed through on-going CQI processes at the local circuit level.

All benefits and services under the programs are made available to American Indian/Alaska Native 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 January 1, 2018, there were 25 older youth with AIAN heritage. Of these 25, one was designated as incapacitated and will not be referred for services and 18 youth were actively participating in Chafee or ILP services.

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, Mr. Patrick Pruitt. Dr. Robert Prue, a professor at the University of Missouri, Kansas City also has membership on the CFSR Advisory Committee. The annual APSR is reviewed by this committee each year.

MONTHLY CASEWORKER VISIT FORMULA GRANTS

The state reported FFY17 monthly caseworker visits as required and anticipates having successful submissions for FFY18 and FFY19. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

Missouri achieved 97% for FFY17 of children in care having monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. In addition, 98% of the visits conducted during FFY17 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

Number of Children: 17,873

Total full months kids were in care during FFY17: 145,409

Total months with visits: 140,985

Percent Visited Every Month: 97%

Worker Visit Measure #2: Majority of Visits with Child in Placement Location

Total months with visits: 140,985

Total number visit months where child was visited in the placement: 137,789

Percent for Worker Visit Measure #2: 98%

Missouri's strong performance in this area is due to a priority focus by CD leadership, Quality Assurance and Quality Improvement teams, and field supervisors in reinforcing the importance of this practice. Successful use of several reports created for monitoring and improving visits has been a key strategy.

State Standards for Caseworker visits:

Children's Service Workers are to have face-to-face contact, individually and jointly, with the child and resource provider, at the placement, the next business day following placement, when possible. The worker must meet face-to-face with the child and resource provider a minimum of one time per month thereafter. However, staff is likely to visit with children more than once a month. The majority of the visits must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

The following activities occurring throughout FFY17 to continue to maintain or improve caseworker visits with children during FFY18:

- Continued priority focus by Children's Division and Contracted Case Management Agencies to improve this practice issue
- Frequent discussions during various management meetings to keep administration updated on progress
- A recent FACES enhancement shows worker with child visits as critical alerts. If there is a data entry error when the visit is entered, it will not remove the critical alert. This has helped reduce the errors in data entry.
- Local Program Improvement Plans included strategies to increase frequency of visits
- Increased focus by field staff for planning, scheduling and re-scheduling visits
- Increased supervisory oversight to monitor visits

- Improved data entry

A year-to-date progress report has continued as an outcome measure to inform supervisory staff of worker with child visitation trends.

COA accreditation maintenance meetings and case reviews monitor performance on worker visits, providing an opportunity for program improvement or program enhancement plans to be completed as needed for targeted strategies

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit and Worker Level

Continued use of the electronic FACES monthly worker visit report

Drills worker visit data down to the case level and is accessible by the case manager, supervisor, QA/QI and Managers

Contracted Case Management Agencies can also access this report

- Worker visit data is used in a variety of ways including: Progress on visits is shared through a variety of communication efforts including:
- Featured in CQI In Focus Newsletter periodically
- Results are posted locally each quarter
- QA Specialists notify local managers monthly when their performance is below the required goal. Local Managers in conjunction with QI Specialists add circuit specific strategies to their local program improvement plans
- Technical assistance, oversight and coaching efforts by Quality Assurance and Quality Improvement Specialists
- Inter-agency QA/QI teams routinely monitor performance on visits and share strategies with each other. (Includes CD and FCCM QA/QI staff according to FCCM coverage areas)

Barriers in reaching the goal included the following:

- Children placed out of state through ICPC are reliant on cooperation from other states to conduct monthly visits
- Older youth attending college out of state do not have visits
- Runaway youth
- Turnover of staff and managers (caused fluctuations in caseload assignments and continual training for new staff)

The monthly caseworker grant will continue to be used to address the above barriers when appropriate. In SFY17, the grant was used to fund the Mobility Project, described in greater detail in the Program Support section of this report. This project provides all frontline staff with iPads, allowing for data entry while in the field. The Division continues to roll out WiFi in the offices and is paying for data plans for the iPads.

The quality of visits with children will be addressed through the use of the FACES case review tool.

FFY18 caseworker visit data using the full population will be submitted by December 17, 2018 as required.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENT FUNDS

FY 2013 \$1,099,039

FY 2014 \$793,943

FY 2015 \$682,127

FY 2016 \$293,010

FY 2017 \$2,992,258

The significant reduction between FY 2015 and FY 2016 was recouped after re-authorization in FY 2017.

These funds have been utilized to support the Missouri Adoption Heart Gallery media site and financial support of the 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 2017 two additional centers were supported by the Children's Division/Adoption Incentive Funding. Missouri currently has centers in Northwest Missouri in Chillicothe, Kansas City greater metro, Southwest Missouri in Springfield, Central Missouri in Jefferson City/Columbia, St. Louis greater metro and Southeast Missouri at Poplar Bluff (The number of families and children served and increase in services is 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.

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 three programs involved with Extreme Recruitment and 30 Days to Family, and Missouri Heart Gallery with the goal of increasing permanency for foster youth timely, as well as funding activities identified in the diligent recruitment plan.

QUALITY ASSURANCE SYSTEM

Foundational Administrative Structure:

The Continuous Quality Improvement (CQI) system in Missouri continues to function effectively and consistently in line with the agency's established process. There is consistent application of CQI across the state, including each circuit jurisdiction.

Missouri's leveled CQI meeting structure involves all levels of staff, stakeholders and community partners to examine practice performance and how practice, policy or values can be systematically improved.

Analysis and Quality Data Collection:

Analysis and dissemination of quality data is strength for Missouri’s Children’s Division. Data is continually collected, analyzed and shared in accordance with a CQI organization.

Some forms of data dissemination include:

- Quarterly “In Focus” newsletter. This newsletter directs staff on issues of focus for quarterly CQI meetings. In addition, the newsletter provides updates on key areas such as Council on Accreditation, CFSR and practice related outcomes.
- Department and Division Dashboards. In 2017, the Children’s Division Data Dashboard was unveiled. It is available to all staff, stakeholders and community partners. Staff throughout the Department and Division uses this data to inform decisions, educate stakeholders and community partners, provide oversight and prioritize policy and practice. <https://dss.mo.gov/cd/dashboard/>
- Published reports – Children’s Division maintains published reports on both the intra and internet for staff, stakeholders and community partners, including Children’s Division Annual report, APSR updates, CFSR information, and Monthly Management Reports
- Missouri reports to the National Child Abuse and Neglect Data System (NCANDS) as well as National Youth in Transition Database (NYTD). The state also continues to make improvements to the state’s electronic case management system (FACES) to ensure quality data collection.

For NCANDS yearly submissions, ongoing meetings occur between the Quality Assurance Unit, policy and technical staff, who conduct the extraction of the NCANDS files, to review annual requirements provided by the Children’s Bureau. This group reviews validation tool results and ensures any elements from previous years are addressed prior to the next submission.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) training for out of home care staff is updated annually. All personnel with supervisory responsibility in the area of alternative care, including Children’s Division and contracted staff are required to do an annual review of the requirements with staff. The training is updated by the Quality Assurance Unit and reviewed by the FACES unit to ensure accuracy and compliance with AFCARS requirements.

Quality Assurance System Teams (QAST) continue to assist circuits in building capacity in staff to use data in decision making, including becoming comfortable with data terminology and basic statistics. One goal for the Children’s Division Quality Assurance System Team for 2018, is the development of structured data training for all levels of staff. This will be a revision and update to the previously used “data boot camp” strategy. In April 2018, the unit will meet to determine what the development and implementation timeline will be for this project moving forward.

In addition, the QAST will be involved in monitoring and providing support around Missouri’s 3rd Round CFSR Program Improvement Plan process.

The Missouri Children’s Division Case review tool has continued to undergo revisions and the CFSR coordinator has worked diligently with staff from the Children’s Bureau to validate the tool and revisions to meet the standards required. In March, 2018, Children’s Division was able to begin training of

reviewers on the new process. In April, 2018, Missouri kicked off the inaugural review for the revamped case review process.

In addition to the new case review process which will be used for Program Improvement Plan monitoring and to continue to strengthen case work practice around the state, Missouri does have other reviews processes in place for specific data needs.

- Targeted reviews — Targeted reviews are utilized at the county or circuit level when there is a need identified to explore practice outside of the formal case review process. They may target areas or practice which address compliance with Children’s Division policy. Targeted reviews will not be as in depth as the case review process and will not include interviews. Targeted reviews will be used to quickly identify trends in practice and will be used as a support to the case review process. Results of the targeted reviews are shared with the county or circuit leadership for any needed improvement planning.
- Child Abuse and Neglect Hotline Unit (CANHU) Peer Record Reviews – This process dates back to 2006 and is intended to support efficient processing of calls. Ten percent of all calls are automatically sampled for review by hotline workers. Once completed the reviews are evaluated for trends and to use in improvement planning.
- Intensive In Home Services Peer Record Reviews – Intensive In Home Service contractors participate in a Peer Record Review process which are used to measure program outcomes. The reviews are completed quarterly and a sample of cases is reviewed in each region. Children’s Division and contract staff partner to review cases, ensure contract compliance, and help identify strengths and challenges to providing quality services.
- Vendor Reviews—The QAST will be involved in conducting vendor reviews yearly. The reviews will be completed in all regions across the state with a database used to review and evaluate results.
- Missouri’s Case Review Tool – Missouri’s new case review tool was originally introduced in January, 2017. After a short period of testing and using the tool, it was decided Missouri had more work to do. In the interim, the case review process was halted and revisions began to solidify the tool. The revisions were made throughout 2017 with user acceptance testing on the new version completed in February 2018. In March 2018, two training sessions were held to begin the certification process for reviewers. In the first sessions, staff who participated in the July 2017 on site CFSR plus foster care case management quality assurance staff and Children’s Division staff who were interested in being reviewers were trained. After training, staff who participated in the on-site CFSR review are eligible to serve as independent reviewers who are certified for one year. New trainees are required to shadow a certified reviewer for one case review prior to receiving certification to be an independent reviewer. Currently, Missouri has about forty reviewers. Quality Assurance focused staff will provide first and second level QA and oversight of the reviews. Missouri’s statewide CFSR coordinator will initiate and monitor reviews each quarter. The reviews will occur quarterly and will review the same number of cases as the traditional CFSR. Missouri will have additional reviews of differential response cases as those were included in the third round CFSR.

Missouri is fortunate to have a wealth of data available to use in evaluating the quality of the services provided to service participants. As with other systems, Missouri Children’s Division is committed to

maintaining a QAST structure that continues to drive the use of data in our organization and is dedicated to the CQI process.

Missouri Children's Division Quality Assurance System Structure:

Improving the quality of service provision is central to ensuring positive outcomes for children and families. Currently, QAST with focus on Quality Assurance (QA) evaluate trends and outcomes on an ongoing basis to determine service delivery and program effectiveness and to provide guidance to state, regional and circuit staff through a variety of mechanisms, including but not limited to one on one coaching, presentations and involvement in strategic planning meetings. QAST staff with focus on Quality Improvement (QI) assists in planning and implementing change through a variety of methods and also focus on Council on Accreditation preparedness, readiness and sustainability.

In collaboration with all levels of staff, the QAST teams employ a process founded on the framework of data collection and monitoring. By doing this, the Children's Division QAST system as a whole promotes the CQI process and the strides to provide high quality, sustainable child welfare services.

To assist with the measuring, monitoring and improvement of high quality, sustainable child welfare service provision, the following data reports are available to all staff: Monthly Management reports, Child Welfare Outcome reports, Children's Division Annual report, Child Abuse and Neglect Annual report. In addition, the Division has internal reports made available to all levels of management. Supervisors are able to use the information in consultation with staff to assist in decision making. Many of these reports provide child level, case specific data for use in evaluation and planning.

Another piece of Missouri's QAST structure is the ongoing involvement of stakeholders and community partners. Stakeholders and partners participate in a variety of structured collaborative meetings such as the CFSR advisory committee, Juvenile Court Improvement Project, Fostering Court Improvement, Youth Advisory Board, Supervision Advisory Committee, Healthcare Advisory Committee or through a number of implementation projects. Through these efforts, the structure exists for staff, stakeholders and partners to be a part of data review, strategizing, revising and implementing changes to policy and practice.

Quality Assurance System Training:

The regional Quality Assurance and Quality Improvement staff for Children's Division have participated in various training opportunities over the past year.

- Signs of Safety-- with the continued implementation of Missouri's Practice Model, staff have had the opportunity to be trained on the basics of Signs of Safety
- Transformational Coaching-- all Quality Assurance System staff participated in transformational coaching
- Case review training-- all Quality Assurance System staff participated case review training for Program Improvement Plan monitoring and will be serving as reviewers and first level quality assurance.
- Vendor training-- all Quality Assurance System staff have participated in vendor review training and will be involved in conducting statewide reviews

- Leadership Academy for Supervisors-- many Quality Assurance System staff have participated in this process of promoting leadership across supervisory units
- Team Decision Making—Quality Assurance System Staff will participate in the Team Decision Making Database training and work local circuits to maintain the information system
- Trauma training—all Quality Assurance System staff have been trained in being trauma informed
- Psychotropic Medication training-- all Quality Assurance System staff are participating in medication training

Missouri Children’s Division Quality Assurance System- Realignment Plan

History, Context, Challenge for Future:

Missouri’s Children’s Division Quality Assurance System (QAS) was founded in 2005 and has continued to grow and support local, regional and statewide initiatives.

In July 2017, the QAS team members participated in Missouri’s Child and Family Services Review (CFSR) process. When final results were shared, the QAS in Missouri was found to be out of compliance in two areas:

1. The case review system, and
2. The lack of consistency within the structure and functioning of the statewide system.

Case Review:

To address the case review system, Missouri’s CFSR coordinator, in collaboration with the FACES unit and contract staff has worked diligently with the Children’s Bureau to validate Missouri’s case review tool and revisions to meet the standards required. In March, 2018, Children’s Division was able to begin training of reviewers on the new process. Once the final testing and observation phase is complete, the CFSR coordinator will initiate the first round of monitoring reviews to build the baseline information for the Program Improvement Plan (PIP). The first case review began the week of April 23, 2018.

Developing a New Framework:

On April 11-12, 2018, Missouri held a joint meeting of all staff working in the QAS for Children’s Division to develop a plan for restructuring of the QAS system across the state.

A group discussion was facilitated by Tim Decker, Director of Children’s Division to examine the current system and to generate ideas and suggestions on how the QAS could be enhanced.

From the two days of discussion, a framework and commitment emerged to restructure the QAS to facilitate consistency at all levels. In order to accomplish this, the following structure was developed and will form the basis for Missouri’s plan moving forward.

Quality Assurance System Focus and Structure:

The structure for the Quality Assurance System (QAS) will be divided into three main areas of focus: data analysis, quality improvement, and regional liaisons. These staff will be dedicated solely to the QAS to ensure there is consistency for Missouri’s Children’s Division.

Unit oversight for data analysis and quality improvement will be done by Deputy Director for Planning and Performance Management. Regional Directors or their designee will provide oversight for regional liaisons.

Data Analysis	Quality Improvement	Regional Quality Assurance System Liaisons
Manager	Manager	Regional Manager (5 Regions)
Management Analysis Specialist (MASII)	Program Development Specialist (PDS)	NW-2 regional QAS staff
Management Analysis Specialist (MASII)	Quality Improvement Specialist	NE-2 regional QAS staff
Quality Assurance Specialist	Quality Improvement Specialist	SE- 2 regional QAS staff
Quality Assurance Specialist	Quality Improvement Specialist	SW-2 regional QAS staff
		St. Louis-1 regional QAS staff
		Kansas City-1 regional QAS staff

Some examples of duties for each area of focus include:

Data Analysis = CFSR, NCANDS, AFCARS, PIP monitoring (case review), development of data training, program line data support, published reports, data requests

Quality Improvement = PIP monitoring (case review), development of CQI training, resources and technical support, COA maintenance and support for reviews, practice model support

Regional Q Liaisons = Practice Model Implementation, support for court and community improvement initiatives, regional improvement projects, quarterly meetings, PIP monitoring (case review), COA preparation and maintenance.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP) AND EDUCATION AND TRAINING VOUCHERS (ETV)

Chafee Foster Care Independence Program

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

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

In SFY19, the CD will continue to use the CFCIP funds to staff one state level Independent Living Ccoordinator (ILC). 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 state level coordinator will continue co-lead the Youth Empowerment Task Force implemented in SFY16. The state level coordinator will seek youth representation/voice on workgroups, committees, and articles in newsletters. The Independent Living Coordinator (ILC) will implement federal and state legislative requirements into older youth programming and policy and assist with constituent concerns pertaining to older youth. The ILC will communicate activities through Facebook, newsletters, and email. The ILC will “shadow” each of the six Older Youth Transition Specialists (OYTS) annually and continue to support them through quarterly conference calls and in-person meetings. The ILC will continue to participate in state level meetings and conferences pertaining to older youth and participate in national information sharing and research via surveys, email and phone interviews. The ILC will continue to develop and revise tools to assist in working with older youth.

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, Northeast, and the Southwest.

In SFY15, an Older Youth Transition Specialist position was added to cover the Southeast region of the state, splitting the Southern Region into the SE and SW. In SFY17, an Older Youth Transition Specialist position was added to cover the Northwest region of the state, splitting the Northern Region into the NE and NW. These positions were granted due to the high concentration of youth in the Northern and Southern Regions in entirety and the difficulty of having only one position to cover the area. These two positions are not funded through CFCIP funds.

In SFY18, quarterly Older Youth Executive Team meetings were held with the OYTS Supervisors and the Regional Directors and will continue in SFY19. The goal of the meetings is to improve services and outcomes for Older Youth through case management and regional efforts from the state lens while streamlining and focusing the duties for the Older Youth Transition Specialists to the original intent of the position. The OYTS are not part of this, as the focus is to be on areas outside of their positions and to keep them from being seen as the person assigned to any tasks from the meetings. With the addition of the positions in the NW and SE not funded through Chafee, these two positions became a more generic Older Youth Specialist position versus contract monitor positions focused specifically on NYTD, Chafee, TL, and ETV. Although the “duties” were outlined to be the same as the CFCIP funded Older Youth Transition Specialist positions, case management type duties and training duties were assigned to these positions and in one region, less emphasis was placed on the primary Chafee related duties of the position. Another difficulty is these two regions have a disparity in workload as they are either the least populated region and/or have the least amount of providers to monitor which equates to a lesser volume of work. The disparity in workload and duties created some issues as even with the additional positions the NE OYTS and the SW OYTS have a much higher workload than the other regions. The Chafee funded positions, although regionally located with the work duties being performed primarily in the region, can be assigned other duties in the state to help out if needed. The two non-funded Chafee positions could help the more populated Chafee funded positions but have been viewed as regional

allocations and if had additional time, performed other duties outside of Chafee. To address this issue, the OYTS duties were revised to include more detail including the expectations placed on the positions through the NYTD PIP. Some duties were agreed upon that could be divided between the NE/NW and SE/SW such as approving ETV and Mo Reach eligibility and NYTD surveys. It is hoped that the regional administration can more clearly see the work being done through these positions and place more value on the duties through this as well as see the benefit of a state approach in areas of need. It is difficult for there to be a clear understanding of these duties as they are very specialized positions and there are only six in the state. These positions work closely with the ILC but are regionally supervised so the importance of the positions can easily be overshadowed with other demands placed on regions and how to accommodate those needs while not neglecting the oversight needs of Chafee. Aside from addressing the issues of the duties, data is reviewed at the meetings and tasks assigned on improvement issues such as Chafee referrals, exit planning, and ensuring documentation of credit reports. Improvement in the areas of focus has been slow but it has been seen. In SFY18 and at the request of the OYTS Supervisors, a supervisor consultation tip sheet was created to assist the OYTS Supervisors with supervision topics

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of their regions. Their job duties include older youth program presentations to the community and to staff regarding Chafee and TL services, training to assist Chafee and TL providers and to staff as it relates to referrals and contract requirements for these programs, and participation in community workgroups, task forces, and initiatives concerning Older Youth. As time permits, the OYTS attend Family Support Team Meetings, Team Decision Meetings (where applicable) and court hearings on older youth where case plans are discussed. The OYTS participate in service plan meetings for youth in Transitional Living Program placements. The OYTS provide feedback on program related memorandums and assist with promotion and recruitment for older youth related events such as focus groups or youth conferences, and develop regional plans for increasing the numbers of referrals, etc. The OYTS assist with the process for youth re-entering care, aftercare youth, and extended Medicaid enrollment. They attend exit meetings and provide exit packet information as requested.

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 contract monitoring, ensuring compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, life skills progress reports, and outcome reports for accuracy. 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; however this duty is being completed by one OYTS at this time to address disparity in workload. The OYTS assist with compliance in reporting for the National Youth in Transition Database (NYTD) by assisting with survey reporting, maintaining a Facebook page to locate youth, approving services entered by contracted providers, ensuring highest grade level completed, email address, and physical address is available on youth ages 14-21, and ensuring youth have three permanent contacts documented. The OYTS monitor compliance with federal and state legislation as well such as documentation of credit reports and post-secondary visits. However, this is one of the efforts the Older Youth Executive Team meetings is addressing as this is a case management function. The OYTS are viewed as experts in the regions and assist with questions regarding normalcy issues, and many other topics related to older youth. This is both a positive and a negative and goes back to the lack of focus in duties for some. In order to help with this issue, the SE Region OYTS began having region wide Supervisors and Older Youth Children's Service Workers

(CSW) meetings in SFY18. Those attending the meeting are asked to present on Older Youth topics such as getting youth involved in local youth advisory boards or sharing “What’s It All About? A Guidebook for Youth in Out-of-Home Care.” It is intended that if staff are more knowledgeable in areas impacting Older Youth, they will be able to be more self-sufficient and not rely as much on the Older Youth Transition Specialist. The OYTS will continue to work directly and collaboratively with the ILC, Children’s Service Workers, contracted providers, and youth. They will be responsible for on-going consultation and education to agency staff, providers, and the community, about the Older Youth Program. The six OYTS also assist with specific program coordination in their designated regions. Conference calls are held with the OYTS and ILC quarterly and in person meetings are held as needed but no less than annually.

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 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 fluctuated some over the last few years but not substantially. In SFY11, there were 3,391 youth in Missouri Children’s Division custody in the age range for Chafee services. In November 2016 there were 3,549 youth potentially eligible for Chafee services, and in March 2018 there are 3581 youth in the Chafee eligibility age range. 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 consideration and agreement by the Family Support Team. Youth in detention and on run are not referred for services until the circumstances change for the youth .

Missouri has provided supervision of older youth in foster care placed in Missouri over the age of 18 since 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 jurisdiction state. The sending state arranges for Chafee services directly via the Chafee contractor from the youth’s residence region. The sending state provides for the Educational Training Voucher services if they are needed. Although the referral and reports are being processed through the ICPC unit, these older youth are not included in the Interstate Compact Placement of Children, 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. If the sending state is not able or willing to provide for Chafee services, Missouri will make an exception and refer the youth for Chafee services through Missouri’s funding and referral process so the youth do not go without services.

Within the Older Youth Program, there are services and funding provided through the Chafee Foster Care Independence Program. The CFCIP is contracted 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 since January 2008. In SFY12, contracts were awarded with annual renewals and service delivery under this contract which ended on October 31, 2015. In SFY16, the contract was rebid and awarded to three agencies providing service to five regions of the state. This contract expires October 31, 2018. To prepare for the rebid of

the contract, a stakeholder's meeting was held in May 2017 for the purpose of reevaluating the program and contract requirements. Feedback was sought electronically from current providers. An internal review was held with the Older Youth Transition Specialists. Based on the feedback from the stakeholder's meeting, providers, and the Older Youth Transition Specialists, changes were submitted to the Contract Management Unit for rebid of the Chafee contract in SFY19. Changes are minimal and include: adding that the contact information for the contracted employee assigned to work with the referred youth will be updated on the referral screen each time a new employee is assigned; adding that the contractor shall arrange and provide program presentations on service provision to the state agency case management staff in the contracted region in each circuit on an annual basis and as needed or requested; adding a requirement that the contractor will work to establish Individual Development Accounts (IDA) for youth and seek assistance from the school in providing academic support; adding language clarifying responsibility regarding bringing youth to the conference; changing the aftercare age from 17.5 to 18; and changing the date due for the quarterly outcome report.

An amendment was made to the current contract in SFY18. There were two assessment tools which CD discontinued mandated use, one of which is given to the provider upon initial referral (Strengths/Needs Assessment) and the other which is given to the provider upon initial referral and then provided to CD from the provider annually (Casey Life Skills Assessment).

A total of five agencies are providing services for six regions and one circuit of the state. Three of these agencies are providing services through a competitive bid process while two are Community Partnerships agencies.

The Transitional Living Program contract was awarded in April 2017 to ten agencies in six regions. Because of the length of time to issue the contract, a three-month extension was provided. The final expiration date of the contract is June 30, 2021 (the original contract year through June 30, 2018 with three one-year renewal options). Changes included: change in the time allowed to meet with a youth for entry screening from five days to 10; changing the time allowed for notification to request discontinuation of services from 60 days to 30 days; adding a requirement to submit an annual report with information on all services provided to the youth; adding a requirement to have a savings account for each youth; adding a requirement for the contractor to attend exit meetings with youth who are aging out of care and to share the plan the contractor and youth have made for housing for the youth upon release.

In SFY18, issues began emerging with some of the Foster Care Case Management youth placed in TL shortly after award of the new contract. Through OYTS making visits with some CD youth placed in apartment settings that shared a residence with FCCM youth, it became evident in some situations that the FCCM youth were receiving less services than CD youth and what was contractually agreed upon by the TL provider. In the past, FCCM agencies made their own placements in TL facilities licensed and contracted by CD. The OYTS monitored all group home placements. However, for the apartment settings, the FCCM agency making placement entered into a contract agreement directly with the TL following all of CD's contractual requirements and monitoring of the placement. The FCCM contract was primarily regarding payment. To find out the extent of the issue statewide, Regional CD OYTS were asked to make a home visit and assessment with every FCCM youth placed in an apartment through the TL contract. In some regions the number of youth placed via FCCM was high and in others there were few. In many situations, youths' needs were being met and providers were abiding by the contractual

requirements. However, there were some significant issues identified such as safety of housing, lack of food, and lack of furnishings that needed to be immediately addressed and then next steps considered. Discussions were held over the course of several months and it was decided that FCCM's would need to be accountable for their placements and have counterparts in place such as the CD OYTS because what was in place was not working. Several meetings were held to discuss expectations. A tip sheet and a monitoring tool was developed for FCCM use. The counterparts were identified in the Spring of 2018. A meeting will be held in the remainder of SY18 to address any concerns or training needs. Training and support will be on going in SFY18 and SYF19.

The TLP contracts 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. Annual statewide provider meetings are held as well.

In SFY18, a meeting was held with the new TL providers to discuss the contract, referral process, and documentation of life skills services. A meeting was held in November 2017 to further discuss contract requirements. Information was provided on Team Decision Making, Signs of Safety and Financial Empowerment. A discussion was facilitated on the implementation of normalcy legislation.

A meeting was held in March 2018 with the Chafee providers. Information was provided on Team Decision Making, Signs of Safety and Financial Empowerment. A discussion was facilitated on the normalcy legislation implementation and a roundtable peer discussion was held on various topics.

Communication and meetings will continue as needed in SFY19.

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 of Chafee and TLP contracted providers are to 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. These principles will continue to be the basis of and guide the Older Youth Program in SFY19 and will be included in future contracts.

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 Children's Service Workers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;
- Procedures for using the Adolescent FST Guide & Individualized Action Plan (IAP) Goals;
- Helpful resources to engage youth in transition planning and self-sufficiency.

The Adolescent FST Guide and IAP Goals assist workers, Chafee and TL providers, 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 entering care after age 14, every six months thereafter and 90 days prior to the youth exiting care. It is updated throughout these time periods. The use of the Adolescent FST Guide and IAP Goals will continue in SFY19. The initial timeframe for completion will be changed from 120 days to 60 days.

Data from the Adolescent FST Guide is compiled for the OYTS to monitor. It contains such information as credit reports and post-secondary visit information. The Adolescent FST Guide is the youth's transition plan. The Guide records domain information on such topics as education, daily living, money management, and housing. With a change in policy in SFY2018, this tool is now required to be completed in its entirety (if applicable). With the elimination of other processes, it allows more time and emphasis to be placed on the guide. Providers report this tool is the primary tool used to gain initial assessment information regarding the youth's life skills obtainment and the guide portion could be the primary means used to develop goals with the youth. The goals are included in the tool but are a second step and recorded on a separate screen in FACES. A PowerPoint presentation on transition planning is available on the intranet/internet for staff to view at any time.

A systems change request was submitted in SFY17 and is still pending to move the adjudicated delinquent field which is reported for NTYD purposes to this guide in order to have it more visible to staff in area of FACES which is updated on a regular basis. Missouri is underreporting in this field and this is an effort to improve reporting as part of the NYTD PIP. This will also allow for closer monitoring of this field by the OYTS and supervision staff.

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 interest 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 will continue to be a contractual requirement of Chafee and TLP providers in SFY19.

The Individual Life Skills Progress Form 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 overall life skill development and is completed by the person teaching life skills, typically a contracted Chafee or TLP provider. Services are recorded as they relate to a life skills goal and are brief descriptions of what

has been provided. The Chafee and TLP providers complete this on a monthly basis. The use of this form will continue in SFY19. In addition, a screen in FACES allows for monitoring the services youth receive – the Individual Life Skills Progress Form Monthly Reporting Screen. This screen lists all youth in the contracted providers referral base for initial point of entry and shows the status of the youth for the month – whether services have been provided or not. In addition to this, a report is run quarterly from ITSD to show which youth have no services entered. Both of these tools aid in monitoring of life skills to ensure quality and quantity as to the number of referred youth receiving services on a monthly basis and allow the agencies to monitor themselves for youth who may not be getting life skills teaching over a period of time. It also ensures accountability for all youth in the referral base.

The mandatory use of the Casey Life Skills Assessment and the Life Skills Strengths/Needs Assessment Guideline Questions and Life Skills Strength/Needs Reporting Form was discontinued in SFY18. Contracts and policy were changed to reflect this and a memorandum was issued to staff. After meetings and discussions with stakeholders, Children’s Division staff, and Transitional Living and Chafee providers, a decision was made to use these tools on an optional instead of required basis. There was value in the assessments but the positives are outnumbered by what are viewed as negatives. This conversation began in February 2017 with feedback received from the OYTS and Chafee and TL providers. Feedback received is that youth do not want to complete the assessment (it is a youth completed assessment), youth do not accurately complete the assessment as to their skill set, caregivers do not know the youth well at times with placement disruptions, other information provided is more valuable, it is time consuming to coordinate the completion, and after completion it is not viewed again. The tool is not viewed by Chafee or TL providers and is not used, as intended, to develop new goals. In an effort to remove work which is not needed, valuable, or redundant, Children’s Division determined these are two items which could be stopped in order for more emphasis to be placed on other relevant tools.

Children’s Division and Foster Care Case Management staff are now able to use the tools that they choose for youth engagement, assessment, and goal development, such as the Signs of Safety mapping tool. The assessments can still be used as optional tools in the tool box as they do aid in youth engagement. Utilizing the engagement and assessment tools that staff prefers is one of many efforts being made to ensure youth receive quality support and services to improve outcomes.

As new foundations become part of the culture of Children’s Division, ways in which these can be embedded in work with older youth has been given consideration as well as how the work can be done in the most efficient means.

A Systems Change Request has been submitted to allow a referral to be made in FACES without a CLSA and a Life Skills Strengths/Needs Assessment (CD97). A bypass edit is being used in the interim.

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. Assessment is completed for transition planning and goal development and recorded on the Adolescent FST Guide. Portfolio items are a component of life skills that have been achieved. 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, and education financial assistance. Missouri has added the domain of youth leadership. Aftercare services are also provided through the contractors. Youth exiting care after the age of 17.5 and not yet 21 are eligible for these services. Youth must be 18 to receive housing assistance. Services provided will continue to be individual in nature. In SFY19, the age a youth may receive aftercare services will be changed from 17.5 to age 18. This was discussed at a stakeholder's meeting and with the Older Youth Transition Specialists. The change is being made to encourage youth to stay in care until age 18 as services for youth under 18, such as housing are difficult to obtain and some services youth are not eligible for if they leave care at age 17.5, such as extended Medicaid. It is also confusing to staff to have so many age requirements and sometimes youth are released earlier than they need to be because they think they are eligible for benefits. It will require education and it is hoped there will be little to no negative impact. Data was reviewed prior to making the decision as to how many youth leave care at age 17.5 and it was four youth in the last two years.

The Older Youth Program was converted to an electronic format in the FACES system in June 2013. An electronic referral system for Chafee, Chafee Aftercare, and TLP is utilized. The following Older Youth Program forms and tools are available in FACES:

- Adolescent FST Guide (Transition Plan)
- Individualized Action Plan (IAP) Goals (Transition Plan Goals)
- Individual Life Skills Progress Form and Monthly Reporting Form (Systems Change Request has been completed to hide this tool as it is no longer required)
- Life Skills Strengths/Needs Assessment Reporting Form (Systems Change Request has been completed to hide this tool as it is no longer required)
- Quarterly Outcome Reporting
- Referral - Chafee Independence Services
- Referral - Transitional Living Group Home / Scattered Site Services
- Referral - Chafee Aftercare Services

The dates of completion of the post-secondary visit (per Missouri legislation) and credit checks are captured electronically on the Adolescent FST Guide. Documentation of the youth possessing a Social Security Card, driver's license or identification card, medical records and contact information, birth certificate, and health insurance information is documented as well as discussion of healthcare treatment options/decisions.

Another tool in FACES is the NYTD/Older Youth Outcome Comparison Report which 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.

The Alternative Care Monitoring Screen includes the status of the Older Youth Program forms. This aids in supervision with Children's Service Workers as a live status of completion dates is available of all

tools on one screen. It is hoped to assist with keeping Older Youth Program forms on the forefront of Children's Service Worker's and supervisor's minds to keep life skills and youth engagement as a priority.

The Chafee and TLP program contracts require providers serve a minimum of 65% of referred youth every quarter in identified life skills domains. Of these services, 70% must be in the domains of independent living needs assessment, academic support, career preparation (combined with employment programs or vocational training), and budget and financial management and 30% must be in the service elements of post-secondary educational support, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring and youth leadership. This is a step to ensure the bulk of services being provided are core services which research has shown improve outcomes for older youth. 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.

Children's Division continues to work to ensure youth are referred for Older Youth Program services. The Older Youth Transition Specialists receive monthly reports with referral status information of all youth eligible for Chafee services. The report is produced by the Department's Research and Evaluation Unit. The report is a snapshot of each youth age 14 and older which contains information such as referral status, placement, permanent connections, date of last physical exam, school year and grade, dates of fraud prevention checks, and if the youth has a driver's license. Examples of specific support assistance to increase the number of youth referred for Chafee services and the quality of those services are provided by the OYTS in each of the regional sections listed later in this document. In response to the NYTD PIP to implement additional quality assurance controls to ensure that information on life skills domains are collected accurately and consistently in FACES, the OYTS are reviewing an additional 20 older youth files from each Chafee agency and five older youth files from each TL agency within the OYTS region, recording this on a monitoring tool, and addressing specific issues with the providers as a result. Meetings began in SFY18 and will continue in SFY19 with the Executive Team and OYTS Supervisors to focus on older youth outcomes. A report is received quarterly from ITSD on youth who have not received a life skills service within the quarter.

There are several resources available to staff to aid in service delivery. The Alternative Care Monitoring Screen displays referral status of youth and date of completion for the Adolescent FST Guide. A flowchart of the electronic Chafee and TLP referral path and a Power Point training overview is available on the FACES webpage for staff reference and assistance. An older youth referral tips and tidbits best practice promo was placed as a thumbnail feature on the intranet. Two charts, OY Services by Age and OY Tasks by Age, are available to show case manager tasks specific to older youth beginning at age 14 and services available based on age. The monitoring of referrals for eligible youth, efforts to maintain and increase referrals to the Chafee program, and efforts to ensure quality services are provided through the Chafee and TLP contracts will continue in SFY19.

The Older Youth Program served youth in transitional and independent living placement settings. As of November 30, 2017:

- 192 youth are in Independent Living Arrangements

- 14 youth are in the Transitional Living Advocate Program
- 95 youth are in Transitional Scattered Site Placements
- 85 youth are in Transitional Living Group Homes

The Children's Division policy currently requires 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. To prepare youth for their exit from the foster care system, the Children's Service Worker meets with their youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are 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. A critical alert is received notifying the case manager a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MO Reach, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, options for re-entry, and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance for services which require eligibility verification. Continued education of staff on transition planning will continue in SFY19.

An exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

A checklist on exit planning is available in e-forms and the exit packet is available on the intranet. Information on transition/exit planning is available as a PowerPoint presentation on the CD intranet and in the Child Welfare Manual. Documentation of youth receiving personal documents and exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide and Individualized Action Plan Goals. Chafee and TL providers are to attend the exit meeting (when invited) with youth who are aging out of care and share information regarding the contractor's aftercare program with the youth. OYTS attend these meetings as well if they are able. In the St. Louis Region, a Team Decision Making (TDM) meeting is held one year prior to the youth exiting care and again at three months prior to exit to discuss transition planning. It is hoped that as TDM is implemented statewide, this will become practice statewide.

Youth continue to receive information about available Chafee services through their Children's Service Worker, OYTS, youth boards, CD website, and Facebook page. In SFY18, a newsletter was started. As of April 2018, articles are being written with a potential release date of the first issue in June 2018. The newsletter will be issued 2-3 times a year. It will be delivered to the Children's Service Worker for distribution as mailing is cost prohibitive. SYAB members have been asked for ideas to name the newsletter and for article submissions. Most of the articles will come from the OYTS and Central Office staff at this time.

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. Assessments of the Children's Service Worker's choice, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan Goals are utilized by Children's Division Workers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

The use of technology (available to CD) as a means to stay connected to Older Youth will continue in SFY19 via a Facebook page entitled "Missouri's Older Youth Program." This Facebook page began 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. As of April 2018, 372 people "liked" the page. 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. A focus group was held with SYAB members in SYF18 about the primary method they liked to receive information. Surprisingly, most of the youth stated that Facebook was their primary social media platform for news and that they preferred to receive a hard copy of information such as tip sheets, guidebooks, newsletters, etc. 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 SYF19. The Children's Division internet OY page was completely redesigned in SFY18 to be more visual, user-friendly, and organized. All documents placed on the page were updated which included many tools for assisting staff.

"What's It All About? A Guidebook for Youth in Out-of-Home Care" is a resource for youth information. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care. The book is intended to assist youth while in care and transitioning out of care. The last page of the guidebook contains an acknowledgement form for the youth to sign and a copy is to be placed in the file under the Older Youth Program. Documentation of a youth being provided the guidebook occurs on the Adolescent FST Guide in FACES. The Foster Care Bill of Rights is included in the guidebook. The guidebook is available on E-forms and located on the CD internet so that youth may access it electronically at any time. However, Children's Service Workers are responsible for ensuring youth receive the information. The Guidebook was distributed at events held throughout SFY18 such as Older Youth Summits and SYAB meetings. The Guidebook was shared at the OY and Adult Leadership and Empowerment Conference in SFY18 with a staff person available to discuss the contents.

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 each child age 16 and older in foster care receive 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. Children's Service Workers assist youth in interpreting the credit report, resolving any inconsistencies and ensuring the youth has a copy of the report. The Division of Legal Service 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 form is to be updated to reflect when a credit report has been received on a yearly basis. In SFY16, CD began running checks on 14 and 15 year olds as well. All documentation pertaining to the credit checks is filed in the Older Youth Section of the youth's case record. 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.

Even though the notifications are sent, the information is not always being recorded on the Adolescent FST Guide. To alleviate some of these issues, a systems change request was submitted in SFY18 to create a separate screen in FACES for entry of the credit report information pertaining to a youth. This will allow entry by anyone, even if not associated with the case, and the information can then be pulled from this screen to the Adolescent FST. Because of the amount of work being done with the results not being documented, in February 2017, the ILC ran the checks and then sent an email to each of the OYTS supervisors in each region. The email contained a spreadsheet with the names and information for all the youth ran for the month from that particular region as well as the date the check was completed. The actual report was attached for anyone with a concerning history including actual arrears and inquiries. Details on what to do were included in the email. The process was turned over to another Program Development Specialist to run and notify staff regarding the checks moving forward. It was hoped with upper administration sending the notification out the importance of these would be reinforced, however there have been some difficulties as to who is distributing and receiving the notifications. A meeting was held in March 2018 to address concerns. A report card containing credit check information is being shared quarterly with the Regional Directors, the OYTS and their supervisors. A request was also granted from the Research and Evaluation Unit to provide in addition to who has a report documented at each age, information regarding who should have had a report by narrowing the parameters and showing if the youth was in care at age 14, and therefore should have a report, and if the youth has a report ran at 14 documented versus just displaying if the youth had a report at 14. The discussion of these checks and increased documentation will continue to be assessed throughout the remainder of SFY18.

Missouri has an agreement with TransUnion to use a web based portal for 14-17 year olds in a batch process. In addition to completing checks on youth 14 and older, TransUnion has agreed to complete checks on any youth in foster care when there is reason for concern about credit history. This has been a request of staff and allows for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980.

These checks will be conducted on a monthly basis and only if there is a reason to be concerned. If the Children's Service Worker identifies a youth (s) under age 14 needing a fraud prevention check, a Request for Fraud Prevention Check must be completed by the Children's Service Worker and submitted to Central Office.

A webinar "*Obtaining Credit Reports for Youth in Care*" is posted on the CD website. Resource information on obtaining free credit reports has been shared. In SFY18 additional resources such as the video made with the Attorney General's Office and the financial empowerment toolkit and tip sheets to assist and educate youth developed by the Department of Health and Human Services' Administration on Children, Youth, and Families and Office of Community Services was placed on the internet and intranet.

In SY18, a resource and practice reminder will go out to all staff via GovDelivery mailing system and the information will be included as a thumbnail on the intranet.

In SFY16, CD and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity. It captures outcomes including decreased rates of identity theft, improved access to credit, improved credit scores, increased savings, and lower rates of financial hardship to demonstrate whether the Your Money Your Goals (YMYG) toolkit is effective. The initiative included the YMYG training and includes a strong client screening process, referrals to financial coaching in some form, opportunities for peer support, additional “booster” trainings, and access to quality financial products. This initiative formally began in March 2017 with a presentation at the Youth Empowerment Task Force meeting which served as an action planning meeting. From this meeting two workgroups were established to further discuss implementation such as the specific topic selections from the curriculum. Missouri is one of six states to receive this curriculum and will receive consultative support until August with reflective learning in September.

In SFY17, CD implemented a five-month launch of the Your Money Your Goals (YMYG) toolkit in partnership with the Consumer Financial Protection Bureau (CFPB) and their contractor ICF. The goal of this initiative is to develop financial capability in youth in foster care ages 14-21 for financial success in adulthood. In May, a series of two train-the-trainer events took place involving 69 participants from 18 pilot sites throughout the state. The pilot sites included CD circuits, Chafee providers, Transitional Living Program providers, Court Appointed Special Advocates, foster parent trainers, and additional youth serving organizations. Each was charged with implementing the curriculum within their organization by training additional adult staff and volunteers and/or using the materials directly with youth. Following the train-the-trainer over the course of three months, participants collectively held a total of 35 trainings for 261 adult staff and volunteers. The YMYG materials were also used directly with youth in both one-on-one case management and group class settings. Site leaders participated in a series of three technical assistance calls provided by CD in partnership with CFPB and ICF, to learn from one another’s experiences and receive ongoing support. CD leadership and ICF were also available for individual consultation and provided guidance for implementation to sites as requested. In September, a facilitated discussion call was held to gather feedback from site leadership to guide implementation moving forward. Some of the common successes were creating short, easy-to-deliver agendas and materials for training of additional staff, focusing on individual youth current knowledge, goals, needs, wants and obligations to begin building financial capability directly with youth, and partnering with financial institutions and other community agencies to assist youth to set up bank accounts with matched funds. Additional features of the curriculum leveraged by sites were the flexibility to select and use tools from YMYG Toolkit as stand-alone materials, and use of a Behind on Bills booklet as a youth friendly, engaging planning tool. Some of the common challenges identified were the need to enhance the materials with games or videos to engage classes of youth, adapting the materials to younger youth who have very limited experience and access to their own money, and additional support needed to understand and resolve identity theft issues. Identified needs for continued implementation are additional individual site technical assistance, and guidance on how to sequence the tools based on youth needs. On a broader scale, CD recognizes the need to build internal capacity to sustain this initiative over a long period of time. CD is applying to participate in the CFPB’s 2018 cohort to receive continued training and technical assistance to expand this effort.

The Children's Division implemented the requirements of the National Youth in Transition Database in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children's Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys and an online tracking screen in the FACES system of survey completion has been provided to staff.

Three NYTD permanent contacts are in the FACES case member screen to assist with permanency and locating youth for the survey. The permanent contacts are recorded on the transition plan, Adolescent Family Support Team Guide. 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. At age 19, when a youth completes a survey electronically, there is an option for the youth to directly update their permanent connections. These are reviewed at the beginning of the survey.

In March 2015, staff throughout the state completed train-the-trainer training on FosterClub's Permanency Pact. Staff was trained statewide on the use of the tool in May 2015. The tool was introduced by memorandum in SFY17 with the three permanent contacts reinforced through policy. It is hoped that through the use of connection tools and by ensuring permanent contact information is captured and visited throughout beginning at age 14, CD is more likely to locate youth at age 19 and 21.

Information on youth to be surveyed for each survey period in which a baseline has been established is sent to OYTS to distribute across the state. This information is also viewable in FACES via the NYTD Survey Online Response Tracking Screen.

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 Children's Service Worker receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, 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.

It has been a challenge to locate youth formerly in care and engagement is critical. NYTD data has been shared with stakeholders via email and Missouri is currently working with research to have the data broken down by circuit so it is more identifiable to staff. This continues to be a project in the remainder of SFY18. Two reports have been requested specifically for NYTD purposes. A report showing the responses of youth on the survey has been requested to be drilled down by state, region, and circuit so staff can have a better understanding of needs for youth exiting care in their area. An outcomes report has also been requested which correlates to the NYTD survey questions but is information entered on a quarterly basis by the providers indicating how the youth are doing. This will give a better picture of how things are going from the provider standpoint and the providers can see what is working well and where there are gaps. Comparisons can be made between the two reports. All data for Missouri was requested from our federal partners and received in December 2017. A request has been made internally to have the data displayed in charts and graphs comparable to the reports previously shared by our federal partners. Missouri will participate with a youth ambassador in the ILC meeting in July 2018 and it is hoped that Missouri can continue to learn from other states on youth and stakeholder engagement.

SFY18, to date, Missouri has been compliant with NYTD reporting. Since inception, Missouri has received one penalty for completion of surveys after the 45 day reporting timeframe. The penalty was 1.25% of the Chafee allotment and amounted to \$41,589. Efforts will continue in SFY19 to be compliant. Missouri is currently surveying the 21 year old cohort and surveyed 66% of 21 year olds in the first six months of the reporting year.

Missouri participated in the NYTD Assessment Review (NAR) Pilot in SFY15. The purpose of the review was 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 was conducted. Missouri received the final report in February 2015 and steps continued to be taken in SFY17 and SFY18 to improve the NYTD process and will continue in SFY19. Missouri submitted its first improvement plan in April 2015 and submitted the last update in November 2016. Missouri continues to work on additional system changes. Due to competing priorities within the agency for the FACES system changes it is unknown when work will begin on these changes:

- Moving the adjudicated field to the Adolescent FST Guide with a roll over definition so it is more visible as this form is completed every six months.
- Adding a column on a report received from research to increase monitoring of the adjudicated delinquent field.
- Sending an alert to staff that a Chafee referral needs to be made when the youth moves out of region.

CD staff and contracted providers are and will continue working jointly in the NYTD effort in SFY19. The program and information technology units work closely to ensure timely submission and compliance measures are met and this will continue in SFY19.

The CD plans to continue efforts to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY19.

Examples from providers on how this purpose is being achieved:

Pathways, TLP, Kansas City: A representative from the Kansas City University of Medicine and Bioscience facilitates a workshop on the importance of preventative health care. The presenter spoke to the youth about taking the time once a year to have their eyes checked, teeth cleaned and completing a physical. The youth received detailed information regarding the consequences of ignoring their health.

Cornerstones of Care's Vice President of Health Integration volunteered to facilitate a series of life skills classes. As a registered nurse, she provided the youth with insight to health care. She conducted classes which taught the youth what to look for when they are sick, being able to identify common illness, when to call their doctor, what to do in an emergency, knowing when to utilize urgent care or the emergency room. She also led a Sex Education class. The class educated the youth on the different types of contraception available, the various sexual transmitted diseases and the community resources available to assist in these areas.

The youth at Pathways received hands on instruction and demonstration in various areas related to moving from adolescence to adulthood. The youth attended workshops on setting goals, conflict resolution, internet safety, hygiene and first impressions. Pathways hosted a series of workshops on communication. The youth learned the different forms of communication, the importance of thinking before speaking, practicing active listening and knowing when to walk away from an argument.

Great Circle, TLP, Southwest: Youth participate in weekly Life Opportunity Skills group. It consists of learning activities each week to build on a lesson and will take four months to complete this beginner's course prior to entering the program. It covers topics of transportation, learning the city bus map, and an activity to ride the bus together to learn a route and to transfer. It will lead into the topic of exploring the cost of a car and maintaining care and the pricing of a type of car to the cost of insurance if purchased. It covers bicycle safety on the road. Other topics include banking; career exploration and salaries; career assessments; post-secondary exploration and the how to apply for FAFSA student aid. The Education Training Voucher is explained and practice applications are completed. The resumes and mock interviews are a must for employment. Another area covered is about dating and healthy relationships with activities and videos. It is an area that builds on more individually as well. There are more areas covered as things experienced come up daily such as safety in the community and housekeeping skills and best ways to cook or shop within a budget.

The group will plan cooking days to learn various meals and skills. One of the favorite activities is the annual holiday home-cooked meals for Thanksgiving and Christmas. Staff and youth will plan the meal and work within a \$100 to \$150 budget. They purchase the ingredients for several special dishes, ham or turkey with dressing, and desserts. They work from early in the morning and all the youth will attend and help in some way while staff assists and directs. By meal time, some staff comes to join or visit and commend the youth. Staff sees the older youth learn to cook something new, and have a place for support during the holiday. They may join some family later, yet they all appreciate this time. A former older youth in the program came back this year to visit on one holiday to make certain to share with the youth how much it meant to him.

Missouri Baptist Children's Home, TLP, Southwest: MBCH has a program that allows youth in TLP to use agency vehicles to take their driving test as well as gain the necessary hours needed to obtain a license.

Youth In Need (YIN), TLP, Northeast: YIN works alongside youth and connects them with community resources to support the goals they are working toward. YIN has a great partnership with Crider to support youth in extra case management, therapy, medical and dental needs. YIN participates in the community outreach provided by Lens Crafters to provide youth with free eye glasses. If a youth is struggling with addiction, YIN partners with Preferred to assess for and get the youth involved in services for addiction treatment. YIN is a partner agency with the Tri-County Community Council and are able to obtain many supports through the personal partnerships they have with the other organizations. NECAC has helped them with providing a list youth can use in obtaining affordable housing. Sts. Joachim and Ann Care Services have supported youth in utility assistance. The Sharing Shed is able to provide youth with furniture when they move out of the transitional living program. The resources that YIN is able to give youth abound with community supports with 30/35 youth or 85% were involved with the community. Using them early in their stay

allows the youth to get comfortable with utilization, making their transitions easier and more productive.

Epworth, TLP and Chafee, St. Louis: In 2017, Epworth Chafee Service Coordinators were trained to facilitate the “I AM Empowerment” Curriculum, with two staff certified as Train the Trainers as well. This is a curriculum designed to educate youth in the areas of Human Trafficking and Commercial Sexual Exploitation and to give them the tools they need to prevent them from falling victim to sexual predators. This curriculum requires youth to be segregated in male and female groups. Fifteen youth participated in this ten-week curriculum. Epworth secured supplemental funding through the Roblee Foundation to offset the costs of implementing this curriculum in 2018.

Preferred Family Healthcare, Chafee, Southwest, Southeast, Northwest: A-1 Custom Car Care staff came to a community group as well as Good Samaritans Boys Ranch and taught the youth basic car care and repairs such as changing a flat tire and how to check the oil.

Youth also completed Team Building Games to learn to work together to overcome an obstacle.

The youth were taught how to eat healthy and were given healthy recipes to try as well as education on how to save money and eat healthier by meal planning. Youth have been provided Financial Empowerment Curriculum created and provided by the CFPB both in group setting as well as individually.

Staff conducted cooking class which included cooking chicken breast and using it in four different recipes in order to show the youth how to prep meals and save money by not wasting left over food. Each youth was then provided a cookbook with recipes which only need five ingredients.

To provide the opportunity for developing positive relationships Chafee partnered with the American Jobs Center to throw a pool party and BBQ where the youth voluntarily handed excess food out to the homeless and those less fortunate who were in the park near the pool. The youth attended a mini community awareness fair provided by Chafee including staff from Foster Adopt Connect, Community Partnership of the Ozarks, and Jordan Valley Community Health Center.

Staff had members of the Employment Services Team, staff from the local YMCA and staff from Camp Wakonda, conduct mock interviews with the youth. Staff focused on interviewing the youth based on the job that they would like to obtain someday. Staff assisted youth with obtaining their original birth certificates and social security cards as well as providing financial assistance for them as needed. Staff assisted youth with locating the forms for these documents, filling them out, and contacting the local Health Department to obtain lists of the items needed for this process as well as taking them to the Health Department to obtain their birth certificate in person. Staff provided youth with Transition Toolkits, Portfolios, Portfolio Checklists, “I Can Do It!” workbook, and “What’s it all About?” booklet, as well as working through the lessons with them and reviewing how to utilize them for every day needs. Staff assisted youth with connecting them to community resources that assisted them with obtaining formula, food, diapers, clothing, wipes, and etc. for infants and toddlers. Staff transported youth to these resources as needed and assisted the youth with developing a list of the items they need before attending the event. Staff conducted a meditation class for youth with

goals regarding anger management and coping skills. Information on natural intervention were provided via Earth Mother Health Store as well as BJC Behavioral Health staff. Staff provided through donation, a \$100 gas card for youth's parents to attend family therapy sessions at a local residential facility. Staff conducted an Anti-Bully Rally, providing information on changes in Missouri Statutes regarding updated definition of felony assault charges on school grounds, as well as House Bill 1583 which outlines school guidelines in regards to school safety and what to do when bullying occurs on school grounds. A Youth café was also held.

Staff conducted Operation Chafee which is a monthly cooking club. Items prepared are then sold and money received goes towards local nonprofit organizations for the homeless and less fortunate in the community. Staff coordinated with East Missouri Action Agency in hosting a REALL Simulation for approximately 45 Chafee youth. During this simulation youth were able to simulate one month in the life of an adult who made proactive choices after high school as well as one month in the life of an adult who made reactive choices after high school. Youth experienced how these choices affected their daily lives as well as their family dynamic. Staff also provided school supplies for all Chafee youth who attended.

Footsteps, TLP, Southwest: For the youth who became pregnant in the program, Pregnancy Care Center provided a great deal of support through mentoring, birthing and parenting classes, and healthy pregnancy education. The youth was able to earn spending dollars at PCC's supply room to purchase supplies needed for the baby. Diaper Banks of the Ozarks provided education regarding the costs of diapering and raising a child. Greene County Health Department- WIC (Women's Infants and Children) provided vouchers to purchase supplies for mother and baby. In 2017 the following ILP trainings were offered to youth at Footsteps:

- Don't Meth with Us by Dave Parnell – attended by 20 youth from the Group Home and Apartment Program
- Transgender Issues and Safe Transitioning – attended by four youth who identify as Transgender
- Basic Household Safety presented by Footsteps Staff
- How to Save on Utilities presented by the Springfield Public Library's Adulting 101 Class
- Study Skills presented by Footsteps Staff
- Self Care presented by Footsteps Staff
- Consumer Financial Protection Bureau's Your Money Your Goals Program conducted by Footsteps Staff – This is an ongoing educational program provided to all group home and apartment residents while in the program.
- Encouraging Employment – an ongoing group organized by Footsteps staff
- Fab Food Friday – a weekly group organized by Footsteps Staff

The program hosts several independent living conferences and classes throughout the year. This year the youth attended Don't Meth With Us. During this presentation, youth were able to hear the story of someone who struggled with addiction and mental illness and is now living a sober lifestyle. Music Therapy was provided twice with the girls as they enjoyed learning how to use music to release, express, and relax their emotions with various styles of music. Junior League of Springfield graciously agreed to sponsor four conferences with the girls this year. The four conferences they held covered the topics of fitness and nutrition; cleanliness, feminine hygiene, safety and common self-

defense tips, organization, and time management; celebrating the end of the school year and identifying low cost community activities; and learning the costs of diapering a child. The Willard Chief of Police came and spoke to the girls about the impact of their choices on their future. The chief was able to relate some of his poor decisions and share what inspired his decision to make a better life for himself. The Library Station has started to offer Adulting 101 classes. These classes are open to the community. The girls were able to attend the “How to Budget” class and “How to Save Money on Utilities” this past fall. A volunteer from the community who is a retired dietician has hosted classes on nutrition regarding low cost meals, having a well-balanced diet, and food safety.

Every Child’s Hope (ECH), TLP, St. Louis: ECH administers the Daniel Memorial Independent Living Skills assessment, T1 - Transitional Readiness Index assessment, and an ECH life skills assessment covering daily living, money management, housing, community resources, education and employment. ECH works with youth in further developing their softs skills such as decision making and learning how to accept responsibility for their actions. ECH encourages youth to establish supportive and healthy relationships. Safe Connections has come in to present on healthy relationships during life skills classes.

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

(See Educational Training Voucher Section for additional information on the Missouri Reach Credential Completion and Employment Financial Assistance Program)

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 and work life. 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. Examples provided include:

Great Circle, TLP, Northeast: One youth participated in the Hospital Program at University of Missouri, offered through the high school. The youth completed the program and was hired full time following graduation. Two youth participated in the Central Missouri Foster Care and Adoption Association (CMFCAA) Transitions program. The youth were given mentors for additional support for graduation. These two youths also participated in the CMFCAA Life Skills retreat in July. Chafee provided funds for six graduates to obtain caps and gowns. Educational support and study habit groups were implemented in the group home to assist the youth with their educational goals.

Great Circle TLP had 16 youth participate in a job readiness course through Job Point. They also participated in a volunteer program through the local food bank. Youth utilized Vocational Rehabilitation services to participate in Job Shadowing, as well as had access to a Job Coach. Two youth also utilized Alternative Community Training services for additional support to be successful in obtaining and maintain a job. Several youth obtained their food handler’s license to work in the food industry.

Family Facets, Chafee, Northeast: As youth begin transitioning into early adulthood, NE Region Chafee gives youth an opportunity to obtain and maintain employment by taking more than 15 youth to get their driver's permit and has paid for more than 25 driving lessons for youth. In addition, NE Region Chafee has assisted with work uniforms, car insurance, car repairs and gas cards.

Chafee Advisors offer monthly classes to work on current job postings and announcements. During these classes, youth are taught to research job listings and how to identify a scam. In addition, Advisors work with youth to teach them how to best complete an employment application. There are extensive discussions regarding the interviewing process followed by mock interviews and strategies for writing resumes and cover letters. Advisors discuss careers with an average of 50% of our youth on a monthly basis. In addition, Advisors assist with posting resumes and cover letters on job sites such as Monster, LinkedIn, Indeed.com and college career center websites. Chafee Advisors also teach professional follow up skills after an interview and how to dress for interviews.

Epworth, Chafee and TLP, St. Louis: The following classes were taught to youth on a group and individual basis: Career Exploration, Etiquette, Advocacy, Positive Self Promotion, Preparing for the Workplace, Job Search, Applications, Resume and Cover Letters, Interview Skills, Dress for Success, Mock Job Interviews, Job Maintenance, New Employment Essentials, Time Management and Goal Setting, and Metro Bus Training. Additional career preparation classes were provided such as: Accepting Differences, Anger Management, Boundaries, Communication Skills, Conflict Resolution, Cultural Awareness, Decision making, Healthy Friendships, Leadership Skills, Legal Rights and Responsibilities, Positive Attitudes, Respecting Others and Yourself, Responsibility, Understanding Diversity, and Values. Chafee staff also accompany youth on personalized job searches, online application completion, follow up calls, and assist with transportation to job interviews. Epworth takes youth to job fairs, career fairs, and hiring events. Epworth assists youth with locating community service and volunteer opportunities in the community. Epworth utilized community resources such as the Mission St. Louis, MERS Goodwill, Vocational Rehabilitation, STL Jobs, Project Xcel, SLATE, Job Corps, Youth Build, and the Missouri Career Center. STL Youth Jobs came to their location and hosted a recruitment event with youth in the program which resulted in employment opportunities. Epworth provides youth with financial assistance in the following areas: Background checks, Original Birth Certificates, SS Cards, State IDs, interview attire, work uniforms, immunizations, and bus tickets until youth get paid and can purchase them on their own.

Epworth continues its partnership with the Panera Cares program which provides a youth the opportunity to complete an internship at Panera in hopes of gaining permanent employment particularly in Management training. Epworth has businesses such as Waffle House, Schnuck's, and Bailey's Range who come for mock interviews with youth. Several youth have received employment opportunities through these interviews.

Epworth has joined a cooperative of agencies working with the Building Union Diversity Program (BUD). Preparations are under way for early 2018 for youth to participate in BUD in order to learn about Union Labor and Construction trades in St. Louis. After the completion of

five weeks of classes and exploration of the union trades, participants will be assisted with gaining employment and entering the Union Apprenticeship programs for a lifelong career opportunity. Epworth is hopeful that they will find youth to take advantage of this opportunity.

In 2017, 88 youth in Epworth's program either gained or maintained employment.

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/Project Excel was 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 addressed business demand for good customer service employees, met public expectations for reliable and courteous service, and got young people started on meaningful career paths.

Project Excel was a professional training program designed specifically for young people aging out of foster care to introduce them to meaningful careers with opportunities for advancement in six occupational fields including: hotel/resort desk clerks, receptionist/information clerks, customer service representative, retail salesperson, cashier, host/hostess. Career-seekers learned essential universal skills which built on a strong foundation for longevity and career advancement including interpersonal and business communications, problem-solving, conflict resolution, critical thinking, teamwork, effective customer assistance, diversity, and service excellence. It also prepared career-seekers to earn employer recognized certificates such as the National Career Readiness Certificate (NCRC) offered by ACT, the National Retail Federation's National Professional Certification in Customer Service, and the Internet and Computing Core Certification (IC3). Project Excel partnered with companies who have a large workforce of service employees and are committed to continuous employee learning and development. Upon completion of the program, Project Excel represented the participant and provided a professional referral to these partner companies to ensure a successful employment match.

Youth enrolled in the ten week program received training, matched individual mentoring, certifications, continuous learning, and supportive follow-up for one year. Youth in the Springfield cohort had the ability to earn up to six hours of college credit and youth in the St. Louis cohort could earn up to four hours of college credit.

Department of Social Services had an agreement with two Community Partnerships to provide the mentoring and supportive services for the continuous learning. ARCHS, the partnership in St. Louis, subcontracted with Epworth, a Chafee provider, for the provision of these services. Workforce Development had contracted with the colleges to provide the training.

The first cohort began in SFY15. The eighth and final cohort began in February 2017. Since inception, over 70 youth graduated from the two programs with varying certification completions. Ninety percent of completers obtained the career readiness certification, while over 60% obtained the customer service certification. The internet and core computing certification had a lower percentage of completers and varied between the two sites.

In 2017, a decision was made to end the program because of the low participation rate. The last cohort finished in May 2017. Supportive services have also been discontinued early in St. Louis (October 2017)

due to lack of youth participation. Many adjustments were made to the program throughout its tenure but the numbers did not increase. A debriefing/reflection meeting was held in March 2017 to discuss what went well and what did not work with both state agencies and staff from the two sites. The mentoring component was seen as difficult – maintaining a relationship and finding mentors willing to make a year commitment. At times, youth were not prepared academically nor behaviorally for a classroom setting. Youth were not always able to focus on what was happening in the classroom because of difficulties going on in their lives at the time. Recruitment was difficult and the majority of youth were youth in care, while the program was meant to benefit youth no longer in care too. There are competing programs in the St. Louis Region which offer a stipend. However, the program did provide certifications, continuous learning, peer support, college credit, and employment and for youth who received the service, it was beneficial. Staff in the two programs was dedicated to the youth and the program did assist many youth during its duration. Mo Reach CCE program has comparative struggles as career readiness and training are difficult areas for service provision because of the varied high level needs which cause barriers for youth no longer in care.

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. In SFY18, an AmeriCorps VISTA member is coming to talk to the SYAB about the program and its benefits. At the Youth Conference, Colonel Ken Eaves, the 131st Bomb Wing commander, presented on a statewide initiative called Operation Brace, to reach all Missouri foster children before they age-out of the foster program; and through community engagement, provide opportunities to have a successful adulthood. This program is currently working with one of the Foster and Adoption agencies to sponsor a youth conference.

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 skills learned in the home. Foster parents licensed for older youth are required to receive the training as are Transitional Living Advocates. The training is conducted by local training staff. An Older Youth Curriculum is also provided to staff via the training unit in some parts of the state. The curriculum for foster parents is being reviewed in SFY18 through a subcommittee of the Youth Empowerment Task Force.

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 SFY19.

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 Children’s Service Worker (CSW) to provide support and assistance to the older youth in foster care. CD

Children's Service Workers can utilize the education supplements available through the Casey Life Skills Assessment. 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 a result of Senate Bill 205 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 exiting from foster care. The visit includes 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. Children's Division had resources in place to implement the legislation and provided some specific guidance to staff to ensure youth are assisted and more emphasis is placed on this. The post-secondary visit is first discussed at a Family Support Team meeting. The visit occurs three primary ways: the CSW, the contracted life skills provider or the contracted life skills/housing provider. Youth can be referred for this life skill opportunity through a contracted provider (Chafee) who is charged with teaching life skills to youth. This was a contractual requirement prior to the legislation but the legislation has emphasized the need for all youth to have the opportunity. Once a visit has occurred, it is documented on the youth's transition plan. The visit and related processes are sometimes selected as life skills goals on which the youth wants to work. The Older Youth Transition Specialists monitors this and addresses it in Family Support Team Meetings they attend (in addition to the CSW and supervisor).

Some CSWs have been directly involved with the requirements of the legislation while others utilize the contracted providers in place for life skills teaching. CASA and foster parents have assisted in getting information on career paths, military options, and colleges and universities.

Visits are occurring through the CSW/county taking the youth individually/in a group, through Chafee taking a youth individually/in a group, and through Transitional Living Program providers taking youth individually/in a group. Some visits have been in the area the youth resides while some have been outside the area of residence.

Some providers have travelled to see a specific college that has a particular interest for a youth and one provider has a sign-up sheet for certain colleges and arrangements are made based on this.

The legislation allows for this requirement to be waived by the Family Support Team for youth who are disabled and will not be attending college due to the severity of needs. As of March 2018, 248 youth in care are documented as having a visit. The OYTS have incorporated this requirement in their tasks such as including it in monthly emails to staff, sharing the requirement at presentations, and helping to facilitate a group tour. This is one area of data improvement being worked on through the Older Youth Executive Team meetings as it is thought that more visits are occurring than are being documented. Each region is being provided a quarterly report card to show how many youth age 15 and older have a post-secondary visit documented.

Examples from providers on how this purpose is being achieved:

Missouri Baptist Children's Home (MBCH), TLP, Southwest and St. Louis provided college tours to the following colleges: Southwest Baptist University, Ozarks Technical College, Crowder College, Harris Stowe State University, University of Missouri-St. Louis, Lindenwood University, St. Louis Community College. MBCH-CFM has a partnership with Southwest Baptist University to provide a college education free of charge to those youth exiting TLP or living in one of their TLSS apartments. All aspects of the education process are supported through staff attending IEP meetings, providing weekly tutors as well as providing financial assistance for extra-curricular activities, school clubs, and ACT testing. One on one support is provided to assist youth in registering for the ACT, filling out college applications, ETV applications, and FASFA applications. MBCH partners with local community colleges that allow youth to take classes while attending high school which counts towards college credit. A yearly graduation party for youth graduating high school is hosted by MBCH. MBCH provides food and invite youth's family, friends, teachers and natural supports to attend this event.

Great Circle, TLP, Northeast: Great Circle TLP had two youth enrolled in college and assisted four youth with applying for financial aid and Educational Training Voucher, as well as applying to various colleges including Moberly Area Community College, Paul Mitchell, and Columbia College.

Stepping Stone, TLP, Kansas City: Tutoring is provided onsite at Steppingstone three times a week through the Raytown School District.

Case managers work diligently with the youth on their post-secondary educational goals by assisting them in completing the paperwork necessary for attending college such as college applications and enrollment, the FAFSA form, educational vouchers, scholarships, grants and loans.

Case managers attend college tours with youth. In one case this past year Steppingstone paid a deposit to hold a dorm room for an enrolled college student. In another case, two Steppingstone staff transported a freshman college student to her out-of-town college, attended orientation with her, helped purchase school supplies and dorm furnishings and helped the youth move into her new dorm room.

Great Circle, TLP, Northwest: Youth are assisted by staff attending school meetings if invited. Youth receive assistance with course selection, identifying mentors or tutors if needed, looking at educational and career opportunities following completion of junior college, identifying job trends in the youth's field of choice and looking at what employers are requesting from those leaving the educational environment and entering the work force.

The Community Partnership (TCP), Chafee, Southeast: The Community Partnership has a good relationship with several of area colleges. Each year the organizations hosts "Education Night" where TCP invites representatives from eight post-secondary institutions including area colleges, trade schools, and universities, as well as Job Corps and the military to set up booths to talk to the

youth and provide information. Missouri S&T also offers a financial aid program to explain student loans and how they work/are applied by the school. The Community Partnership employs an education coordinator who works extensively with the youth on helping them achieve post-secondary success. This is accomplished in a variety of ways including: helping youth research degree programs and schools of interest, assisting with the completion of their FAFSA and ETV applications, determining A+ and MO Options program eligibility, obtaining waivers for free ACT testing, and seeking out additional scholarship opportunities for youth. Additionally, staff facilitates the process of arranging college visits when needed and engage regularly with admissions offices to ensure questions are answered and youth are prepared for enrollment. The Partnership's education coordinator regularly conducts group presentations at area residential facilities on how to navigate the financial aid process and seek out funds for college. Finally, to support the goal of financial literacy, each youth on TCP's caseload is provided a "True Independence" book which serves as a quick reference guide for all things related to college preparation. In addition to life skills, The Partnership provides monetary assistance as needed (and available) for graduation expenses, class rings, and senior pictures.

The Community Partnership has a relationship with a local foundation that donates money to their agency each year for the specific purpose of providing scholarships for post-secondary education to program participants (to be used for tuition, books, supplies, equipment, etc.). Participants have to apply and typically TCP awards four to six scholarships to Chafee youth ranging in value from \$500 - \$2000. In FY17, TCP awarded six scholarships to Chafee youth totaling \$7200. Finally, this year, First State Community Bank provided a grant to The Partnership to purchase five laptop computers to award to Chafee youth in need that are attending (or preparing to attend) college. So far, four of the laptops have been distributed. To ensure all youth have an understanding and knowledge of college Chafee Advisors take youth on visits to colleges. Dorms are viewed if applicable, meetings with financial aid and admissions are available, and discussions with representatives from the different departments, as well as the athletic department, occur.

Family Facets, Chafee, Northeast: Chafee Advisors assist youth with completion of the FAFSA and ETV and ensure the youth learn to follow up when submitting an application. Chafee Advisors have assisted more than 50 youth with information and completing the FAFSA and ETV in 2017. NE Region Chafee has taken a number of youth on college tours to such schools as State Technical College of Missouri - (1 youth); Columbia College - (3 youth); Hannibal La Grange - (5 youth); Lincoln University - (4 youth); University of Missouri - (7 youth); St. Louis Community College - (2 youth); Missouri State - (2 youth); UMSL - (3 youth); Jefferson College - (5 youth); Moberly Area Community College - (3 youth); Indian Hills - (1 youth); St. Louis Job Corps - (2 youth); Ottumwa Job Corps - (2 youth); Military recruiter - (5 youth); St. Charles Community College - (7 youth).

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

The Children's Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff who 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 the community network to develop permanent connections for youth in care. It is the expectation this tool be a guide for CSWs and assists 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 and 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's strategic plan states that local boards complete at least one community service activity a year and youth regularly report about community activities with which the local boards are involved such as ringing the bells for the Salvation Army during the holiday season.

Examples on how this purpose is being achieved:

Epworth, TLP and Chafee, St. Louis: Epworth hosts an FYI support group for LGBTQ youth in their programs. Youth have the opportunity to share experiences, struggles, and learn coping skills from each other, Epworth staff, and community guests. This group meets once monthly and together attends a larger community support group once per month, when appropriate. This year, Epworth staff and the FYI group continued the partnership with Manchester United Methodist Church who provided tickets to the Muny to see the Little Mermaid and hosted a Holiday Party in which they brought food, as well as gifts and gift cards for the FYI participants. The support group also participated in a group presentation on Cultural Competency Education with the Executive Director of Trans Education Service LLC of St. Louis. Lastly, George Hogman, the author of "Bettyville" met with this group to discuss his book and his struggles as a gay man in a small town in Missouri. He then donated copies of his book for the participants and staff.

Annie Malone, TLP Provider, St. Louis formed a partnership with the St. Louis City Police Department to form the Ladies Empowerment Officers (LEO) project to provide emotional support and mentorship to youth residing in the TLP. The Officers came once a week and spoke with the youth about safety while in school and in their local community. This project gave each youth the opportunity to ask legal questions and form personal bonds with police officers they can trust.

Steppingstones, TLP, Kansas City: Steppingstone has also taken advantage of a program of the parent company (Every Child's Hope) called Changing Perspectives. Changing Perspectives seeks to not only find and engage family members for youth that have had disruptions in their family connections,

but also to help them gain perspective about who they are, where they have been and where they are going.

Great Circle, TLP, Southwest: Great Circle has a volunteer group with Aldersgate Church, whom works with the older youth in the program by becoming acquainted through group activities in the community for fun. The older youth can simply do this alone, yet the adults are there to be matched with an older youth as their mentor if the youth will agree to do so. The adults have had background checks paid for by the agency and the agency workers are notified at the time for any youth coming on board for having a mentor on their own time. It has been a natural process and a success in keeping older youth with a mentor, besides the adults in their lives outside of the program. These mentors will engage from two to four times a month, and once a month if schedules become difficult. Four older youth exited custody this year and were well engaged with a mentor. There are two older youth whom are in touch with these mentors after leaving custody.

Footsteps, TLP, Southwest: For the last four years Footsteps has held an Alumni Thanksgiving Dinner for former youth from all of their programs (boys group home, girls group home and apartments) to join staff and current residents for a homemade dinner during the holidays, a time when connections to a support system can be especially important. In 2017, approximately 75 people attended this dinner.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. 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 SFY19.

- Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers, as a statewide organization, have assisted youth throughout the state in advocating for their needs and providing emotional support as well as life skills teaching in some areas.
- The Missouri Mentoring Partnership (MMP) will continue to be a resource and provide 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. 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 to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes which promote self-sufficiency and help them become productive members of their communities.

- Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities and this will continue in SFY19.
- Youth participating in ETV/Missouri Reach have a virtual mentor through Foster Care to Success (FC2S). The Academic Success Program partners the dedication of trained, supported volunteer coaches with the resources of FC2S's experienced staff to provide students with the encouragement and guidance they need to do well academically and personally. Coaches make a one-year commitment to support three to four students with at least weekly communication. Coaches generally dedicate from one to three hours a week to the Academic Success Program. Coaches can text, email, phone, Skype, or use postal mail to talk with their students. This is not a face-to-face communication program.

Many of the providers struggle with the mentoring aspect. Developing a mentoring program is a full time job in itself. Some youth do not want a mentor and some mentees do not have the understanding to work with the youth with a trauma history who are most in need of a mentor. In SFY17, an intern in the St. Louis Region designed a mentoring program working with community members and some alumni youth. However, there are limited resources available for sustainability and no funding was provided except through community partners. Per the St. Louis OYTS, this program is not being promoted or discussed and the person having oversight within CD is no longer with the agency. Mentoring will continue to be a topic of discussion with OYTS and providers as to ways to improve this service need most effectively in SFY19.

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, and 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 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 SB205 (2013) and SB208 (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, go to school and/or work to demonstrate his or her own efforts towards independence. Frequently Asked Questions are on the CD internet and a re-entry brochure designed by SYAB members is incorporated in the exit packet. As of March 31st, 2018, there are six youth in care who came back into care under re-entry after age 18. Two of these youth are parents. The youth reside in three of the six regions of the state, with the majority being from Jackson County. The youth are in a variety of placement settings, including foster care, relative care, Transitional Living Advocate, Independent Living Arrangement, and on run. However, there may be more youth who have come back into care under the re-entry legislation but at this time, CD does not have an accurate way

to report. A System Change Request has been made in SFY18 to add a check box at case opening so re-entry youth can be captured and distinguished from other types of re-entry such as abuse or neglect if under 17. Re-entry allows a youth to come back into care within the last two years of exit. It is difficult to determine at this time based on how the current re-entry by legal status date is captured and reported. The only youth that can truly be distinguished are over the age of 18 with a legal status date after age 18. 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 (LS-1) 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 Service 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 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 to 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 consequently released from jurisdiction for any of the above reasons for termination, another petition will not be filed by Children's Division on behalf of the youth. In SFY16, legislation was re-introduced to assist with the re-entry process by changing the language of the statute. Some court jurisdictions were unwilling to hear petitions of youth unless the youth was terminated from their jurisdiction. However some youth were no longer

living in the county of original jurisdiction and did not have the means to travel to the original county of jurisdiction. This created an unintended barrier in which the proposed legislation would eliminate by allowing the youth's petition to be filed in any jurisdiction of the state, regardless of history.

Occasionally a youth will encounter difficulty with the process, however when it has come to the ILC or OYTS attention, the youth can be assisted. The Office of State Court Administrators has also assisted at times. Staff report anecdotally that the failures for re-entry are youth who come back into care and only want financial assistance, however all services are provided for re-entry youth and the youth must be willing to accept help.

Youth who exit foster care on their 18th birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. This is an age change from previous years in which it was 17.5. Policy will be changed in the upcoming months and contract language is in the process of being changed with the award of new contracts. 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.

In SFY17, money was awarded at the Department level to a community agency to provide services to youth who have transitioned out of foster care to prevent human trafficking. The agency, FosterAdoptConnect is assisting youth in two locations, Kansas City and Springfield, in their Community Connections program. The program assists youth up to age 25. The agency has employed former foster youth as case managers to work with the youth in the areas of housing, education, employment, healthcare, finances, social support, transportation, legal advocacy, and more. In SFY18, Children's Division began approving invoices for this program. The Kansas City OYTS is involved in coordinating services with the Chafee providers to ensure the youth receive the most benefit from the two programs and to ensure these life skills are captured for NYTD. The Springfield site is functioning independently at this time.

Agency examples of this purpose:

LINC, Chafee, Kansas City: A number of supports and services were provided in SFY18. Examples include: assisting two young people with purchasing work clothing, paying for one youth to take drivers education classes, providing bus passes to two youth to assist them in

attending school, looking for work or getting to their jobs, paid for emergency food one young person, helped four young people with startup kits, assisted two youth with purchasing furniture for their apartments, assisted one youth with obtaining their food handlers permit, and helped one youth pay for outstanding traffic tickets which were keeping them from qualifying for housing. In addition, back rent was paid for one youth, and two youth had their utilities paid so they were not discontinued.

Although not required to provide aftercare services, some TL providers do assist former foster care youth.

Pathways, TLP, Kansas City: The Pathways program has helped many former foster care recipients with resources and services to help maintain self-sufficiency. Case managers have helped youth with applying for apartments, Medicaid, Affordable Care Act, income based housing, WIC and disability. Staff has provided youth with bus passes, clothing, resources for food, rent and utility assistance.

Pathways continues to be a safe haven for many former foster care youth. It is not out of the norm to have a former recipient stop by the office or call to seek guidance, additional information on housing, employment, community resources or update staff on their successes and accomplishments since leaving the Pathways program.

In some circumstances, Pathways has been able to assist youth with maintain housing by allowing them to participate in the Jackson County Mental Health Levy funding. By participating in this program, youth received the opportunity to gain additional resources to achieve and sustain economic stability.

Missouri Baptist Children's Home (MBCH), TL, Southwest and St. Louis: MBCH increased their after care policy in SFY18 from providing up to 30 days of after care services to the possibility of providing up to 6 months of after care services.

As of March 31, 2018, there are 60 youth in the aftercare service population.

Since 2007, 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. Effective August 28, 2013, SB127 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 26 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 but this is not typically the case as most providers have not been willing to do this. The Children's Division website contains the Mo HealthNet

Exit Pamphlet and Mo HealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth.

There are 2,625 youth enrolled in this service and 3,244 youth eligible as of 10/31/17. However, all youth regardless of enrollment status have coverage under this program should it be needed as long as the eligibility criteria is met.

The Mo Healthnet liaison for CD attends the SYAB meetings and is available to answer any questions and provide guidance to members on a regular basis about these services. There was a presentation on Mo Healthnet benefits at the Youth and Adult Leadership and Empowerment Conference in SFY18. The Mo Healthnet liaison came to a quarterly OYTS meeting to discuss assisting youth residing in another state with obtaining Medicaid and understanding Medicaid options. One barrier that Missouri is experiencing is that some families do not want youth who are at an older age and close to receiving the extended Medicaid to be adopted so as not to lose the healthcare coverage as the adopted coverage only goes until age 18. Another barrier is for some of the re-entry youth as if they left care 30 days prior to their 18th birthday and then came back into care under the re-entry legislation, they are not eligible for the extended Medicaid. They qualify for Medicaid up to 21 as they are in care but will not receive it until age 26. This is something that will be discussed with the SYAB as a possible legislative effort. Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY19.

The Missouri Reach Credential Completion and Employment Financial Assistance Program will continue to serve youth who have transitioned from foster care in SFY19.

6. Assist youth with regular ongoing opportunities to engage in “age or developmentally-appropriate” activities:

Missouri began a concentrated focus on normalcy in SFY16. Missouri CD began work with the Capacity Center for States to assist in policy and program development on this issue. The Capacity Center for States consultant met with the State Youth Advisory Board, the Youth Empowerment Task Force, and the State Foster Care and Adoption Advisory Board. A tips sheet was developed to have a guide towards a shared understanding of normalcy. The sheet contains a summary of the legislation, definitions, implementation steps, and tips for teens, CSWs, resource parents, birth parents, and youth advisors and advocates. The sheet is to be shared at every Family Support Team Meeting and Permanency Planning Review. Consideration is being given to revise the tip sheet in SFY19 based on current status. There has been progress but there are some growth opportunities, particularly in residential care facilities. CD has designated a Program Development Specialist to have this as an area of responsibility. Reasonable and Prudent Parenting Standard online training is available for guidance on the CD internet. The training is designed to be used with resource parents, residential care staff, youth and Children’s Division staff to familiarize all with the intents, actions, limitations and outcomes of parenting foster youth in this way. Legislation was passed in SFY17 to mirror the federal legislation. Transitional Living Program contracts and Chafee contracts were revised and amended to include the purpose. A meeting was held with Department of Mental Health to incorporate the normalcy aspect with youth in Independent Supported Living and the PowerPoint training was revised to fit their population. Meetings were held in SFY18 with Chafee, TL, and SYAB to discuss the implementation of the legislation. The Signs of Safety

mapping tool was utilized to discuss worries, what is working, and next steps. There is some difficulty ascertaining what is reasonable and what is prudent at times.

The CD Director and other staff have been speaking on the topic of normalcy and its importance at numerous speaking engagements across the state. A “Bill of Rights” for youth was passed in SFY17 legislative session and put into policy in SFY18.

In SFY18, Practice Point 17-OY-01 was issued on media releases for youth 18 and over. This was issued due to normalcy and allowing youth over age 18 to have their picture taken and posted when participating in activities if they desire. Prior to this, youth had to ask for court permission and have a media release, regardless of age. With normalcy legislation and because 18 year olds can legally enter into these types of agreements on their own the change was needed. The policy will be updated in the Child Welfare Manual in SFY18 or SFY19.

In SFY19, the impact of this legislation will continue to be evaluated. Although SYAB has given feedback on the effects of the implementation, a broader range of youth voice is needed on this topic in SFY19.

In SFY18, a workgroup resumed on LGBTQ. The purpose of the workgroup is to examine CD’s role, responsibility, and current practice while serving LGBTQ youth and determine if CD needs to enhance practice or policy. PROMO, Missouri’s statewide organization for advocating for LGBT equality will be presenting at the April 2018 meeting. Curriculums are being explored as well as other state’s policy and procedures, particularly regarding transgender youth in congregate care.

The SYAB presented a workshop on diversity at the July 2017 Youth and Adult Leadership and Empowerment Conference. The workshop defined diversity and taught participants the various layers making up an individual’s diverse personality. Participants explored the issues of diversity such as forming preconceived notions, stereotypes, bias, discrimination, and cultural appropriation.

There are Transitional Living Providers in the state who have an excellent reputation of working with youth who identify as LGBTQI. Missouri’s state partner, Department of Health and Senior Services, is in the process of implementing a training curriculum with their staff and providers and have offered to share resources with CD. At this time, it is in the very early stages of development. Additional work can be done in this area and Missouri will continue it in SFY19.

Pathways, TLP, Kansas City: Pathways welcome youth who are gay, lesbian and transgender. Pathways felt the importance in teaching the youth to be respectful and supportive to this community. Pathways collaborated with the Kansas City Anti-Violence Project (KCAVP) to host a workshop about the LGBTQ community. Participants of the workshop learned LGBTQ terminology; resources KCAVP offer the community, and information on supportive services for youth who are gay, lesbian and transgender.

Great Circle, TLP, Southwest: Staff encouraged youth to stay involved in the community, and to build support groups and social supports within their own community. Staff set boundaries within the program allowing kids to have friends over during appropriate times during the afternoon hours, and encouraged youth to develop age appropriate friendships, and learn what

healthy relationships were, and explore with staff the meaning of healthy relationships. Staff assisted youth with transportation when youth needed help getting to an event, or connected youth with public transportation routes. Staff encouraged youth to attend state conferences to meet other individuals. Staff helped youth find community events in the area. Youth kept an open line of communication regarding activities in which they are interested.

Epworth, TLP and Chafee, St. Louis: Youth who attend the group life skills classes are able to engage socially with their peers and engage in meaningful conversations regarding life in foster care in a safe environment. Epworth hosts a Back to School BBQ and a Holiday Party for fun, active evenings in a less structured environment. This year they were able to attend two Cardinal baseball games and a Munny production through donations received by Epworth. Chafee Service Coordinators also assist youth in identifying extracurricular activities of interest to them and either assist with the financial cost of participation or locate a community resource that will do this free of charge. During Leisure Time Activities group life skills class, Epworth educates the youth about free or low cost activities in the St. Louis area of interest to their age group.

Preferred Family Healthcare, Chafee, Northwest, Southeast, Southwest: Staff financially assisted youth with signing up for various camps (church camps, Camp Wonderland, and local camps) as well as financially assisting with the costs.

Staff assisted youth with researching and signing up for clubs, mentoring programs and extracurricular activities in the community as well as at school (Boys and Girls clubs, Big Brothers Big Sisters, sports, school clubs) and assisted with finances as needed.

Staff assisted youth with obtaining prom tickets and attire. Staff assisted financially with attire for extracurricular activities, school club events, and sporting events allowing the youth to engage in community activities.

Annie Malone, TLP, St. Louis: One youth attended the Youth in Solidarity Conference October 11, 2017 to October 13, 2017 in Washington, DC. This conference helps advance the self-empowerment, health, economic security and civic engagement of girls and young women impacted by violence, childhood adversity and trauma. The goals of the conference are to ensure that every girl and woman survivor of childhood adversity, violence and trauma can believe, achieve and empower.

Every Child's Hope, TLP, St. Louis and Kansas City: ECH covers costs associated with senior activities such as prom, graduation, and transportation. ECH has a close relationship with a local photography company who comes twice a year to take senior pictures. The youth are provided with a CD of their pictures, as well as a photo album of wallet size and 4 x 6 size pictures.

Every year, ECH holds a graduation party for youth who have obtained their high school diploma, their Hi-Set, or trade program. Youth who have graduated from the program are also included. ECH follows up with youth once they have left the program.

Training Planned for SFY18

All new employees are trained specific to regional preference on OY and also varies in terms of the comfort level of the trainer. There was a separate curriculum regarding the OYP requirements however when the training went from being state centered to regionally centered, many regions opted out of this curriculum. The Older Youth Program training includes information on the tools used in working with older youth such as the Adolescent FST Guide and Individualized Action Plan Goals, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration. The training is conducted by CD staff trainers in the Professional Development and Training Unit. Training staff have on-going processes for changing training to meet current policy. They seek input from Older Youth Transition Specialists to ensure it is meeting the needs of the local agency.

In June 2012, members of the SYAB made 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 is utilized in some areas.

The Older Youth Transition Specialists will continue to provide follow-up assistance on use of the tools and forms to CSWs, contracted staff, and supervisors in their respective regions regarding the Older Youth Program as 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 in the home. Foster parents licensed for older youth are required to receive the training as are Transitional Living Advocates. 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 through relationships with the Department of Health and Senior Services.

Since 2011, 4-H and the University of Missouri Extension have offered the "Youth Development Academy". 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 include enhancing diversity, relationships in youth development, youth/adult partnerships, experiential learning, engaging volunteers, community partnerships, ages and stages, managing risk, and evaluation. Although there is a cost associated with this academy, it is a training resource available to those working with older youth in Missouri and college credit is received (3 hours).

Court Appointed Special Advocate (CASA) has a training program. The Fostering Futures Initiative is a specialized curriculum for CASA volunteers who specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. The curriculum is based on the possible selves' theory. It is available to all of the 21 Missouri CASA programs.

A financial capacity training video has been recorded in coordination with the Professional Development and Training Unit and the Attorney General's Office, Assistant Attorney General, Consumer Protection Division. This video has a series of topics staff can view via a YouTube link as needed and addresses

such issues as how to build and maintain good credit, how to interpret a credit score, and how to dispute a negative credit history. The training is generic and appropriate for anyone who works with older youth. CD and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity through Your Money Your Goals (YMYG) toolkit and booster trainings. This training was implemented in SFY17 and SFY18. Train the trainer sessions were held and long term sustainability is being evaluated.

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 their own funds, private donors and the United Way.

Transitional Living Providers are required contractually to help youth transition to independence which include financial issues. 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, 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.

Some examples of services being offered:

Annie Malone, TLP, St. Louis: The youth were given a pseudo job role in the house and were paid with monopoly money as their wages on a weekly basis. During the week they had to develop a plan for expenses and deductions such as rent, utilities, cell phone, groceries, etc. They were given billing statements providing due dates and the amount. The TLP Specialist was the bill collector as well as their support during the budget practices. They also had an opportunity to purchase miscellaneous items. A candy store and clothing store was set up for purchase options. This made the exercise more realistic as well. All have choices to pay bill or purchase desires, and sacrifices have to be made. This project was a month process of interactive leanings, and there were some positive outcomes. Youth learned to budget and balance their accounts, pay bills on time, and resist temptation from purchasing non-essential items. Some youth spent money on clothing and shoes, and were late or received a termination letter for non-payment on bills as well as eviction notices. At the end of the month, the experience is processed as a group and actions leading to outcomes are discussed.

Annie Malone partnered with 1st Financial Federal Credit Union to provide financial literacy classes to the youth residing at Malone House. A Financial Empowerment Specialist was assigned to work with youth to provide financial education. The youth learned the process for debit cards including how and when to utilize, how to save money and how to manage a bank account.

Youth attended Dave Ramsey's Smart Money Tour sponsored by Christian Healthcare ministries. They learned importance of credit and money management.

Katrina Taylor and Associates (KTA), TLP, St. Louis: KTA had four youth who purchased vehicles using funds saved in their IDA accounts. One youth from KTA was enrolled in the program during the summer of 2017. A total of five youth benefited from the IDA program. All youth in the program have checking or savings accounts.

ECH, TLP, St. Louis: Every Child's Hope completed a letter of interest to participate in Pathways to Financial Empowerment. Every Child's Hope attended the CFPB training and three staff were trained as trainers. Those staff took the tools back to Every Child's Hope and implemented them into the program.

ECH assists youth in opening checking and savings accounts and helps them pull their annual credit reports. ECH developed a relationship with a local financial institution, CIBC Bank USA formerly known as Private Bank. They come to speak with youth on money management and have assisted ECH youth with touring their bank location. Youth were able to see the inner workings and get a better understanding of financial empowerment. Budgeting is a major part of this endeavor. ECH also assists youth with learning how to complete and file their tax returns.

Epworth, TLP and Chafee, St. Louis: Epworth is a partner in an Individual Development Account program with the United Way. As part of this program, participants must be employed and be able/willing to participate in 16 hours of Financial Literacy classes offered through the UMSL Education Extension program. After completing the 16 hours of classes, youth will open a Custodial savings account at US Bank. The youth have a maximum of 24 months to save money in this account toward the purchase of a United Way approved asset. The United Way provides the youth with a 2:1 match, \$2000 match maximum, to assist with this purchase. Approved assets consist of vehicle, new apartment start-up including furniture, house purchase, post-secondary education tuition, books, or supplies, and opening a long-term savings venue. Epworth opens accounts of this nature every summer. All youth involved in Chafee, Chafee Aftercare, and Aging Out are eligible for this program. If a youth ages out of the program prior to the 24 month completion date, Epworth will continue working with them in the IDA program until they have reached their goal and their purchase has been made. In 2017, Epworth opened 18 new accounts with youth in our program.

This year, Epworth formed a relationship with Frank Leta in St. Louis to assist youth in the IDA program with car purchases. Through this partnership, youth who save \$1000 go with their Chafee Service Coordinator to shop for a used vehicle at any Frank Leta location in St. Louis. The employees of Frank Leta assist youth in finding cars that meet their needs and educate them on the car buying experience. Once a vehicle is identified, the Frank Leta Foundation donates an additional \$3000 for the youth's car purchase. Therefore, if a youth saves \$1000 in their IDA account, United Way matches with \$2000 and Frank Leta's \$3000, they are able to purchase a reliable vehicle valued at \$6000 with no loans. In 2017, nine youth were able to take advantage of this opportunity. Many also received free extended warranties, lifetime oil changes, free car washes, new tires, and maintenance packages.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process

(See State Youth Advisory Board Section for more information)

Local Youth Advisory Boards contribute to efforts at the community level:

LINC, Chafee, Kansas City: The local and state youth boards are a great opportunity for young people to have a voice in improvements at the local and state level. Eight young people participated in the local youth board during the year. Three of those young people were recommended and approved to be a part of the state youth board and participated in four statewide youth board meetings during the year. In March one of the youth board member participated in a multistate conference put on by the Department of Health and Senior Services. Two board members participated in the Child Advocacy Day held in April. Three board members taught a life skills class to other foster youth titled “Dysfunctional Family Roles & Healing”. One board member participated in giving feedback at the CFSR Stakeholders interview in July in Jefferson City. Three board members presented the Dysfunctional Family workshop, six times at the youth leadership conference in July. One board member prepared an ice breaker for the general session at the youth leadership conference in July. One board member served as a youth representative and attended two meetings of the Jackson County Systems of Care committee sponsored by MO department of Mental Health. One board member spoke at two statewide conferences in October. These were the Systems of Care, International training, and the Jet Conclave II. In addition board members participated in the Royals/Moose lodge Volunteer Project and attended events at Royals stadium on six separate occasions.

Every Child’s Hope, TLP, St. Louis: Every Child’s Hope’s Leadership Development Committee, “Young Adults Making a Difference,” includes three Children’s Division youth. The committee met with current youth in the program to receive feedback and obtain information on what youth would like to change in the program. The committee then met with Every Child’s Hope’s administrative staff including the CEO, COO, and the Steppingstone Program Director to convey the opinions of current Steppingstone youth. As a result, several changes are being made to better serve youth in the program.

Every Child’s Hope creates a quarterly newsletter with the help of youth who are in the program. Youth have interviewed senior management and written articles to contribute.

The Community Partnership (TCP), Chafee, Southeast: The Community Partnership encourages youth to seek out leadership and personal development opportunities. Youth regularly participate in speaking engagements. This year, TCP had Chafee youth who were asked to be on STARS panel for Foster Parent training, speak at special committee meetings in Jefferson City, and participate in Focus groups. Area Youth Advisory Board youth rang the bell for Salvation Army, volunteered to run craft tables for smaller kids at our Foster Parent appreciation events, painted centerpieces for a community event, and attended Child Advocacy Day. Four youth serve as members of the State Youth Advisory Board. This year, they played a role in planning the state older youth conference and presented a workshop on maintaining appropriate boundaries. Three additional youth attended the conference. Presentations are often made to the Student

Ambassador group at a local residential facility to inform them of leadership opportunities and the importance of helping others and inspiring change.

Older Youth Efforts

Over the past few years discussions have been held on incorporating LGBTQ into the state's Child Welfare practice and policy and increasing awareness. Missouri continues to have as an option the use of the Casey Life Skills assessment which has available an LGBTQ assessment supplement. The supplement is designed to help youth who have needs in this life skills area and is available through the Casey Life Skills website. In SFY15, it was decided that awareness would be a regional responsibility. However in SFY17 and SFY18, this topic is being revisited at the state level, beginning with assessing resources and guidelines in residential care for transgender youth. At this time, work has just begun but a specific curriculum is being discussed.

There is no specific LGBTQ training for foster parents referenced in the resource development/training section of policy. However, the STARS in-service training Module Three is Addressing Developmental Issues Related to Sexuality and LGBTQ issues may be brought up during this module training. There are other approved in-service trainings specific to LGBTQ that foster parents can get outside of the Children's Division. This topic was shared with regional directors in the past and they were asked to assess their capacity to serve and what resources they may need to meet the needs of LGBTQ youth in care. Resources were shared and the regional directors were encouraged to share those resources with staff and resource providers.

"What's It All About? A Guidebook for Youth in Out-of-Home Care" includes state and national resources on LGTBQ for youth.

Missouri Children's Division has developed a practice guide for working with LGBTQ youth in out-of-home care. The practice guide is designed as a tool for children's service workers, resource parents, and residential treatment staff to increase awareness, knowledge, and skills to effectively and competently serve the unique needs of LGBTQ youth and their families. The guide includes a wealth of state and national resources for supporting lesbian, gay, bisexual, transgender, and questioning youth. Planning for implementation has been paused so the regions can develop internal and external readiness. The Division will revisit the discussion and review the guide to ensure all aspects remain current. Once approval is given, the practice guide will be provided to all current resource providers, as well as prospective resource providers during the initial licensure process. The practice guide will also be provided to all current licensed residential treatment facilities, as well as prospective facilities during the initial licensure period.

The Department of Health and Senior Services (DHSS) has begun work training their staff and providers on a curriculum for working with LGBTQ youth and it is hoped collaboration to provide this training to CD staff can take place in SFY18 or SFY19.

The ILC is a member of a listserv for the Central Missouri Stop Human Trafficking Coalition. A Central Office CD employee is a member of an advisory board regarding human trafficking. In SFY18, CD had a presentation on human trafficking support/resources at the youth conference held in July entitled "Human Trafficking: You Can Make a Difference".

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the CD on implementing Missouri's Personal Responsibility Education Program (PREP). The Children's Division had an MOU agreement with DHSS for the purpose of providing PREP program services, specifically the Making Proud Choices (MPC) program to selected foster care youth. In SFY17, the MOU ended and the services were competitively bid directly by DHSS with all of the Chafee providers. The services are still viewed as an extension of the Chafee services as the program is for youth in foster care and the training is provided by Chafee providers. However the agreement is now directly between DHSS and the Chafee agencies with invoicing and reporting going to a DHSS staff person. This greatly expanded these services for youth in foster care in Missouri as prior, the service was available only in three regions of the state. It is now available in five regions, with only one sub-region not providing this service. The NE Chafee provider chose not to bid on this contract, however the agency did send staff to the train the trainer session for the curriculum. A second opportunity was provided to this agency but again they chose not to contract with DHSS for these services.

Youth in the providers' referral base who receive the service are reported for life skills services in CD's database. "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 the risk of becoming infected with HIV and other STDs, and significantly decrease their chances of 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 gives them the confidence they need to choose and negotiate safer-sex practices.

In addition to education on abstinence and contraceptive use, PREP 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 of Children and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. DHSS was named 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.

For 2016-2017, there were 34 Making Proud Choices implementations, serving 304 youth. Most of these were Chafee. Besides the Chafee providers, there is one other provider through this contract that provides Making Proud Choices. MPC had high levels of fidelity and program completion. The evaluation shows an increase in knowledge gained from the pre/post MPC testing. One of the Chafee providers will be attending the national conference on this grant with DHSS in the summer 2018.

Since April 2013, Older Youth Summits have been held to address issues of youth transitioning at the community level, where youth are exiting and depend on the much needed resources provided where youth reside. OY Summits focus 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 the community would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps with responsible partners to achieve a community vision. It is CD's intention to continue summits in SFY19. Additional information is provided in another section of this document.

In the 2014 legislative session, HB 1092 was passed which allows youth 16 and older in Children's Division custody to contract for the purposes of automobile insurance with the consent of the Children's Division or Juvenile Court. Prior to this legislation, Missouri youth under the age of 18 were not allowed to enter into a contract, such as automobile insurance, on an individual basis. This legislation applies to youth in foster care only and benefits youth who own a vehicle – a co-signer is not needed. The youth is responsible for paying the costs of the insurance premiums and is liable for damages from an automobile accident. In 2012, CD12-96 introduced a Non-Owner Insurance Policy for Older Youth available exclusively through Missouri's Automobile Insurance Plan. Children's Division introduced this policy for 18-21 year olds. As a result of this legislation, the Non-Owner Insurance Policy was revised to include youth 16-21 in Children's Division custody. A Frequently Asked Questions document was developed by the Department of Insurance for youth and caretakers and is available on the CD internet in the Older Youth Program Section.

The ILC has been a member of the Council for Adolescent School Health (CASH) for the last nine 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. The mission of CASH is to support adolescent school health and to facilitate collaboration and professional development with others to promote a coordinated family, community and school approach to achieve healthy adolescent 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 Connect with Me campaign, input on DHSS programs, information on longitudinal analysis of the Missouri Personal Responsibility Education Program, and Life Course game from City Match which shows how life events can affect health and social disparities and outcomes. Meetings are scheduled for the remainder of SFY18 and part of SFY19. The ILC will continue participating in this task force in SFY19.

The ILC has been a member of the Child and Family Services Review Advisory Committee for the last nine years and will continue involvement in SFY19. The ILC has been a member of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT) since 2010. In

SFY17, the ILC stepped down from this team and another representative from CD began attending these meetings. 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 improve transition education and services. The MITT aids in the coordination of the yearly Missouri Post-Secondary Transition Training Institute, hosted by the Missouri Department of Elementary and Secondary Education. There is a focus on supporting school districts on their specific community-based action plan for aiding young adults with disabilities and their future goals, along with breakout sessions and keynote speakers. Former breakout sessions have included topics such as using data with transition into adulthood, parent engagement from high school to adult life, suicide prevention, transitioning to post-secondary education, and preventing school dropout. A representative from CD will continue participation in MITT in SFY19.

In SFY18, the ILC became a member of the Task Force on the Prevention of Sexual Abuse of Children. This was a subsidiary group of a group previously established via legislation. Initially, the group was to focus on older youth issues but as the meetings progressed other topics emerged as the focus. Because of this, the ILC ended participation and another representative from CD began attending.

The ILC attended the Governor's Conference on Economic Development in September 2017 as the focus was on employment. Governor Greitens shared his initiatives towards job creation and prosperity.

The ILC attended a conference in Kansas City in September on ending youth homelessness. This was a region-wide event designed for those working to prevent and end youth homelessness in Iowa, Kansas, Missouri or Nebraska. The conference brought together experts on housing, education, employment, human services, and health and behavioral services. Presentations were given from national organizations and federal officials leading the fight against homelessness and live on the streets. A roundtable discussion was held on ways to alleviate and deal with homelessness.

The Kansas City Region Older Youth Transition Specialist (OYTS) is a member of:

- 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 in the region. 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.
- Youth Educational Success Program (YES) board member. This is a program through Cornerstones of Care which assists youth currently or formerly in care achieve a college degree or post-secondary education through educational, social, emotional, and financial support.
- Youth Empowerment Task Force. The group is comprised of Children's Division staff, judges, foster parents, youth and others working with foster youth. The group's goal is to insure policies and procedures are in place to assist youth while in care.
- Evaluation team member for the Transitional Living Program contracts.
- Youth Homelessness Demonstration Program (YHDP). This community program is working to eliminate youth homelessness in the Kansas City area.

The Kansas City Region OYTS trainings, presentations, and support in SFY18:

- The OYTS provided training to new Children’s Division and Foster Care Case Management Staff (FCCM) on the Older Youth tools in FACES. The training covers how to enter the forms in the FACES system and how the forms can assist with helping youth transitioning out of the foster care system.
- The OYTS provided support to the Transitional Living Providers and Chafee Provider’s staff concerning how services should be entered on the Individual Life Skills Progress form in the FACES system.
- The OYTS, along with the other OYTS provided training to all the Transitional Living Providers statewide once the contract was awarded. Topics included services to be provided, forms to use, invoicing, housing options and other important information.
- Presentations were provided to CASA to help them understand what the Chafee Program is about and how it can help their youth.
- One of the concerns this year was the number of youth leaving care with no plan or supports so several presentations around exit planning were provided to CD and FCCM staff.
- Presentation concerning Aftercare Medicaid was presented for youth who attended the Youth Leadership Conference.
- Each month the OYTS participates in the supervisor meeting and is able to present information concerning what is happening at the time. This included Chafee referrals, NYTD surveys, community activities in which youth could participate and other issues pertaining to youth.

The OYTS participates in the following ongoing meetings:

- Stability Staffing – This is a meeting that occurs that is used to try and maintain youth placements that may be disrupting or help find an appropriate placement.
- Family Support Team Meeting – Meetings held every six months for families involved with the Children’s Division. Because of the number of meetings, the OYTS only attends meetings for youth over the age of 18 or those in a Transitional Living Program (TLP). For all the other youth, a form was developed which covers all the older youth requirements based on the Older Youth Monthly Data Report. The form is sent to the Children’s Service Worker and supervisor before the meeting date.
- Quarterly Service Plans – This meeting is for youth in Transitional Living Program to discuss how they are doing in the program and come up with goals to assist them.

Partnerships:

- Church of the Resurrection – A local church that provide life skill training to youth in care.
- Community Connections – A program through Foster/Adoption Connection which provides assistance to youth in care and adopted youth. Youth can receive services until they are 26 years old.
- CASA Older Youth Program – Provides life skill training and assistance to youth in custody. Youth must be represented by CASA in court on order to participate.

Additional support services:

- Provided assistance to community members on resources available for youth not in Children’s Division’s custody.

- Visited TLP facilities across Missouri to have a better understanding of what is available to youth.

A challenge in the Kansas City Region continues to be the completion of Chafee referrals. In order to assist, the OYTS holds bi-monthly computer labs to help Children's Service Workers complete the older youth forms. Each Children's Service Worker is assigned one youth that must be referred in the month. If no youth on the CSW's caseload requires a referral, the CSW is assigned a youth whose information needs to be updated in the FACES system. Monthly reminders are sent to the supervisor and Program Manager. Children's Service Workers have reported they like having a youth assigned because they know who to work on. Kansas City Region's Chafee referral numbers are increasing since this procedure was started. The OYTS meets monthly with their supervisor to talk about any issues or successes.

Another concern is the turnover with Children's Service Workers. Because of this, the OYTS meets with each supervisor unit regularly to go over the monthly Older Youth Data Report and looks at the youth in that unit, not only looking at the Chafee referrals but all the older youth requirements that must be completed.

The Older Youth Data Report is broken down by offices, color coded and highlighted to make it easy for each program manager and supervisor to read and understand what is needed for each youth. Chafee referral percentages are also added. This is sent monthly to CD and FCCM administration and supervisors.

The OYTS monitors the Adolescent FST Guide and the IAP Goals in FACES for all youth in TLP placements to make sure they are current and to ensure the TLP providers have the most recent information for the youth. An area of concern for Chafee is the provider meeting with 65% of youth for the quarter as the contract requires. The OYTS continues to address this need with the provider and CD/FCCM staff. The Chafee Provider needs to make sure they are reaching out to youth on quarterly basis and the CD/FCCM staff need to make sure the youth's IAP goals are current and have tasks with which the Chafee Provider can assist. An area of concern for TL youth is the behavior of youth who are being referred to the TLP programs. There is more drug use, fighting and school issues with youth. The OYTS works closely with the TLP Providers to make sure they can provide the appropriate services to these youth. The OYTS continues to work with youth who are no longer in care to make sure youth get Aftercare services and Mo HealthNet if needed. This may mean talking with youth or their supporters about the services, providing paperwork, adding information into the system to get youth services or providing youth information on Mo HealthNet providers. The OYTS works with youth who want to return to CD custody. The assistance may be talking to the youth, making a referral to Division of Legal Services or attending court for the re-entry hearing. Because it takes time for the court hearing, the OYTS makes sure the youth is referred to the Chafee Aftercare Program for assistance as well.

The Southeast Region OYTS:

- Completed Older Youth Program trainings for the nine SE circuits and Foster Care Case Management agencies (FCCM).
- Visited all TLPs in the state.
- Completed two trainings with the TLP and Chafee contractors across the state.

- Hosted the SE OY Summit – youth, Children’s Service Workers (CSW), supervisors, Field Support Managers (FSM), Director, Chafee, TLPs, residential facilities, and community partners participated.
- Hosted SE OY Summer Picnic – youth, CSW, supervisors, FSM, Director, Chafee, TLPs, residential facilities, and community partners participated.
- Attended Community Partnerships meeting and created community partnerships across the SE Region including SE Region Foster Parent Advisory Board, Fostering Futures CASA, Perry County Council of Agencies, Southeast Missouri Social Work Department Advisory Board, Bollinger County Caring Council, Ripley County Chamber of Commerce meeting, EPIC PALS, 32nd Circuit Juvenile Office Grant project, FCI, Three Rivers College, Mineral Area College, Missouri State University West Plains, Columbia College, Hope for One More, Central Missouri Foster Care Adoption Association, Care Portal, Codefi and JobCorp.
- Active board member of the Southeast Missouri Social Work Department Advisory Board.
- Provided Ready, Set, Fly! Training and the train-the-trainer to three circuits and FCCM agencies.
- Attended Local Youth Advisory Board (LYAB) meetings and community events hosted by LYAB.
- Met quarterly with SE Regional Director, FSMs and Children Service Specialists to share information regarding the Older Youth Program.
- Participated in Residential Time Study training and ETV/MO Reach/CCE training.
- Participated in the SYAB conference and Child Advocacy Day.
- Participated in a meeting to revise the OYTS job responsibilities.
- Presented with Chafee on the Older Youth Program to youth in Residential Bridge Program.
- Hosted two Older Youth Worker/supervisor meetings with guest speakers and training to engage each circuit and create more knowledge.
- Helped to provide three campus tours for older youth.
- Started a Southeast Older Youth Facebook page.

The Southeast Region OYTS ensures Local Youth Advisory Boards are available to youth in all areas of the region. Youth are being offered the opportunity to participate in leadership by being supported to attend the LYAB, SYAB and other leadership opportunities. The SE OYTS has attended the LYAB meetings. The SE OYTS completes all trainings for CSWs and supervisors in the SE Region to ensure the CSWs are referring youth and documenting services being provided to meet the federal requirements and improve outcomes for older youth. OYTS encourages good working relationships between Children’s Division and Chafee/TLP contractors. Any issues that have been reported have been reviewed and resolved.

The SE OYTS attended Community Partnerships meetings across the SE Region and works towards sharing information regarding the Older Youth Programs. Through the community partnerships, more youth are receiving campus tours, attending college, receiving more independent living skills trainings and have more support from positive adults. The SE OYTS shares opportunities for the youth with the Southeast Region by sending a monthly email to all the FSM, Children’s Service Specialists and Circuit Managers to share with CSWs.

The time spent in the community has opened opportunities for OY in the SE Region. The OYTS attended the Fostering Futures trainings and presented at these trainings. The 32nd Circuit Juvenile Office has received a grant to help older youth improve outcomes and started having life lesson classes such as lifeguard training, accounting/budgeting, Health Department/Food Safety Certification, yoga, Jiu-Jitsu, personal hygiene and car maintenance.

CASA, EPIC Pals and Hope for One More continue to apply for grants to help older youth in foster care and the OYTS attends meetings to support these efforts. The Southeast has improved communication with resource parents by starting the Facebook page and attending the foster parent board meetings to share opportunities being offered to OY.

There are some challenges in the SE Region. Lack of training provided to new CSWs in the SE Region has created a barrier for increasing knowledge. Lack of staff retention has added to the struggle. There is not a training to address the Older Youth Program being provided by the training unit as in the past and the circuits are relying on the OYTS to provide much of the training to new CSWs. If there was more training being offered in the SE Region to help CSWs the OYTS would have more time to work with Chafee and TLP contractors.

Increased monitoring and additional reports have started this year to ensure the youth referred to Chafee and in TLPs are receiving quality services and the youth are being seen timely. Staff turnover in Chafee and TLPs creates a challenge to have more competent specialists working with youth. LYAB and quality of services being documented in FACES seem to be most affected when new staff is being trained.

The Southwest Region OYTS position experienced turnover in SFY18 due to retirement.

The Southwest Region OYTS is a member of:

- The Ozark Region Workforce Investment Board Youth Council.
- Build My Future Committee, a part of the City of Springfield and Home Builders Association.
- The Homeless Youth Subcommittee of Community Partnership's Christian, Greene, and Webster Counties Continuum of Care.
- The SW Region Leadership Meetings. In these meetings, there is opportunity to share about issues/concerns and progress with the Older Youth Program.

The Southwest Region OYTS trainings in FY2018:

- Provided training for advocates for the Transitional Living Advocate Program.
- Provided refreshers on the core curriculum Older Youth training to circuits throughout the Southwest Region.
- Provided support training to Foster Care Case Management partners.

The Southwest Region OYTS provided additional support services:

- The OYTS attends older youth Family Support Team meetings and residential reviews.

Additional Efforts Provided by the SW OYTS:

- The SW OYTS emails CSWs to remind them when youth have been in care for over 120 days and need to have a Chafee referral completed. Emails are sent to CSW if a Chafee referral has been closed due to a youth moving out of the current contractor region and regarding youth selected for the NYTD survey reminding them this needs to be completed within the time frame allotted. Even though CSWs get worker alerts for these surveys via FACES, the OYTS is able to answer questions they may have in regard to the process. In addition, to bring the focus to the Chafee referral process and the need for these to be completed, circuit specialists have been instrumental in helping the CSWs complete these referrals.

The Northeast Region OYTS:

To assist the circuits with entering information on the Older Youth Program (OYP) tools in FACES, and making referrals for services, the Older Youth Transition Specialist (OYTS) sorts and updates the listing of eligible youth provided through State Office, and sends to each of the 12 circuits in the Northeast Region. As a means to improve the quality of the information provided for referrals, the OYP tools (Family Support Team Guide and the Individualized Action Plan) are reviewed in FACES by the OYTS at time of referral and detailed instructions are sent to CSWs and supervisors for entering additional required information in the system. The Field Support Managers (FSM) have assigned Program Managers and Children's Service Specialists in each 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. The Quality Improvement Specialists of the region review the OYP tools when meeting with the circuits.

One barrier to maintaining focus for referrals in the 12 circuits of the Northeast Region was the constant change of staff in the circuits. New staff place importance on other aspects of their job rather than focusing on the older youth tools. One of the difficulties for new workers is grasping the ways in which the older youth tools can assist in case planning and transitioning the youth. The CSWs who utilize the Family Support Team Guides and Individual Action Plans as required by policy (update every 6 months) find cases are easier to manage, and the youth tend to accept more responsibility for their transition. It is believed through restructuring the agency's new worker training program, by assigning training through each region rather than on the state level, the Older Youth Program tools were not included as much in the array of tools to be used by CSWs in the daily working of their caseloads. Children's Service Workers tend to view OYP tools as added duties, rather than daily expectations of their work. The OYTS is working closely with the Circuit Managers of the region to review with the workers how the tools can best be used to assist with case management. Statewide, the Casey Life Skills Assessment was made elective, and the case managers are using the Signs of Safety mapping tools to assist with identifying goals/tasks for the youth toward establishing independence. The OYTS is reviewing the use of the mapping tool when meeting with the circuits.

The OYTS continues as a member of the Quarterly Residential Review Teams in the region. These teams are divided among the Field Support Manager (FSM) sub-regions, are comprised of CSWs, supervisor,

Circuit Manager, Youth with Elevated Needs Specialist, Residential Care Coordinator, OYTS, and FSM. The purpose is to review the progress/inhibitors of moving youth from residential settings into placements that may assist with transitioning out of care. The OYTS participated in reviews in these circuits: 10th, 11th, 12th, 13th, 14th.

The Northern Region OYTS conducted Older Youth Program (OYP) reviews with CSWs in the following Circuits: 2nd, 10th, 11th, 13th, 19th, 20th, along with staff from 5 FCCM agencies. The focus of the review assessed if the goals/tasks of the Individual Action Plans were being carried out through the efforts of the Chafee and TLP contractors.

The OYTS was able to attend a Journey Home Bus Tour in the 19th Circuit in November. This was a public education event presented by a local foster care and adoption agency, to provide community members the opportunity to experience what it is like for a child/youth to enter the foster care system. The First Lady of the state was in attendance, as well as three state representatives, and numerous other community stakeholders. The OYTS was able to speak collectively and individually with the First Lady and the legislators who attended. They were receptive to working toward better outcomes for youth in the Missouri system of care and suggested youth come visit them in the Capitol. The First Lady is particularly interested in assisting older youth, and attended the State Youth Advisory Board Youth Conference in July.

The Chafee contractor has been providing services to this region for 10 years, and does well at providing the requested services. Problems in Chafee service provision usually involve requests to pay for activities or items for which the cost was incurred prior to the youth having been referred. The Chafee provider of this region has been responsive to doing what they can to ameliorate potentially conflictual situations.

When a new request for proposal for Transitional Living Program services was issued during the prior year, one of the current providers of those services did not submit a bid, thus reducing the number of placements available in the region. Three agencies in the region that had stated an interest in providing Transitional Living services chose to not offer a bid.

The NE Region OYTS will continue the visits to the 12 circuits to review Chafee service provision and to receive feedback and offer suggestions for engaging youth. The OYTS is placing more of a focus on the Signs of Safety Mapping tool, specifically in regards to Exit Planning, as this is an area of need in Children's Division practice. The OYTS continues meeting with the TLP providers to monitor services, as well as meeting with the individual youth to see what suggestions or needs they have.

The Northwest Region OYTS partnerships in SFY18:

- Held quarterly meeting with the Chafee contractor to discuss contract compliance as well as other items that may have arisen within the quarter.
- Held quarterly meeting with the TLP contractor to discuss contract compliance as well as other items that may have arisen within the quarter.
- Met with a TLP provider on three different occasions to brainstorm ideas in regards to TLP in the NW region.

- The OYTS will be joining the Youth Task Force Partnership for Johnson, Pettis, and Henry Counties beginning in March of 2018.

The Northwest Region OYTS provided additional support services in SFY18:

- Conducted quarterly meetings with circuit managers, supervisors and alternative care staff in all 11 circuits in the NW region during the year. These were held to discuss data regarding older youth, entries in FACES, to discuss any concerns and/or successes the circuits have had and to conduct a re-fresher for completion and submission of OY referrals.
- Helped the 6th, 7th, 9th, 17th and 18th circuits update information in FACES so older youth could be re-referred to the Chafee program.
- Provided assistance to both the NW and NE regions to enter all completed credit checks on the Adolescent FST guide for youth ages 14-17.
- Determined ETV/MO Reach/MO Reach CCE eligibility for NW and NE regions. Also began completing eligibility for the entire state in February 2018.
- Monitored NYTD survey completeness and assisted in locating youth for the 21 year old cohort for NW and NE regions.
- Attended or provided written documentation for Family Support Team Meetings to CSW in the NW region for youth over the age of 14.
- Assisted in getting access for new Chafee hires as well as set them up in FACES.
- Sorted and disseminated a spreadsheet monthly to all 11 circuits and contracted/specialized case management agencies regarding youth and referral data along with areas needing attention highlighted.
- Provided training to a few new CD workers regarding older youth referrals and how to complete all needed information in FACES.
- Participated in the Older Youth Conference during the summer of 2017 and presented ETV/MO Reach information to those in attendance.

The Northwest Region has struggled this year with referral rates as well as collaboration with Chafee providers. To enhance partnership with those providers as well as raise referral rates, the OYTS has completed the following in SFY2017:

- Met with all 11 circuits quarterly to review circuit specific data. Offered 1:1 time with CSWs struggling to make referrals or who have questions regarding timely referrals.
- Updated FACES with information which had been completed but not yet entered.
- Invited Chafee providers to participate in quarterly visits with circuits to talk about youth in common and their progress, goals, etc.
- OYTS plans to continue to meet with circuits and invite Chafee providers in the future.

Two different providers were awarded new TLP contracts for the Northwest Region. It has been a slow process to inform staff about the providers, process for referral etc. as workers have typically had to refer

youth out of region for TLS placements. Partnership with these two agencies is positive and OYTS will continue to work with the TL providers to promote these services.

The St. Louis Region OYTS is a member of:

- St. Louis Older Youth Resource Network (OYRN) - Chairperson. OYRN meets quarterly with OYTS, Deputy Juvenile Officers, Guardians Ad Litem, 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. This year there was a presentation from the Full Frame Initiative.
- 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 of homelessness. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure the needs are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professionals in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division. This year the group joined forces with another homeless group that was meeting to better serve the homeless youth population.

The St. Louis Region OYTS provided additional support services:

- Attends interagency self-evaluation and PIP advisory meetings when requested.
- Attends frontline city meetings and Fostering Court Improvement city meetings when requested.
- Attends most Aging out TDM's to offer knowledge and expertise to the team during the youth's last year in foster care.
- Assisted in 13 youth's transition from one Transitional Living provider to another one when the provider was not awarded the new contract.

The St. Louis Region OYTS trainings and presentations in SFY18:

- Provided hands on support to each St. Louis Children's Division office on a monthly basis which includes 13 alternative care supervisory groups.
- Spoke to new employees during On-the-Job Training about the Older Youth Program during each new training group.
- Presented information on the Older Youth Program to each office or unit when requested.
- Presented information to some FCCM partners such as Great Circle and Good Shepherd. Discussed the process and need for Chafee referrals.
- Attended monthly meetings in the City and County where Alternative Care supervisors and management are present to discuss importance of older youth referrals, NYTD, and other information pertaining to older youth.
- Presented older youth information to the St. Louis Regional supervisory team along with their managers at a Regional Retreat in December of 2017.

Enrichment:

- Attended TDM refresher training which enhanced OYTS knowledge of the process and provided a better understanding on requirements and older youth attendance.
- Attended CQI refresher training.
- Attended the Leadership Symposium at the Lake of the Ozarks with supervisors and specialists around the state.
- Toured the Launch Pad through Angel's Arms to become familiar with the program serving their older youth.
- Actively participated in the 2017 youth leadership conference in July. Held mini sessions on normalcy for all youth, chaperones, and keynote adults in attendance.
- Attended a two day Transformational Coaching training which enhanced skills to work with Transitional Living and Chafee providers.
- Attended a TDM youth engagement training and helped facilitate the youth involvement.

This year the St. Louis OYTS has reviewed the listing of youth in care every month and distributed it either by supervisory group or FCCM agency. Each month the St. Louis OYTS looks for trends within supervisory groups and agencies and offers support in these areas, providing a detailed highlighted list to each supervisory group and/or FCCM partner. The OYTS informs them of youth who need to be referred and youth whose referrals are overdue. The St. Louis OYTS includes all levels of management to help support timely older youth referrals.

New to the St. Louis Region during SFY18:

Planning began for the spring 2018 Older Youth Summit with monthly planning meetings held since the fall of 2017. The theme of the event is "i lead." The purpose of the event is for youth to feel motivated and empowered - for them to not only take away something in their hands but to have hopes and dreams for their future. The event included Chafee providers and Transitional Living providers among many others in the community. There was a session on "finding your gift" where adults and youth together learned their gifts and how to use them.

During SFY18 the St. Louis OYTS spent time empowering supervisors to understand the Chafee referral process so they can in turn support their supervisory teams. The St. Louis OYTS spent much less time engaging in case management duties and more time focusing on the seven Transitional Living providers and one Chafee provider in St. Louis. The St. Louis OYTS prioritized workload time on what was Chafee allowable. The St. Louis OYTS focused on what the worries were about Chafee and TL and what could be done to support them. During this time as well, the St. Louis OYTS had two new Transitional Living providers which has presented many challenges.

Continued Regional efforts:

The St. Louis OYTS will continue to work on timely older youth referrals making sure not only that they are submitted timely but that staff understand the process and the importance. The St. Louis OYTS will focus on the transition tool and the IAP Goals that they are completed appropriately and thoroughly. The St. Louis OYTS will provide support to the supervisors and workers as they become familiar with the new Chafee referral process. The St. Louis OYTS will continue to focus on only what is Chafee allowable and hold Transitional Living and Chafee providers to the contractual agreements.

Chafee and TL contracts:

In St. Louis the OYTS monitors one Chafee contract and seven TL contracts. Within the seven TL agencies, three of them have both TLGH and TLSS. The agencies are evaluated at least on a quarterly basis however they are actually monitored on a daily basis. The St. Louis OYTS has daily contact with the Chafee provider and weekly contact with all TL providers. Some monitoring activities include file reviews, reviewing life skill services entered in FACES, observing life skills classes, and attending service plan review meetings. The OYTS also physically sees the TLGH's and TLSS apartments on a regular basis. The St. Louis OYTS field very few if any complaints regarding Chafee services provided. If a concern is noted it is handled immediately by calling the Older Youth Services Assistant Director. There were no issues in SFY18. However, there are often complaints about some of the TL providers. Most of the time, CSWs do not think TL providers are doing enough. The OYTS handles this by putting concerns in writing and also asking for time limited solutions. There has been only one corrective action plan this year and it was on one of the new providers for several different reasons including FACES noncompliance and inappropriate physical placements of the youth. The St. Louis OYTS had other minor complaints throughout the year and they were addressed and most of them resolved. Several issues and concerns came from the FCCM apartment visits. An example of a couple other concerns came from one youth and her worker. They had concerns about a staff person in a group home and after bringing them to the attention of the CEO, she no longer works in that capacity. There was also a concern that the girls were being made to leave the group home at different times so that staff could attend meetings outside of the home. Once this was brought to the attention of the CEO, it did not happen again. The St. Louis OYTS takes every single concern and worry seriously. The St. Louis OYTS communicates in a direct manner, putting concerns in writing and expecting solutions.

During the summer of 2017 the St. Louis OYTS along with the other OYTS across the state were asked to see every youth in a Transitional Living Scattered Site apartment that was managed by a Foster Care Case Management contracted agency. The St. Louis OYTS saw around 20 youth in their apartments. Not only did the St. Louis OYTS view the apartment and complete a walkthrough, the St. Louis OYTS talked to each youth about the life skills services they were receiving. The youth were very honest and provided a lot of information to the St. Louis OYTS. Some information was very positive and there was also some information shared which was concerning. All concerns were immediately addressed with the CSW for the youth, FCCM management, and the Transitional Living provider. Positive changes and more supervision were just two things that came out of these visits. Youth were empowered because their voices were heard and they saw changes made.

The St. Louis OYTS, the other OYTS and Central Office toured all of the Transitional Living Group Homes across the state during the summer and fall of 2017. These visits were eye opening and extremely helpful. The OYTS were able to see strengths of other programs and areas were able to provide suggestions. Pointed questions were asked of all the providers centering on normalcy, prudent parenting, and other areas. Specifically the St. Louis OYTS was able to share ideas with the St. Louis providers on things they could be doing differently or better because of observations around the state. Also, the other OYTS and Central Office were able to point out some very important areas to improve in St. Louis. One of the St. Louis Structured Scattered Site programs resembled a Transitional Living Group Home. The St.

Louis OYTS has been able to take the constructive criticism from her colleagues and in turn, challenge the provider to do some things differently. The St. Louis OYTS has met with the TL administration on two occasions and the conversations have centered on normalcy, their visitation policy and day/overnight passes.

In SFY16, several topics regarding case management and normalcy issues were discussed anecdotally at the State Youth Advisory Board meetings, Older Youth Summits, and conversations with youth outside of the meetings regarding their experiences in foster care which were concerning. Prompted by this and federal legislation, *H.R. 4980 Subtitle B: Improving Opportunities for Children in Foster Care and Supporting Permanency*, the Children's Division formed a Youth Empowerment Task Force to envision and facilitate culture and practice changes in areas such as increasing youth voice and choice, normalcy, financial capacity, wellbeing, and healthy transitions. The task force provided input on the tips sheet that was developed. The task force acted as stakeholders for the financial capacity training curriculum and two additional workgroups were formed on this subject at the meeting. The task force met quarterly in SFY17 and paused for the majority of SFY18 to allow the work of subcommittees. A subcommittee was formed to make recommendations for resource parent recruitment and training specific to older youth. The group met twice in March 2018 and recommendations will be forthcoming in SFY18.

The Children's Division issued memos specific to older youth in late SFY17 and in SFY18:

- CD Memo 18-02 was issued regarding "Changes in Requirements for Older Youth Engagement and Assessment Tools."
- CD Memo 17-52 was issued introducing the Foster Care Bill of Rights. Linked in this memo is a PowerPoint presentation that can be used to review the Foster Care Bill of Rights with foster parents or other community partners.
- CD Memo 17-33 introduced the Transitional Living Program changes with the award of the contract.
- In SFY18/SFY19, a memorandum will be issued on KIDS Accounts, the award of the Chafee contract, and change in Chafee referral time frames.

The ILC will continue to give program presentations and trainings as needed in SFY19.

The intranet has a thumbnail to spotlight additional information and best practices for staff and several were specific to Older Youth in SFY18:

- Implementing the Reasonable and Prudent Parenting Standard in Missouri
- Normalcy Tips for Youth and Children in Foster Care
- SB160: Foster Care Bill of Rights
- Missouri Reach CCE Program

The Children's Division intranet and internet have been updated in SFY18 with resource information specific to older youth and this will continue in SFY19. The internet page received a complete redesign to be more visual and organized. CD also utilizes Facebook as a means to share information specific to the Older Youth Program and on average makes one post every two weeks. This will continue in SFY19.

The Chafee contract is in effect until October 31, 2018. There are five agencies across the state providing Chafee services.

The TLP contract was awarded April 2017. There are 11 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services. The final expiration date of the contract is June 30, 2021 (the original contract year through June 30, 2018 with 3 one-year renewal options).

The ETV and Missouri Reach contract expires June 2018.

For SFY19, 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 SFY19.

With the passage of H.R. 253 – Family First Prevention Services Act of 2017, in SFY19, changes will be made to implement the eligibility provisions specific to the Chafee Foster Care Independence Program, including the name change. Missouri allows youth to remain in care until age 21 but with the passage of this legislation, will elect to provide Chafee services up to age 23 for youth who choose to remain in care or exit care after age 18. Missouri will exercise the option through the legislation to expand the age of eligibility for youth who have obtained guardianship or adoption after age 16 to their 23rd birthday as well. Currently, Missouri only extends to age 21 for this population. All requirements and services offered for these populations with the exception of age will remain the same. At this time, as there is no additional funding and resources for youth in care are limited, Missouri will not be exercising the option to extend eligibility for youth who exited foster care for reasons other than adoption, legal guardianship, or aging out of foster care.

Missouri Children's Division will amend its contracts/agreements with the five agencies and two community partnerships currently providing Chafee services and with Foster Care to Success, the current contract provider of the ETV program, to reflect the new age requirements in terms of eligibility and reporting for the National Youth in Transition Database (NYTD). The Child Welfare Policy Manual will be updated to reflect the new age limits. Missouri has many tools for staff and youth, such as "What's It All About? A Guide for Youth in Out-of-Home Care?", which will be revised to reflect changes in the Chafee and ETV programs. The Children's Division's intranet and internet have information on these programs and will be updated to reflect the changes. Exit packet information and outreach materials will also be revised. The Family and Children Electronic System (FACES) will need to be adjusted to allow data to be captured consistent with the age changes. The Independent Living Coordinator will inform stakeholders and staff through a memorandum introducing the changes. Information will be shared at any meeting attended by the Independent Living Coordinator or Older Youth Transition Specialists. The changes will also be shared on Facebook and via regional and statewide newsletters.

Education And Training Vouchers

For review of data and service information reported from the contracted provider on the Missouri State Education and Training Voucher Program, please refer to Attachment B: ETV Annual Report for Academic Year 2016-2017.

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

With the passage of the Stable and Safe Families Act, Missouri offers the Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post-secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their HiSET, or have a HiSET certificate. Youth must be preparing for enrollment in post-secondary education and provide a copy of a transcript verifying their GPA in education, have been accepted for enrollment, or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (GPA of 2.0 or otherwise agreed upon minimum) in order to receive continued assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has different types of post-secondary institutions which provide education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

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 eleven years. The contracting out of services has allowed for a central application method as well as provided a database and evaluative reports on services. 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.

Currently, eligible youth access the ETV program through the Foster Care 2 Success website at <http://www.fc2sprograms.org/>. Youth apply for the three programs available to Missouri youth through one application. 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 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 and assesses their tuition need and cost of daily living. Each student gets the ETV disbursement which best suits these needs.

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. Foster Care 2 Success (FC2S) reviews each student's online budget to help determine unmet need while helping them understand financial aid and the necessity for budgeting and money management. All first year students are required to participate in an individualized budget session prior to receiving ETV funding in the fall and spring semester. Budgeting and financial planning is done with upperclassmen each semester recognizing their individual strengths, developing independence and increasing financial responsibilities. The on-line eligibility approval tool includes a field to be used for youth in care to show stipend/housing information and amounts as well as agency service information. Along with the Cost of Attendance and other financial aid information FC2S receives as part of each student's application, the agency/stipend/housing information forms a more complete picture of the youth's financial status and needs. This enables Foster Care 2 Success to administer ETV dollars with a more complete view of the student's financial situation, and help students understand and budget their resources wisely and feel more secure financially so they can focus on their studies and plan ahead. 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.

In FFY18, changes will be made to the eligibility criteria for youth due in part to state desires and in part to federal requirements. In May 2017, a stakeholder's meeting was held in which the contract and program requirements were reviewed. An additional meeting was held in June 2017 with the Older Youth Transition Specialists to further discuss the stakeholder recommendations. One suggestion discussed and decided upon was a change in eligibility age requirements for ETV. It was decided to

change the eligibility requirement for services after exit from age 17.5 to age 18. This is in an effort to align requirements with other services so there is less confusion with staff and partners. The change also encourages youth to stay in care the extra few months to gain access to the full array of benefits available to them such as Mo HealthNet coverage, which is only available to youth who remain in care 30 days prior to their 18th birthday.

Federally, with the passage of H.R. 253 – Family First Prevention Services Act of 2017, planning will begin in 2018 to implement the eligibility provisions specific to the Educational Training Voucher program.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. Children’s Division requires all youth applying for ETVs to submit a copy of the 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.

Missouri will continue to monitor any fluctuation in numbers of funded youth. If there is a significant change, CD will evaluate with service providers.

Foster Care 2 Success 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 SFY18 in the amount of \$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

The priority criteria is utilized when there are more applicants than funding available and decisions must be made as to who is funded.

In order to apply, youth must go to <http://www.fc2sprograms.org/> and complete the online application. Youth apply for ETV and Missouri Reach in one place to streamline the process for youth and ensure no

eligible youth are overlooked. 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.

MDHE has established the following types of community service and public internships in which youth may participate 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 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.

Degree Completion Overview by Reach Cohort and Degrees Earned as of January 10, 2018:

37 Students Earned 50 Credentials	ASC	BAC	CERT	MAS	Total Credentials
<u>2011_2012</u>	9	20	1	3	33
<u>2012_2013</u>	5	3	2	0	10
<u>2013_2014</u>	0	2	0	0	2
<u>2014_2015</u>	0	2	0	0	2
<u>2015_2016</u>	3	0	0	0	3
TOTAL CREDENTIALS	17	27	3	3	50

MISSOURI REACH COHORTS								
Cohorts by First Year Funded (FYF)	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	Total
# of New Reach Students per Academic Year	28	20	4	6	7	12	3	80
Graduates	20	9	2	3	3			37
Non-Completers/Stop-Outs	5	7	1	1	1	4		19
Persisting as an Independent Student	3	4	1					8
Reach Recipient 2017-2018				2	3	8	3	16

Missouri has utilized the funding since the inception of the program and will continue to do so. It is anticipated that the number of students funded will remain relatively the same.

In SFY17, additional funding was provided as a line item in the budget to assist youth in obtaining postsecondary education. With the additional funding of \$450,000, the Missouri Reach Credential Completion and Employment Financial Assistance Program (CCE) was developed and implemented. The Missouri ETV/Missouri Reach contract with Foster Care 2 Success (FC2S) was amended in January 2017 and the program is administered by Foster Care 2 Success (FC2S), the ETV and Missouri Reach manager, as an extension of Missouri Reach. All three programs use the same application website, making the process streamlined for youth who are applying and ensuring eligibility for all three programs and the right fit is explored. The program was designed in coordination with the expertise of FC2S. Based on national statistics of time it takes for foster care youth to earn a degree or certificate after first enrolling and through monitoring of enrollment and completion of degree obtainment for Missouri ETV recipients through the National Student Clearinghouse, in Missouri, 16-20% of youth who receive funding from the ETV Program or MO Reach Tuition Waiver will earn a degree.

With the CCE, Missouri is committing to helping all youth earn a credential by age 26 to increase the number of completers who experienced foster care. Based on brain development and the unique social-

emotional challenges associated with exposure to trauma, it was thought that a new approach would benefit former foster youths' transitions into adulthood.

The program complements but does not duplicate existing education and training funding and assistance. The funding fills the gap between the more traditional funding available for youth enrolling in higher education after high school and the reality that many young people are not on a linear path and do not earn a credential within the current framework of thinking that college is the only path for youth after high school to obtain employment.

The CCE is a program to help youth successfully pursue an education or training pathway that leads to a recognized credential and entry into the workforce. In addition to ETV, there are two components to MO Reach which are distinct but complementary:

- 1) The Reach Tuition Waiver, which is a full tuition waiver program available since 2011-12, and
- 2) Credential Completion and Employment (CCE), launched in fall 2016, which is a short-term, targeted assistance program to help youth earn a recognized certificate and/or specialized training that leads to employment.

Missouri Reach CCE Requirements:

- Eligible youth are currently in care, exited care after age 17.5, or obtained legal guardianship or adoption after age 14.
- Youth ages 19 – 25 are eligible (the credential must be earned by 26th birthday).
- Program participation is limited to 12 months, including pre- and post-training time, of comprehensive support and funding leading to credential completion.
- The credential must be earned in less than 9 months.
- The maximum award amount is \$8,000 over a 12-month period.
- CCE participants **are not simultaneously** receiving:
 - postsecondary funding from ETV or Missouri Reach Tuition Waiver, or
 - other (specific) public education and training funding (i.e. workforce stipend).Exceptions may be approved by the Older Youth Program Development Specialist or Older Youth Transition Specialist in cases of documented need or extenuating circumstances.
- Participants may be in a no-cost Workforce Program but need living assistance – 3rd party rent payments, gas cards, etc. (less than 25% of funding will be given to program participants.)
- If a youth needs 15 credits or less to earn a Bachelors or Associates degree and has expended all federal and state higher education funding (such as PELL & ETV) MO CCE funds may be used to pay tuition, fees and buy books.
- Participants must complete a skills and abilities aptitude test, phone/meet weekly with their FC2S navigator and build an online success profile (record personal and training goals and accomplishments).
- All applicants are screened to determine if they are in default of federal student loans and coached to enter into a loan repayment plan. This is a program requirement for participants.

Information on the CCE was shared with staff via memorandum. Information was put on the Children’s Division website and the Older Youth Program’s Facebook page. Policy was revised to include information on the CCE as part of the exit packet information and “What’s It All About – A Guidebook for Youth in Care” was revised to include information on the program. Foster Care 2 Success developed a postcard for distribution and included information on their website.

As with many new programs, the CCE has been slow to start, particularly with moving from the inquiry stage to enrollment. Foster Care 2 Success has been working diligently to reach out to youth for participation and provided information on efforts from July –December 2016:

CCE Program	Inquiries	Applications	Funded	Completed/Graduated	Stop outs/ Drop outs
Academic Year 16-17	90	71	13	2	5
Academic Year 17-18	49	37	12 (plus 5 students pending official acceptance)	7 (6 of these students were funded in academic year 16-17 and completed their training in the 17-18 academic year)	2
TOTAL	139	108	25	9	7

Barriers CCE applicants face:

- Balances owed to community colleges
- Transportation
- Unplanned pregnancy
- Scheduling conflicts
- Federal student loan debt

Additional and more specific information can be found in Attachment C: Career Completion and Employment Report

In addition to financial assistance, FC2S has been able to offer academic success coaching and two care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care 2 Success. 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.

Foster Care 2 Success was awarded the contract on April 1, 2015. The contract is for one year with two annual renewals and will expire June 30, 2018. With the rebid of the contract, CD aligned the contract timeline to coincide with the state fiscal year. This allows applications to be accepted throughout the year, including summer school. It was previously on the federal fiscal year. Prior to this change, it was difficult, but not prohibitive because the funding for the contract started and ended in the middle of school terms. By incorporating ETV and Missouri Reach programs within the same contract, there is a more

efficient means of coordination, use of funds, and accessibility to youth and staff. Changes in the contract were minimal but included services being offered by the current provider in the same web based structure but allowing historical data views for each student. This was determined to be very difficult with the

contracted provider's data system. However, FC2S was able to provide a spreadsheet to which the Older Youth Transition Specialists can refer for historical purposes. Requirements were also put in place for the provider to access FACES and report educational services for National Youth in Transition Database. Foster Care 2 Success training and access to FACES was completed in September 2015 however, data has been reported since July 2015. Because Foster Care 2 Success has a longstanding history as the provider with expertise knowledge and has been the sole bidder on this contract for three consecutive bids, Children's Division is able to pursue Foster Care 2 Success as a Single Feasible Source and not go through the competitive bid process. As the contract expires in SFY18, Children's Division is in the process of finalizing this but it is anticipated it will be in place prior to contract expiration. Changes to the contract include adjusting the participant eligibility requirements to youth who have left care/aged out after age 18 (previously 17.5) and if a returning student, they left previously in good standing.

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. Brochures were shared at the biannual Youth and Adult Leadership and Empowerment Conference. Information is included in "What's It All About? A Guide for Youth in Out-of-Home Care". Information regarding FASFA, PowerPoint presentations on ETV/Missouri Reach, and other educational resources is on the website as well as. 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. FAFSA has the Independent Living Coordinator's contact information available to individuals who apply and the ILC responds to these inquiries. Most of these inquiries are not eligible but it is an added measure of outreach and assurance. The ILC receives an average of two inquires a week.

Foster Care 2 Success has developed a portal for Missouri Public Colleges and Universities to make the process for school reporting on financial aid for ETV and MO Reach students easier. The process allows for reporting online versus faxing paperwork, as soon as the student applies. The student's digital signature meets the FERPA requirement that the student authorizes the school to release data to FC2S and then the financial aid office is able to print a PDF copy of the digital signature for school records. The financial aid office is able to download a single report for the semester, listing all students and award amounts for both programs. Foster Care 2 Success continually trains/retrains the colleges on the technicalities such as updating records when youth declines/accepts a student loan, or drops to part-time. Prior to the start of new semesters registered users are invited to a brief discussion on trends and it is reiterated that the timely entering of correct information is critical to students' success – reducing their stress, needed for CD to educate youth on financial literacy, etc. Foster Care 2 Success answers any questions and asks for feedback on form recommendations, etc.

The **Missouri Learning Sessions**, a monthly webinar series hosted by Foster Care 2 Success (FC2S) was launched in January of 2018. These sessions are designed for staff working with teens and young adults in foster care. Each session offers information and strategies that will help workers:

- Engage youth in conversations about postsecondary planning so they can find the path that’s right for them;
- Work with youth to align their aptitudes, interests and life circumstances with a postsecondary program;
- Learn about resources in the local community to support literacy, career planning and employment readiness.

Sessions are limited to 30 minutes with 15-20 minutes of information sharing and the remaining time used for question and answer as well as discussion. The goal of the sessions is to support staff with helping young people harness their promise and potential and fully utilize the existing services and resources available throughout the state.

Session #1: *There’s a pathway for all Missouri youth*

Session #2: *Planning for postsecondary success*

Date	Topic	Registrants	Attendees
1/16/18	Session 1 at 9 am	80	63
1/17/18	Session 1 at 12 pm	60	34
1/18/18	Session 1 at 3 pm	62	47
TOTAL		202	144
2/20/18	Session 2 at 9 am	27	23
2/20/18	Session 2 at 12 pm	26	18
2/20/18	Session 2 at 3 pm	16	12
2/22/18	Session 2 at 9 am	23	16
2/22/18	Session 2 at 12 pm	20	14
2/22/18	Session 2 at 3 pm	14	11
TOTAL		126	94

The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program. Missouri will continue to use different formats such as focus groups, webinars, and summits to share information and train staff on educational resources and improve outcomes for older youth.

For FFY19, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts regarding the program.

In SFY19, CD plans to continue the program structure in place as we are able to utilize our funding and are able to meet the needs of our youth with the additional funding of Missouri Reach.

As part of the contract, Foster Care 2 Success provides an annual report. Please see Attachment B Missouri ETV and Reach 2016-2017 YE Report for additional information on services provided and demographics of youth served through the ETV program.

With the passage of H.R. 253 – Family First Prevention Services Act of 2017, Missouri will utilize the option of providing Educational and Training Voucher (ETV) to youth participating in the voucher program to remain eligible until they attain 26 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion. Missouri will exercise the option through the legislation to expand the age of eligibility for youth who have obtained guardianship or adoption after age 16 to their 26th birthday as well. Missouri’s contracted provider, Foster Care to Success, will ensure that youth do not participate in the program for more than 5 years, whether or not the years are consecutive through their database.

As Missouri was providing some assistance to youth to complete their education up to their 26th birthday through another program, the Missouri Reach Credential Completion and Employment Financial Assistance Program (CCE), Missouri will require the use of CCE funding to be expended first as Missouri is not currently using all of this funding and is utilizing all of the ETV funding. CCE participants are not simultaneously receiving postsecondary funding from ETV or Missouri Reach Tuition Waiver. The CCE funds may be utilized if a youth needs 15 credits or less to earn a Bachelors or Associates degree and has expended all federal and state higher education funding (such as PELL & ETV). In these instances, Missouri CCE funds may be used to pay tuition, fees and to purchase books. The CCE program will continue to be the preferred program to fund youth who fall within these guidelines. This program may need to be adjusted as Children’s Division moves further along in implementation to ensure all eligible youth receive as much assistance as possible.

Missouri Children’s Division will amend its contracts/agreements with the five agencies and two community partnerships currently providing Chafee services and with Foster Care to Success, the current contract provider of the ETV program, to reflect the new age requirements in terms of eligibility and reporting for the National Youth in Transition Database (NYTD). The Child Welfare Policy Manual will be updated to reflect the new age limits. Missouri has many tools for staff and youth, such as “What’s It All About? A Guide for Youth in Out-of-Home Care?”, which will be revised to reflect changes in the Chafee and ETV programs. The Children’s Division’s intranet and internet have information on these programs and will be updated to reflect the changes. Exit packet information and outreach materials will also be revised. The Family and Children Electronic System (FACES) will need to be adjusted to allow data to be captured consistent with the age changes. The Independent Living Coordinator will inform stakeholders and staff through a memorandum introducing the changes. Information will be shared at any meeting attended by the Independent Living Coordinator or Older Youth Transition Specialists. The changes will also be shared on Facebook and via regional and statewide newsletters.

STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

See the CAPTA Report submitted separately for the required data items.

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 FACES 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 DSS State Technical Assistance Team (STAT), who tracks all deaths and oversees the state's child fatality review panels, has a 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.

Education and Training Vouchers

In 2015-2016, there were 272 youth funded from ETV. Of those 272, 144 (53%) were first time funded.

In 2016-2017, there were 261 youth funded from ETV. Of those 261, 139 (53%) were first time funded.

Final information for 2017-2018 is not available at this time. As of February 26, 2018 Missouri's totals based on the information available at Foster Care to Success's web portal are:

Total Applications	Apps In Progress	Total Funded Students	Total Funding	Unable to Fund
408	22	223	\$ 833,639.00	163

Unable to Fund

These are students who:

- Are ineligible according to state eligibility criteria, or
- Do not submit the required paperwork within five weeks of applying.

In most cases, "unable to fund" are those who do not enroll in school or who have adequate funding from other sources and choose not to participate in ETV. Other reasons included in this number are applicants who did not attend school or were not making progress, first time applicants over the age of 21, previous recipients who are older than 23, youth adopted prior to age 16, and exit from foster care prior to age 17.5.

Missouri will continue to monitor fluctuation in 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 Tuition Waiver program and Missouri Reach Credential Completion and Employment Financial Assistance 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. For calendar year 2017, the Missouri Child Placing agencies reported one (1) international adoption dissolutions or disruptions that resulted in children adopted internationally entering state custody.

One child from China entered the State of Missouri foster care system. The child's adoption originated through Children's Hope International. The child was removed from his adoptive parents for alleged physical abuse. The 7 year old male child remains in the custody of the Missouri Children's Division at the time of this report. The adopted parents have voluntarily relinquished their parental rights and child's current foster home placement has plans to adopt him by end of 2018.

FINANCIAL INFORMATION

FINANCIAL INFORMATION

Please see the following attachment:

UPDATES TO TARGETED PLANS

UPDATES TO TARGETED PLANS

As specified in ACYF-CB-PI-17-05, the following plans are being submitted as discreet sections:

Foster and Adoptive Parent Diligent Recruitment Plan

The Diligent Recruitment Plan is a standalone attachment to this document. Please refer to Attachment E for more information.

Health Care Oversight and Coordination Plan

No changes or additions to the 2015-2019 plan are needed.

Update on Progress and Accomplishments in Implementing the State's 2015-2019 Health Care Oversight and Coordination Plan:

Missouri Children's Division has collaborated with other state agencies and stakeholders to support the implementation of the Health Care Oversight and Coordination Plan developed in partnership with the Health Care Coordination Committee (HCCC). The HCCC is a multidisciplinary team comprised of Children's Division, the MO HealthNet Division (state Medicaid agency), the Department of Mental Health, the Department of Health and Senior Services, as well as other state agencies, pediatric and health care experts, and stakeholders. The HCCC meets quarterly to review the plan's goals and progress and to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care.

The committee identified three collective priorities:

- 1) All children entering state custody will have a comprehensive evaluation within 30 days to direct the development of a health care plan for the child. Children's Division continues to address timely 30-day comprehensive assessments for children case managed by Children's Division and contracted foster care case management providers. Results from an initial 2015 baseline revealed much room for improvement to either get the assessment scheduled and completed timely, or get the information entered into FACES within 30 days of the assessment. Improvement strategies have adjusted over the years with only marginal gains noted. Current efforts for improvement involve more frequent data pushes and a preemptive approach. Specifically, data files are run monthly and sent to the circuit manager who has more direct oversight of the staff responsible for case management and data entry. Furthermore, the data files include and highlight children who entered out-of-home placement within the previous month to alert staff that if a comprehensive assessment has not already been scheduled, or entered into the system if it has been completed,

then it needs to be done. Data showed notable progress upon initial implementation but waned over time. To better understand what and where more support was needed, circuits were asked in May 2017 to delve into each case and provide the reason the child missed the comprehensive assessment, as indicated in FACES. The modest response revealed just over 60% of the children had received the comprehensive assessment timely as evidenced by documentation in the case record or confirmation with the child's health care provider, yet the data was not entered into FACES to credit compliance. This data entry cleanup and increased focus on timely exams contributed to an increase in statewide compliance from 56% to 69%.

The Missouri State Foster Care and Adoption Board requested clarifying information on the various health exam requirements for children in foster care. In particular, requested was documentation outlining the statutory requirement for children under age ten to receive two full comprehensive assessments each year. Resource providers have been met with resistance from physicians to complete the second comprehensive assessment, when medically deemed unnecessary, as it exceeds the child's periodicity schedule. Resource providers hoped having documentation in hand to present the physician would resolve some of these obstacles. In response, an "HCY InfoSheet" was introduced in November 2017. The InfoSheet capitalizes on the opportunity to not only advise physicians of the aforementioned statute, but also to inform or remind out-of-home care staff and placement providers of essential elements of the HCY program. Highlights of the InfoSheet include: 1) description of the HCY program, 2) what is included in an HCY screening, 3) who needs and HCY screening and when, 4) why do children under age 10 need a full HCY exam every six months, 5) what documentation of the HCY screening is needed, and 6) an FAQ section that addresses the most common questions and misconceptions.

- 2) *Develop a measurement system specific to health outcomes for kids in care.* The HCCC wants the ability to measure key health metrics for children in out-of-home care to ensure children are getting necessary and appropriate health care. Developing an interface between Children's Division and MO HealthNet systems to track and measure health outcomes for children in care remains a goal. To attain more immediate results, MO HealthNet accepted from the Health Care Oversight and Coordination Committee recommendations of key metrics to be included in the new managed care contract released for bid in 2016. The statewide expansion of Managed Care began May 1, 2017 affording all foster children the same coverage, services, care coordination, and measurable health outcomes. Although not yet available, generating and providing various points of data specific to foster children is a performance requirement of the contract. The documentation must be provided by the plans upon request of the state agency (MOHealthNet). Children's Division requested in August of 2018 that MOHealthNet obtain this documentation from the plans to establish a baseline and to assess contractual compliance.

Children's Division maintains a contract with Care Management Technologies: A Relias Learning Company for use of the *ProAct Advantage* tool. Based on Medicaid claims data, *ProAct* provides a myriad of data by population or individual, including best practice "red flags," gaps in care for chronic diseases, and integrated health profiles. The end user access to *ProAct* recently expanded again to include another subset of Children's Service Specialists across the

regions – selected by the respective Regional Directors - to promote the flexibility for regional field staff to identify and prioritize key metrics to monitor and measure.

- 3) *Children in care will have access/increased access to quality behavioral health care.* Children involved in the child welfare system have unique needs and, when indicated, should be referred to the right behavioral health care provider, not the most readily available. In order to direct more time and attention to this priority goal, a subcommittee was formed with representation from Children’s Division, Department of Mental Health/Division of Behavioral Health, and residential treatment service providers. The subcommittee’s work focused on reevaluating the residential care referral and screening process, improving discharge planning, and creating outcome measures to be included in the forthcoming residential treatment and services contract rewrite and bid proposal.

Changes have been made to the residential referral process, including the adoption of the 2014 revised Childhood Severity of Psychiatric Illness (CSPI) assessment tool. The revised CSPI requires the rater reflect on information and events occurring in the past 30 days so information used for the youth’s placement and treatment planning is based on current and relevant information.

Coordinating a youth’s discharge from a residential treatment center to a community-based placement, or to another residential treatment center, varied among providers and lacked a meaningful exchange of information and smooth transition of services. The subcommittee successfully advocated for the inclusion of a requirement in the April 2016 residential treatment services contract rewrite that all providers participate in a discharge transfer conference with any subsequent placement provider to exchange pertinent information to help ease the youth’s transition and inform the youth’s treatment plan. Children’s Division is currently developing a training for staff and residential providers related to expectations for discharge planning to include monthly reviews and updates.

Improving behavioral health care for youth in residential treatment reaches beyond the referral, screening, and discharge processes and requires close examination of what is being delivered during the youth’s placement. The subcommittee’s initial endeavor had been the identification of outcome measures to be included in the next contract bid, including: seclusion, critical events, hospitalizations, emergency discharges, physical restraints by child, chemical restraints by child, and readmissions to another residential facility or that same facility after placed in a less restrictive placement. Much effort was spent defining the outcomes to ensure all residential providers are measuring the same thing in the same way. Children’s Division needs to determine how data components will be collected and the mechanisms for transferring and aggregating the data. Plans this year include a 3-6 month pilot with 2-4 selected residential providers to address any issues with data collection in preparation for statewide implementation with the release of the next residential contract in 2019.

Introduced in March 2018 was the Missouri Collaborative Systems Team Meeting (CSTM). The objective of CSTM is to improve collaboration, practice, policy, and service delivery for youth and adults who are involved with the Children’s Division and who qualify for services through the Department of Mental Health. Core CSTM membership is comprised of the Children’s

Division, the Division of Youth Services, the Department of Mental Health's Division of Developmental Disabilities and Division of Behavioral Health, the juvenile court, and an adult or youth consumer and their family members or guardians. The group has faced challenges securing representation from the juvenile court and an adult or youth consumer and their family or guardian. The team meets consistently while working toward filling vacant memberships. A small number of field-level groups have formed with only Children's Division and Department of Mental Health representatives at this point. The groups are developing actions plans for next steps in implementing a functioning CSTM in those respective areas.

Appropriate Use and Monitoring of Psychotropic Medications

Children's Division has worked closely with the MO HealthNet Division and Department of Mental Health to address the appropriate use and monitoring of psychotropic medications for children and youth in out-of-home care. The Children's Division, MO HealthNet, and Department of Mental Health worked together to create hard stop edits in the MO HealthNet pharmacy system to monitor and limit psychotropics prescribed to children. These edits prevent prescriptions from being filled until a contracted board-certified child psychiatrist can conduct a review.

The Atypical Antipsychotic Clinical Edit, initiated in October 2010, originally required a review of all new and non-compliant requests for an atypical antipsychotic for all enrolled children under the age of five (5) before the prescription could be filled. The child psychiatrist reviews the request to ensure appropriate diagnosis, metabolic monitoring, and co-occurring, evidence-based behavioral interventions are implemented. In late 2015, this edit was increased to any child under age nine (9) and is expected to be increased again in the near future to any child under age thirteen (13).

The second edit for five (5) or more psychotropic medications prescribed for children under age five (5), implemented in 2010, remains in effect with the same protocol for atypical antipsychotics. The MO HealthNet Division has also removed Oppositional Defiant Disorder as a qualifying diagnosis for children under the age of nine (9) years.

The MO HealthNet Division reports these system edits have contributed to a decrease in the number of requests from prescribers for an antipsychotic for a child under age nine. The requests the child psychiatrist is receiving are being approved at a higher rate, indicating prescribers have changed prescribing practices.

Children's Division collaborated with Department of Mental Health Chief Medical Officer, and board-certified child and adolescent psychiatrist, Dr. Laine Young-Walker who provided staff training on the appropriate use and monitoring of psychotropic medications for children and youth. The goal of the three-part series webinar training is to provide practical information on common classes of medications and best practice guidelines, including tips on monitoring psychotropic medications with youth and caregivers. Each of the three webinars highlights how to prepare for an appointment and what questions to ask the provider when giving informed consent. The webinars were presented in June, September, and November 2017. The webinars were also recorded and posted on the Children's Division intranet and internet sites so all staff, contracted case management staff, and resource providers can access. The webinars are a training requirement for current Children's Division staff and contracted case management providers.

With the objective of becoming a trauma-informed organization, Children’s Division is training resource parents on the National Child Traumatic Stress Network’s Resource Parent Curriculum *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. Resource parents may have become too accustomed to seeking pharmacological interventions to address behaviors. The eight-week workshop prepares resource parents to understand how trauma affects children so resource parents, in turn, are more skilled and effective in addressing behavioral symptoms in the home. Although the goal is to train all current and newly licensed resource parents on the RPC curriculum, there are an insufficient number of facilitators statewide to project a timeline for completion. Until there is statewide facilitator capacity, the training will not be required. In the meantime, to build enthusiasm around the program, the Children’s Division is currently motivating resource parents’ voluntary participation through active promotion and peer endorsement.

More immediately, Children’s Division was interested in identifying how many children are being prescribed psychotropic medications as what may be the first line of therapeutic intervention after entering out-of-home care. The Division gathered data on the number of children who received a first-time prescription for a psychotropic medication within the first thirty (30) days of initial entry into out-of-home care. For the timeframe collected (new entries June 1, 2016 – May 31, 2017), the data showed 10% (462 of 5296) of children entering care were already on at least one psychotropic medication. For those children entering care on no psychotropic medications, 3% (146 of 5296) were placed on a first-time psychotropic medication within the first 30 days of custody.

These findings are not suggestive of a systemic issue, yet Children’s Division has proceeded with a revision of the agency’s informed consent policy. Historically, resource parents have been authorized to provide consent for a child’s behavioral health services and treatment, including psychiatric treatment and psychotropic medications. Proposed revisions will require non-pharmaceutical interventions be attempted first before initiating psychotropic medications. Additionally, the mental health professional involved in these interventions must make a recommendation for the child to be assessed for psychotropic medication before Children’s Division arranges such psychiatric assessment. Only the child’s case manager can provide consent for a psychotropic medication prescription, though resource parents can still consent to dosage increases or decreases. Policy will now require that informed consent is provided for a specific psychotropic medication and may not be used to imply informed consent for other medications as has sometimes been the case in congregate care settings. Policy revisions are expected to be approved and implemented in April after introduced through a statewide policy call and memorandum.

Children’s Division maintains a contract with Care Management Technologies: A Relias Learning Company for use of the *ProAct Advantage* tool. Based on paid Medicaid claims data, *ProAct* provides a myriad of data by population or individual, including best practice “red flags,” gaps in care for chronic diseases, and integrated health profiles. The end user access to *ProAct* recently expanded again to include another subset of Children’s Service Specialists across the regions – selected by the respective Regional Directors - to promote the flexibility for regional field staff to identify and prioritize key metrics to monitor and measure. The Division receives a quarterly report of children/youth prescribed five or more psychotropic medications. This report is also provided to Dr. Young-Walker and the rest of the psychotropic medications workgroup for oversight and strategic planning.

Children's Division is examining prescribing practices in the state's residential treatment programs. The programs' Chief Executive Officers (CEOs) will be provided ongoing reports of their in-house or contracted psychiatrists' prescribing practices for children in state custody. The CEO will be alerted when their psychiatrists' prescribing practice triggers behavioral pharmacy measures, or quality indicators (QI), falling outside best practice guidelines. This is projected to begin in May 2018. The Children's Division has already met with CEOs of the residential programs through MCCA (Missouri Coalition of Children's Agencies) to share objectives and the various QIs that will be measured across all programs.

Trauma-Informed Care

Children's Division recognizes exposure to trauma can impact children's physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus.

Children's Division continues making strides toward becoming a trauma-informed organization. Establishing a baseline understanding of trauma with shared language among all staff was a necessary first step. Children's Division selected the National Child Traumatic Stress Network Child (NCTSN) Welfare Trauma Toolkit training to create this foundation. Staff training began in January 2015 and all staff, including contracted staff, were trained by the end of June 2016. The Toolkit training course is now offered across all regions of the state on a quarterly basis to accommodate newly hired staff who are required to complete the two-day course within the first six months of hire. Class openings are offered to stakeholders, such as guardians ad litem, juvenile officers, school personnel, law enforcement, etc. as all are seen as essential players in the greater child welfare system.

Increasing staff's awareness of the trauma children and families involved in the child welfare system often present naturally propelled Missouri's focus to the secondary traumatic stress experienced as well by Children's Division staff, especially frontline practitioners and supervisors. In response, all staff are provided training on secondary trauma and resiliency practices within six months of hire. Supervisory staff are required to have a next-level training focused on promoting resiliency and creating a trauma-responsive work environment. Additional support to frontline practitioners is provided through the Secondary Trauma Consultation contract. The contract provides one-time individual or group consultation to staff involved in a traumatic event or series of events, such as a child fatality or incident of egregious child abuse or neglect.

Staff are working with children and families shortly after completing Child Welfare Practice Training (CWPT - new frontline practitioner orientation) and would not have yet been provided the NCTSN Toolkit training or training on secondary Trauma and resiliency practices. Trainer feedback over the past year identified the benefit of weaving into the CWPT curriculum key trauma-informed principles and resiliency practices. This adaptation would expose new staff early to some fundamental concepts around trauma and self-care by connecting them with the policy and practice content taught in class and further explored during on-the-job activities. The five training regions have incorporated these revisions and are beginning to implement the changes.

The Children's Service Supervisor is recognized as the greatest catalyst for creating and supporting a culture which is trauma-sensitive, trauma-responsive, and promotes staff resiliency. A training course

will not alone produce the sustainable culture shift needed to adequately support staff. The Division needs to bolster the supervisor's capacity to meet the resiliency needs of frontline staff while also supporting the supervisor's well-being. The Division's trauma specialists – staff trainers of the NCTSN Toolkit – have assumed additional support roles, serving as consultants to local circuits, offices, and staff in the area of trauma. The trauma specialists provide direct clinical and practical support to supervisors to integrate trauma principles and resiliency skills into supervision, local practices, and office culture. Trauma specialists also assist circuits in developing local trauma committees, providing clinical support as needed.

Equipping resource parents with the knowledge and skills to care for children who have experienced trauma is congruent with the Division's practice model which is supported by a foundation of trauma-informed care. Increasing resource parents' understanding of the impact and manifestations of a child's trauma history, and to recognize behaviors as symptoms of those traumatic experiences supports the child's safety, permanency, and well-being. All current and prospective resource parents are encouraged to complete the NCTSN Resource Parent Curriculum, *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. The workshop has been well-received and the Division continues facilitator recruitment efforts to ensure accessibility to resource parents across all regions of the state.

Procedures and Protocols as Described in Program Instruction ACYF-CB-PI-18-06:

Missouri Department of Social Services is in the final stage of development of a contract for services with the University of Missouri-Columbia, Missouri Psychiatric Center for the purchase of The Missouri Center of Excellence in Children's Health Integration, Learning, and Development (Mo-CHILD). The Center of Excellence, projected to be operational in October 2018, will serve in an oversight capacity and will allow for ongoing monitoring and consultation, including tele-health, to Department of Social Services case managers and supervisors regarding behavioral health needs and issues of children. These goals will be achieved through the collaboration of multiple academic departments within University of Missouri-Columbia Health Care's School of Medicine.

The Center will provide clinical and support staff including a child/adolescent psychiatrist, licensed psychologist, pediatrician, pediatric nurse, and nurse case managers to perform the following for children/youth served by the Children's Division and Division of Youth Services:

- Active and ongoing review of analytic reports to identify children who have hit identified prescribing benchmarks (quality indicators), require lab work, or have other health and behavioral health concerns;
- Psychiatric consultation, as needed, to prescribing physicians on best practice indicators for the use of psychotropic medications with children/youth;
- Provide psychiatric or behavioral health peer-to-peer consultation regarding treatment plans;
- Provide psychiatric or behavioral health consultation to Children's Division case managers and supervisors regarding behavioral health needs and issues, including but not limited to psychotropic medications and alternatives or simultaneous interventions;
- Make telehealth available as needed in identified areas of the state where quality, capacity and access are an issue;

- Provision of consultation services as requested by Department of Social Services to professionals involved with supporting children in Children’s Division custody in person or via telehealth;
- Review of aggregate reports on children in Children’s Division custody to identify trends and support ongoing program improvement;
- Monthly reports to Children’s Division regarding number of consultations or other services provided as well as any issues/trends identified;
- Work jointly with Children’s Division to develop strategies to address issues/trends related to:
 - psychiatric and/or behavioral health issues;
 - education and training of state and contracted staff regarding substance abuse; and
 - mental health issues of children and parents.
- Coordinate medical and behavioral aspects of pediatric care with Department staff (Children’s Division and Division of Youth Services) for children served;
- Work with Department of Social Services clinical staff to quantify the prevalence and distribution of medical and behavioral health conditions among the Medicaid population;
- Work with Department of Social Services clinical staff to risk stratify the population by medical and behavioral health conditions in the population (e.g., identify the subgroups of medically fragile and serious mental illness);
- Assist in sorting and managing the population according to acuity and according to the intensity of coordination and management required by the acuity of disease;
- Follow established preventive schedules such as that promulgated by the American Academy of Pediatrics and monitor the population to assure that the population in aggregate is receiving timely routine preventive visits, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening, vaccinations, etc., identify outliers, and work with Department of Social Services clinical and research staff to identify causes and develop solutions to address outliers;
- Use available electronic medical records to sort the population by medication profiles/drug classes; assess polypharmacy and appropriateness of prescribed medications, including psychotropics and anti-psychotics; and monitor adherence;
- Facilitate coordination of care of the population with local physicians or providers, including specialists;
- Provide clinical decision making tools, algorithms, and consultation for common conditions for the Children’s Division and Division of Youth Services staff;
- As needed, provide medical consultation to Department of Social Services, Children’s Division case managers, and Division of Youth Services caseworkers and supervisors regarding medical needs;
- As needed, provide peer-to-peer consultation regarding treatment plans for specific children in Children’s Division or Division of Youth Services custody;
- Monthly reports to MO HealthNet Chief Medical Officer (CMO) or their designee regarding number of consultations or other services provided as well as any issues/trends identified;
- Work jointly with MO HealthNet to develop strategies to address issues/trends related to physical and/or mental health issues; and
- As needed, provide consultation regarding decision making for and management of the medically fragile and serious mental illness populations and other complex medical needs with local physicians and providers.

Children/youth in Children's Division custody are evaluated by qualified medical and behavioral health clinicians using age-appropriate, evidence-based, and validated assessment tools. Any resulting diagnosis is reviewed by the case manager and family support team and also reported to the court of jurisdiction to ascertain whether the diagnosis is agreed upon by those entities and supported by evidence. The diagnoses may help inform treatment plans and they are one component of many sources of information considered to determine the level of support the youth's placement provider will need to meet the youth's needs. Should a case manager question a youth's diagnosis as it seems incongruent with symptoms observed by the family, resource parents, case manager, or other individuals closely involved with the youth, a consultation shall be initiated with The Center of Excellence. The Center of Excellence will review the evaluation/diagnosis and, if in disagreement with the evaluation's findings, render a recommendation for next steps. Youth referred for residential treatment typically have higher-level treatment needs and, following a screening and approval process, are determined would most benefit from a short-term residential program to achieve safety, therapeutic and permanency goals. If neither the evaluator nor subsequent consultation with The Center of Excellence recommends residential treatment, placement in a family home setting shall be made.

Disaster Plan

When disaster or emergency events occur in Missouri, such as tornadoes, damaging winds, flooding and power outages, and local assistance such as shelters and feeding operations or Multi Agency Resource Centers (MARC)s need to be opened, Department of Social Services (DSS) Central Office Emergency Management staff report to the Missouri State Emergency Management Agency (SEMA) State Emergency Operations Center (SEOC). At the SEOC, they staff the Emergency Support Function (ESF) desk along with SEMA Emergency Human Services staff and American Red Cross volunteers. If the scope of the event does not require SEOC activation, Central Office staff responds to the event remotely. DSS staff working in a response role, whether at the SEOC or remotely, provides information to Children's Division staff regarding mass care activities, such as daily shelter reports and other situational information throughout the event. This allows Children's Division staff to be aware of the area(s) of the state affected and the seriousness of the event.

Children's Division staff follow pre-established disaster response procedures, pursuant to the Division's Emergency Plans, to begin assessing the well-being and potential needs of children, families, and resource providers. Activities may include making contact with all resource providers caring for children in Children's Division custody to assess needs and provide assistance as needed. Children's Division Early Childhood and Prevention Services, along with the Department of Health and Senior Services, may make contact with Licensed and Registered Providers in affected areas to assess disruptions in child care services and provide assistance as needed. This reach out to resource providers is the expectation of field staff in all disaster and emergency events regardless of scope.

Resource providers and residential care facilities serving children under state care or supervision are required to have an emergency plan. Resource providers' plans are to address various disasters and include a plan for what will happen if disaster strikes when the resource provider is away from the child. The plan is to display contact telephone numbers, including a number for local and regional Children's Division staff, and a toll free number to contact Children's Division administration if other

communication channels are not available. The family disaster plan is to be reviewed with foster youth in the home every six months, which is documented in the resource provider's record.

The Children's Division has a statewide Emergency Operations Plan (See Attachment F - CD Emergency Operations Plan, Attachment G - CAN Emergency Plan, and Attachment H - Out of Home Care Emergency Plan.) The Children's Division Emergency Operations Plan includes direction and considerations in the accounting for, and responding to the needs of, children under state care or supervision. In addition, plans to continue essential agency functions, such as responding to new reports of child abuse or neglect and providing services, are incorporated into the statewide plan. During Calendar Year 2017, there were no disasters that required full implementation of the Children's Division's Emergency Operations Plan. There are no known required changes or additions to the plan.

The Children's Division Emergency Operations Plan recognizes that following a disaster, it is likely children under the care or supervision of the agency may be relocated out of state. If the child remains out of state longer than twenty-eight days, Interstate Compact for the Placement of Children (ICPC) protocols should be followed. Missouri Children's Division ICPC staff members have an established relationship with ICPC staff in other states throughout the country.

Each Children's Division office is required to have a local emergency plan which is regularly reviewed with staff and shared with stakeholders. The local emergency plan is an all-hazards plan that describes the local response with considerations for agency and community resources. Quality Improvement staff review the plan annually with each circuit to ensure the plan is updated and to make appropriate changes. Each circuit maintains emergency contact information for staff and managers, so essential Children's Division personnel are able to be located following a disaster. The Child Abuse and Neglect Hotline Unit also maintains contact information for staff and managers.

Essential program records are maintained electronically in Missouri's Family and Children Electronic System (FACES.) The records are accessible to Children's Division staff throughout the state. The records are backed up and efforts are made to ensure they would continue to be accessible immediately following a disaster. The Information and Technology Services Division (ITSD) maintains and provides technical support for FACES and has an established disaster recovery plan. In addition, ITSD staff members are to have a presence at the State Emergency Management Agency if needed following a disaster to help maintain essential operations.

Employees are required to receive basic emergency management training through online courses offered through the Employee Learning Center (ELC.) The required training curriculum is reviewed annually and the assigned curriculum varies based on the employee's level of response in an emergency. This practice equips employees with basic information about responding to emergencies, which will make them better able to respond when a disaster occurs. The availability of training through the ELC has proven to be a useful tool for our agency and is readily available for staff at their convenience.

In January 2017, the State Emergency Operations Center was activated following a Winter Storm Watch that was expected to impact a large portion of the state. A Cabinet decision was made that resources of the Department of Public Safety would be utilized if the Department of Social Services Children's Division required assistance to respond to reports of child abuse or neglect; however, this level of assistance was not required.

On February 28, 2017, Perryville, Missouri, experienced damaging winds, tornados, and hail. The storms caused significant damage to homes and to a number of vehicles traveling on Interstate 55. The Children's Division verified the status of children in state custody and checked with resource homes and providers within the affected area to provide assistance if necessary.

Following a tornado in Goodman, Missouri, on April 4, 2017, Children's Division staff assisted community members with clean-up and with directing families to resources. The Children's Division verified the status of children in state custody and checked with resource homes and providers within the affected area to provide assistance if necessary.

Severe storms, tornadoes, straight-line winds, and flooding impacted a large portion of the State of Missouri between 04/28/2017 and 05/11/2017. The State Emergency Operations Center (SEOC) was activated and Department of Social Services staff, including the Children's Division, responded to the SEOC. During this time Children's Division staff verified the safety and status of children in state custody within the affected regions and checked with resource providers to determine whether assistance was needed. On June 2, 2017, President Trump approved the request for a major disaster declaration for a total of 48 Missouri Counties.

On May 19, 2017, there were two tornados in the Children's Division's 40th Circuit (Newton and McDonald Counties) that resulted in power outage and some property damage. The Children's Division verified the status of children in state custody and checked with resource homes and providers within the affected area to provide assistance if necessary.

In September 2017, the Department of Social Services staff was advised by the State Emergency Management Agency that Texas residents affected by Hurricane Harvey may self-evacuate to Missouri. Department of Social Services staff were to monitor requests for services, services provided, and unmet needs for individuals and families. The Children's Division became aware of two families affected by Hurricane Harvey who evacuated to Missouri; however, there were no identified service needs. The Missouri Children's Division's Interstate Compact for the Placement of Children (ICPC) Unit communicated with Children's Division staff about hurricanes in Florida and Texas and wildfires in Montana and California. The Missouri ICPC Unit encouraged staff to communicate and coordinate as needed with affected states to ensure the safety of Missouri children placed there.

On September 15, 2017, protocols and guidelines were distributed to Children's Division staff in the St. Louis Region due to the possibility of community protest events in response to the Jason Stockley verdict. The purpose of the protocols and guidelines were to help ensure safety of Children's Division staff members. Staff were provided with increased flexibility to work from alternate locations, and staff who were concerned for their own safety, or the safety of their families, had the option to use administrative leave on September 15, 2017. No offices were closed and this did not have a significant impact on Children's Division operations.

Department of Social Services staff attended Multi-Agency Resource Centers to share program information and assist with applications of programs administered by the Department. The Multi-Agency Resource Centers were held at the following locations on the dates listed.

- Perryville (Perry County) – 03/04/2017

- Oak Grove (Jackson County) – 03/10/2017 and 03/11/2017
- Smithville (Clay County) – 03/12/2017
- Goodman (McDonald County) – 04/08/2017
- Neosho (Newton County) – 05/08/2017
- Anderson (McDonald County) – 05/08/2017
- St. Robert (Pulaski County) – 05/09/2017
- West Plains (Howell County) – 05/09/2017 and 05/10/2017
- Ellington (Reynolds County) – 05/10/2017
- Poplar Bluff (Butler County) – 05/11/2017
- Eminence (Shannon County) – 05/11/2017
- Valley Park (St. Louis County) – 05/12/2017 and 05/13/2017
- Van Buren (Carter County) – 05/12/2017 and 05/13/2017
- Alton (Oregon County) – 05/15/2017
- Pacific (Franklin County) – 05/15/2017
- Gainesville (Ozark County) – 05/16/2017
- House Springs (Jefferson County) – 05/16/2017
- Doniphan (Ripley County) – 05/17/2017
- Arnold (Jefferson County) – 05/18/2017
- Harrisonville (Cass County) – 08/28/2017
- Grandview (Jackson County) – 08/29/2017

PREPAREDNESS ACTIVITIES:

Department of Social Services staff including Children’s Division staff participate in preparedness activities throughout the year that include training, exercises, and planning. The Governor’s Faith Based and Community Service Partnership for Disaster Recovery (The Partnership) and the Missouri Voluntary Agencies Active in Disaster (MOVOAD) are responsible for much of the response activities within local communities. The Department of Social Services is represented in these groups by the Department’s Emergency Management Coordinator and/or the Children’s Division Manager at the state office level responsible for the Children’s Division emergency planning and response. They meet regularly with The Partnership and the MOVOAD to plan for disaster preparedness, response and recovery. They serve on multiple committees and sub-committees of The Partnership and MOVOAD, often as committee co-chairs including:

- Access and Functional Needs Committee
- Children and Youth in Disasters Sub-committee (Co-chair)
- Children in State Custody and Congregate Care Work Group (Co-chair)
- State Mass Care Committee (Co-chair)

Local Children’s Division staff regularly partner, and collaborate with, emergency managers in their community to provide information about the role of the Children’s Division and the population our agency serves. Additionally, Children’s Division staff assist with planning efforts to assess and gain an understanding of how children, families, and operations may be impacted and supported during various types of events.

The Statewide Tornado Drill was held on March 7, 2017, during Severe Weather Awareness Week. The Great Central U.S. “ShakeOut” was held on October 19, 2017. Preparedness information was distributed to Children’s Division staff prior to both events, and multiple Children’s Division offices throughout the state participated in these events.

On March 11, 2017, Children’s Division staff met with members of the State Youth Advisory Board to discuss disaster preparedness. Materials were distributed to youth to help them prepare, and youth provided feedback about what Children’s Division staff or others could do to help them become more prepared. The April 2017 Edition of the quarterly “In Focus” newsletter distributed to Children’s Division staff featured “Emergency Preparedness/Safety.” Resources to support personal preparedness and to assist children and families prepare and respond to a disaster were included in the newsletter. Youth feedback based on the March 2017 meeting with the State Youth Advisory Board was incorporated into the newsletter. Additionally, the Department of Social Services has utilized social media to provide information about disaster preparedness and response.

On April 22, 2017, officials in Ironton, Missouri, held an Emergency Preparedness Fair. Children’s Division staff participated in the Fair and distributed preparedness information to attendees.

In August 2017, Department of Social Services staff, including the Children’s Division, participated in Reception & Care Center graded exercises in Montgomery and Cole Counties.

The Department of Social Services was involved with preparedness efforts related to the August 21, 2017, Solar Eclipse. As a large portion of Missouri was in the path of totality, an influx of visitors to the state and increased traffic were expected. Tips for staying safe during the Solar Eclipse were shared with Children’s Division staff on August 16, 2017.

On October 26, 2017, members of the Children’s Division Emergency Preparedness Team attended the Capacity Building Center for States webinar entitled, “Practices that Protect: Disaster Response for Children, Youth, and Families.”

Training Plan

Please see Attachment I—Statewide Training Plan and Attachment J —Training Plan Matrix for more information.