

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



TITLE IV-B

**2015 – 2019 CHILD AND FAMILY
SERVICES PLAN FINAL
REPORT**

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Title IV-B Child and Family Services Plan

2015 - 2019 Final Report

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Department of Social Services

Children's Division

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Link to 2015-2019 Child and Family Services Plan Final Report found at <http://dss.mo.gov/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 wellbeing of Missouri children. The Children's 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 Children's 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 using 46 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, one individual holds the position of both the Regional Director and the Circuit Manager. 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 the 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 Children’s 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 Children’s 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 Children’s Division continues to collaborate with the courts through a variety of mechanisms. A member of the Children’s 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. Fostering Court Improvement 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. In addition to the above projects, an OSCA representative participates in the planning and development of the Children’s Division’s quarterly In-Focus newsletter, a newsletter developed to guide 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 Children’s Division collaborates regularly. Their input is valued and necessary for the continued improvement of the 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.

While CTF has historically worked (and continues to work) with Missouri’s Children’s Division at the state level through 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 ongoing member of the Parent Advisory Committee state planning team, more intentional collaborative efforts are currently underway. Efforts include work specific to home visiting services, trauma training, safe sleep/child fatality reduction, and parent engagement/leadership.

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. The Children's Division staff provides program referrals, participate in family support teams, and share information as part of their roles with the CBCAP-funded programs. State Fiscal Year 2019 (July 1, 2018 – June 30, 2019) is the fifth and final year for CBCAP Lead Agency site contracts. Through a strategic planning process, CTF has prioritized and will use CBCAP funds to expand and enhance home visiting services.

Background Information

Over the past 19 years, the Missouri CTF has primarily used CBCAP funding to partner with 18 communities to implement a coordinated service delivery/collaborative model 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 as having a severe risk of or reported for child abuse and neglect. Changing human service organizations 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 a differential diagnosis of the family's need/problems, which limits the comprehensiveness and creativity of the treatment plan. While this may help identify 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 an 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 to 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 has consistently participated in the Provider Network, and is aware of assessment data for families served.

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 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 the coordination of services.

In FY19, CTF continued support for two Lead Agency sites: The Alliance of Southwest Missouri/ McDonald County Project CARE and Great Circle/Adair County Project THRIVE.

Data Collection/Evaluation

An important part of this Lead Agency model is the collection of data on outcomes of these services and the 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 (AAPPI), 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.

Home Visiting

While CTF has been able to support several successful Lead Agency sites, a new strategic plan has prioritized home visiting as a child abuse and neglect prevention strategy. CTF currently uses CBCAP funds to support three home visiting programs which include a collective impact initiative in the central west part of the state, including Kansas City. Promise 1000 is a home visiting collaborative that uses centralized intake and evaluation mechanisms to reduce duplication and improve the quality and assessment of services. Also supported with CBCAP funds are a nurse home visiting program (Nurses for Newborns) and a Healthy Families America (HFA) home visiting program (Whole Kids Outreach). CTF uses leveraged funds to support an additional HFA site (Randolph Co Health Center) and a program that provides in-home services to families with children who have disabilities/developmental issues (Capable Kids and Families).

At the state level, CTF's Executive Director is working with the Children's Division and the Department of Health and Senior Services leadership to align home visiting services to reduce duplication and to improve data collection and evaluation.

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 training, participating in Child Advocacy Day, reviewing grant proposal for prevention funding, and participating in national parent advisory councils.

Training

CTF uses CBCAP funding to support training initiatives, including statewide and regional training. 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 organized by modules so 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: To sustain the Parent Café work, CTF and Project LAUNCH have worked with Be Strong Families to develop model trainers in Missouri. Support for Parent Cafe' is included in Missouri's successful Preschool Development Grant (PDG), and both CTF and Children's Division looks forward to supporting the Department of Elementary and Secondary Education's PDG work.

School-Based Service Worker Contracts

After much consideration, the Children's Division terminated the SBSW contract after the 2017-2018 academic years. 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 the true effectiveness of the program concerning 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 have experienced maltreatment and engaged in delinquency and have 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 is 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 the prevalence of crossover youth), interest (commitment from the 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 was 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 was 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 a 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 three 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 the 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 evidence-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 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 or Children's Division custody.
- Provide consistent transition planning for youth exiting and crossing between agencies, including the local Juvenile Office, DYS, and Children's Division.

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, Children's Division, 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 workgroup developed Case Maps identifying the pathways in which this population travels through the Child Welfare and Juvenile Justice systems, giving special attention to decision points, critical transitions, and opportunities for increased collaboration and more effective services. These Case Maps serve as a framework for building narratives of best practice and writing policy to guide the actions of practitioners in the field. Policy and the Implementation Toolkit are scheduled to be completed and introduced in 2019 via agency-specific communication methods and a series of regional training.

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 substantial 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 the 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. The 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 the system-wide implementation of comprehensive policy and practice changes within one to two 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, statewide case reviews, and pilot site focus groups were completed to identify risk factors and missed opportunities to serve Missouri's crossover youth better. 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.
2. 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 continued its work in 2018 to use their recommendations to write policy, and to develop the practice guidance, and implementation toolkit. They developed Case Maps identifying the pathways in which this population travels through the Child Welfare and Juvenile Justice systems, giving special attention to decision points, critical transitions, and opportunities for increased collaboration and more effective service. These Case Maps serve as a framework around which to build narratives of best practice and write policy to guide the actions of practitioners in the field. 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 training. Youth also speak at the Older Youth Program (OYP) training where it is provided to all new employees. The Professional Development and Training Unit receives the State Youth Advisory Board members' contact information every quarter 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 training. 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 the Children's Division 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 Program for Successful Transition to Adulthood (CFCP) 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 the Children's Division 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.

During a conference planning year, a youth may stay on the board until the conference is over. This holds true even if the youth have turned 21; he or she will be allowed to complete the commitment. 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, Censor, and Media Specialist. The Media Specialist position was added in SFY19 however, it has not been officially added to the handbook because it is currently on a trial basis. The Media Specialist is responsible for creating brochures and flyers as needed as well as submitting articles for the OY Newsletter "The Connection" as requested. Officer elections are held annually during the summer. The board also

may consist of three non-voting, Ex-Officio members. An Ex-Officio member must be a current or former foster care youth who served at least a one-year term as a board member or alternate within the last three years. Currently, there are no Ex-Officio members on the board. The handbook was amended in SFY19 to address some issues with this position, specifically term limits and expectations regarding participation. The handbook revision states each year Ex-Officio members must apply and could serve no more than two years.

The handbook was also revised to give the Director appointing privileges upon recommendation from the State Independent Living Coordinator (ILC). Because the ILC is the meeting coordinator, the ILC has more firsthand knowledge about a youth's motivation for continued membership at an older age. There have been two Ex-Officio members, one in SFY17 continuing through SFY18 and another one in SFY18 however, before this, 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.

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 SFY19 to date, the SYAB has had five community members.

In June 2018, two community members came to the SYAB meeting. A Development VISTA (Volunteers in Service to America) Volunteer came to the meeting to discuss the AmeriCorps Program and positions open via the Central Missouri Foster Care and Adoption Association. A Children's Division Fostering Fellowship Special Assistant Professional assisted SYAB youth members in the facilitation of a focus group on best practices regarding LGBTQ youth.

In September 2018, one guest speaker came to the meeting. A Professor from the University of Missouri presented a workshop entitled "Theater of the Oppressed." The theater group has committed to performing at the youth conference in July, and a version of the activities was provided to give members an idea of what it entailed.

In November 2018, Children's Division's Child and Family Services Review (CSFR) Coordinator presented information on the CSFR process and held a focus group with the youth. The interim Director came and presented on the legislative process in preparation of Child Advocacy Day and helped the youth begin formulating talking points.

It is anticipated there will be three to six community members in attendance at the March 2019 meeting, given the amount of work there is to do. The CEO of the Missouri Coalition of Children's Agencies is planning to attend. The Department of Social Services Legislative Liaison has been invited to participate in assisting with preparations for Child Advocacy Day. A Fostering Fellowship Student/Children's Division employee has asked to attend to observe the meeting. A member of the Training Unit, as well as someone from the Center of Excellence in Child Well-Being, will be attending the meeting to make a video on the impact of Psychotropic

Medications on youth. An employee from the Missouri Governor's Council on Disability who works with the Legislative Education Project (LEP) is coming to discuss how to build productive relationships with Legislators.

Two regular adult participants also presented information at the September 2018 and November 2018 meetings and presented again in March 2019. 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 2019. 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 2019.

The Children's Division Director attended all meetings in SFY18. The Interim Director attended one meeting in SFY19, and the Deputy Director attended one meeting in SFY19. The youth enjoy having direct contact with Children's Division leadership, and this is also beneficial to leadership allowing them to hear directly from you on various topics. The youth feel valued and empowered by their attendance and participation.

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, and there is a general connection to the group. Potential guests are discussed with the SYAB officers before the meeting. There were several guests in attendance in SFY19, including a case manager, a Fellowship Student, an MSW student intern, and a Transitional Living Provider.

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 areas.

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 February 6, 2019, there are 33 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 was 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, reinforcement in the contract was thought to be beneficial for a few regions.

The SYAB revised their handbook in SFY19. In addition to the Ex-Officio requirements, changes were made regarding Censor duties, recruitment, member requirements, orientation, interview process, and rules. The handbook will be reviewed and revised as needed in SFY20.

The board uses a creed to assist with conduct at meetings. Potential members must agree via signature to the conditions of the creed before 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 in solidifying expectations of youth leaders on the board and which was modeled after 4-H. The creed is specific, so when an issue arises, it is easily handled. The Code of Conduct was reviewed in SFY19 with minimal revisions which included incorporating stronger language on the misuse of incidentals in the hotel rooms at meetings.

The SYAB met every quarter for SFY19 and will continue to meet quarterly in SFY20.

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 SFY19.

- 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.
- 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 look at the agency as a whole and develop plans for improvement. The voice of youth has been added as a regular feature to the CQI InFocus Newsletter each quarter beginning in 2016. However, input was not needed in SFY19. SYAB will continue to be available as needed for CQI input in SFY20.
- SYAB members participate in ongoing STARS training.

- Youth from the Southwest and Northwest participated in Older Youth Summits. 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 SFY20 and youth will be an integral part of these events.
- As of February 2019, three youth applied for the FosterClub All-Star internship.
- Several 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.
- One youth is on a workgroup to develop a video on psychotropic medications from the youth’s perspective, and several youth participated in the video which was filmed at the March meeting.
- An SYAB youth attended the Independent Living Coordinator’s Meeting in Washington, DC in July 2018 as a youth ambassador.
- A youth is on a workgroup on LGBTQ training, policy, and practice development in SFY19.
- An SYAB youth attended the Chafee and Educational Training Voucher Independent Living Coordinator’s Federal Meeting in Washington, DC from July 18-20, 2018 as a Youth Ambassador.
- SYAB youth participated in a panel discussion on October 25, 2018, hosted by Children’s Division in Jefferson City. The training was part of the agency’s new “Permanency Attorney Initiative” – a program which will assign attorneys in certain regions to advocate on behalf of youth in court.
- SYAB members participated in regional convening’s hosted by the Children’s Division in January 2019 to discuss the Family First Prevention Services Act. The event included an overview of the new law, a discussion of Children’s Division’s vision for implementation and afternoon “café style” sessions for people to discuss their ideas and concerns.
- SYAB youth and other youth will meet with the Associate Commissioner from the Children's Bureau on February 28, 2019, for an open discussion.

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 SFY20.

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 SFY19:

- Members developed talking points and a brochure for Child Advocacy Day.
- Members participated in a focus group on best practices regarding LGBTQ Youth.
- Members participated in a focus group on the CSFR and Performance Improvement Plan.

Input will continue to be provided as needed in SFY20.

In April 2019, SYAB members and youth from regional boards will participate in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB will continue developing talking points to share when they meet with legislators from their areas to talk about issues important to the youth. Youth will participate in a rally at the Capital. An educational workshop on advocacy will be provided. Lunch will be hosted by the State Youth Advisory Board which allows 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. Youth will also have the opportunity to speak in an open forum at the Capital with legislators. Legislators will be invited to a reserved room where youth can discuss topics which are important to them.

Items youth advocated for in SFY19 with success include:

Exploring options before 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 Children's Division custody (SB819 - passed), minors in foster care to contract to open a bank account (SB819 - passed), modifications to provisions relating to adoption and post-adoption contract agreements (SB819-passed), and modifications to mental health screenings so they are done in accordance with the schedule recommended by the American Academy of Pediatrics (SB819-passed).

Talking points have not yet been established for Child Advocacy Day 2019.

Participation in Child Advocacy Day will continue in SFY20.

The Children's Division has invested in the FosterClub All-Star Program to send a youth to leadership training and participation in national leadership events. The FosterClub All-Star program is in Seaside, Oregon during the summer. Youth are provided with an 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 children 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 SFY19-20. Each of these youth has been and is expected to participate in Children's Division workgroups, state agency advisory boards, and various speaking engagements.

The 2015 All-Star was a member and officer of the State Youth Advisory Board and the Youth Empowerment Task Force until June 2018.

The 2016 All-Star was a member of the SYAB from June 2014 to June 2018.

The 2017 All-Star has been a member of the SYAB since March 2014. His term will end in July 2019. He has previously held the office of Chair and Co-Chair of SYAB.

The 2018 All-Star moved to the state of Washington upon completion of the internship to attend Flight School.

It is anticipated that participation in the FosterClub All-Star program will continue in SFY20. Applications are currently being accepted for 2019 All-Star and interviews, and a selection took place in April 2019.

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. FosterClub honors the recipients 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. At the time this report was written, 2019 recipients had not yet been announced. Missouri will continue to nominate youth for this honor in SFY20.

The SYAB will host an Adult and Youth Leadership and Empowerment conference in July 2019. The theme of the conference is "We Were, We Are, We Will Be" The conference will be held over three days in Jefferson City with over 200 youth and adults expected to participate from throughout the state. SYAB has planned the event throughout SFY19. This biannual conference will have workshops and presentations geared toward topics related to transitioning and life skills. The event is typically fun, educational, and allows youth to interact with other youth and

supportive adults throughout the state. There will be six workshops presented designed to empower and educate youth on subjects relating to their independence. The workshop topics include mindfulness, diversity, permanent connections, advocacy, and a life course game. Additional events include Sheltered Reality – “a drum lesson to change the world,” a “Dramatic Health Education Project” on HIV presented by The Coterie Theatre, Theater of the Oppressed presented by the University of Missouri, a resource round robin, a “meet the Directors” session, carnival, and dance.

The SYAB feels it was an excellent opportunity to bring youth and adults together to share what they have in common and to empower them toward leadership and self-advocacy. Youth invited to attend are between the ages of 15 to 20, with some SYAB members being 21.

The remainder of the meetings for SFY19 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 was done on these goals in SFY19, and will continue in SFY20, and the strategic plan will be re-evaluated in 2020. Conference planning began at the March 2018 meeting and will continue throughout the remainder of SFY19.

Success was achieved in two long-term issues in SFY19 which include operating local boards in each region and attendance at meetings.

Apart from SYAB having this as part of the strategic plan, strengthening of local boards continues to be a goal of the ILC. The ILC has Older Youth Transition Specialists (OYTS) attend locally if they are able to, 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 report what the local youth advisory board is doing. In this informal report, many share information about community projects their local boards have completed. Improvement was made in this area in SFY19; although some boards are small, all regions have a board and are

meeting regularly although some are small. Information regarding LYAB's has been included in the inaugural issue of the OY Newsletter "The Connection" and will be a topic in future newsletters.

There have been very successful efforts in SFY19 to prevent turnover on the SYAB. In the last year, there have been several meetings with only one or two excused absences, and youth in SFY19 have not been dismissed due to lack of participation. The attendance rate is the highest it has been in over 11 years. The Independent Living Coordinator (ILC) communicates regularly 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 before 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. In SFY19, the ILC deleted the SYAB's group Facebook page. Instead, the ILC and SYAB communicate between meetings via email and the use of an app called "GroupMe." The Chair of the SYAB is responsible for adding and deleting members. The Chair of SYAB has also been excellent at communicating with members between meetings. It is also thought that consistency in Chafee providers who understand the importance of the commitment and using a local board to nominate youth to the state board have contributed to the success.

Commitment to the SYAB, although members have busy and sometimes unpredictable lives, is vital to the success of the board. There is one youth who has been a member since March 2014. This youth has held two officer positions. More than 19 members have over a year membership including three officers who have been members since June 2016, September 2016 and June 2017. In June 2018, four members left the board with two having four plus years as members and two having three plus years of membership. The Chair was a member from June 2014 to March 2016 and rejoined in September 2018 as he wanted to finish his time making a difference on the SYAB, particularly being involved with the conference planning. Members with a longstanding history share knowledge about the importance of the board with new members, and are vital to the success of the board because of their 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, along with Child Advocacy Day. It is anticipated that there will be many youth interested in SYAB in September 2019. As membership is not open in the meetings right before a conference, this allows more youth to join after a conference.

In past years there have been siblings on the board but there are currently none. However, there are some youth who have resided together in homes over the years. The need for connections with siblings in the child welfare system is a topic which is often discussed by the board.

Although Missouri has no officially recognized tribes, efforts are made to include Native American youth in SYAB and associated activities. In March 2016, a Native American youth joined the SYAB and is still on the board, and another Native American youth joined in September 2018. The Children's Division will continue efforts to include Native American youth participation in leadership activities in SFY20 as well as incorporating diversity from 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. A survey for youth, providers and resource parents is being developed to assess where Children's Division is at with the implementation of normalcy, and the SYAB will be providing input on the surveys once they are at a sharable point. Continued focus on how this important legislation is becoming part of everyday practice from the youth perspective will continue in SFY20 to improve the work on normalcy for youth in foster care. The information has been included in SFY19 in the OY Newsletter "The Connection." Information is also shared at SYAB meetings about what youth are experiencing. Various formats are used including guest speakers and focus groups. This is beneficial to the Children's Division as another means for learning about the direct impacts this legislation has on youth.

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 SFY20.

The Children's Division is always looking for ways to improve practice with older youth. The youth voice is powerful, and when possible and feasible, the Children's Division acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY20.

Missouri State Foster Care and Adoption 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 which communicates 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 a 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 CY2018 include:

- Revision to the Safe Sleep agreement form, CD-117
- Changes to the line item documentation of the maintenance payment
- Informed Consent

- Exclusionary Crimes for licensure

Task Force on Children’s Justice (CJA)

The Missouri Task Force on Children’s Justice (CJA) was established by the Children’s Division, in conjunction with federal legislation, to improve the investigation, prosecution, and judicial handling of child abuse and neglect cases, and to reduce trauma to child victims of abuse. 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.

In an effort to identify any service gaps or specific issues Task Force funding may be helpful in addressing, the Children’s Division decided to engage the various professionals who interact with the child welfare system statewide as well as concerned Missouri citizens. A survey was developed and sent to various multi-disciplinary team members statewide. The intent was to use the results to inform the Task Force about the investigation, prosecution, and treatment of child abuse in Missouri. Information provided in this survey remains confidential. The results from this survey will be used to develop recommendations for systems improvement.

The Task Force supported a Missouri Children’s Justice Act sponsored conference in June 2018. 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 included counselors, therapists, law enforcement, Children’s Division, schools, etc. The Conference was called “Show Me a Helping Hand” and was held at Lincoln University in Jefferson City, Missouri, on June 21 and 22, 2018. The conference was free to all attendees. Two nationally renowned speakers, Mic Hunter, and David Lisak spoke on the topic of male sexual abuse. Also speaking at the conference was CJA Task Force member Kelly Schultz, who presented “Stewards of Children,” a comprehensive training on the prevention of child sexual abuse. CJA Task Force Member Greg Holtmeyer presented “Know Your Why.” The conference drew around 200 attendees, and the Task Force was very proud of the attendance given this was the first endeavor at hosting their own conference. Given the success, the Task Force decided to host another conference regarding male sexual abuse in 2019. Plans are underway, and the date set for the conference is June 27 and 28, 2019, at Lincoln University in Jefferson City, Missouri.

The Task Force has been focused on improving the investigation and prosecution of child abuse and neglect and reducing trauma to children. The Task Force has also been making efforts to

connect its work to other child welfare program areas and objectives. At the August 2018 meeting of the Task Force, special guest, Emerson “Skip” McGuire of the State Technical Assistance Team (STAT) gave a presentation on the history of the STAT Unit, current initiatives, and future endeavors. STAT has staff based in several areas of the State to assist law enforcement as needed. STAT has an employee who is revitalizing the local Child Fatality Review Panels (CFRP) across the state. There was consensus that the panel members need training about information that must be documented when child fatalities occur, as well as an improved understanding of the definition of “preventable” deaths. There was also a great deal of discussion regarding the elected office of coroner. There does not appear to be qualifications for this position, and there are coroners with no medical training or training in the area of death investigations. In regard to safe sleep deaths, there was a concern that some coroners do not like telling parents their child’s death was preventable, thus ultimately pronouncing the child’s death as resulting from “SIDS.” There are times when an infant’s death may have resulted from a crime, but there was no investigation on the scene. STAT also has an employee based in the St. Louis area who is working on initiatives related to safe sleep.

Suneal Menzies with the Assisted Recovery Centers of America Midwest provided the Task Force with a discussion and presentation in regard to the Opioid Epidemic in the US and specifically in Missouri. St. Louis has the sixth highest overdose rate of US cities which is driven by heroin and fentanyl. The most deadly of the fentanyl analogues is carfentanyl, an elephant tranquilizer 5,000 times stronger than heroin. An amount smaller than a few grains of salt can be a lethal dose. The Opioid Epidemic is a crisis in Missouri, and this is a topic the Task Force will be following closely as it relates to child abuse investigations.

Children’s Division Legal Aspects Trainer, Albert Grieve, gave an overview of Legal Aspects training that all Children’s Division staff receive. This two and one-half day training provides participants with the basics of federal constitutional law involving the rights of parents, children, perpetrators, and the state, and how these rights impact (1) the Child Abuse and Neglect hotline investigative process, (2) placing a person's name on the Central Registry and (3) in making recommendation for the removal of children from the home. This training also includes the statutory definitions of abuse and neglect and the preponderance of evidence (POE) standard necessary to substantiate a hotline investigation. The legal training portion concludes with a section on evidence and making presentations to the Child Abuse and Neglect Review Board from a legal perspective. The Critical Thinking portion of the training is specifically tailored to help investigators and supervisors at key decision-making points in the investigative process including: the gathering information, evaluating evidence and deciding whether or not to substantiate preponderance of the evidence. All levels of staff take this training, and some repeat it every few years.

In addition to meeting quarterly, the Task Force has subcommittees, which 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 an 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 has 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. MCADSV is also participating in the Children's Division Family First Implementation committee.

Full Frame Initiative

In FY19, Full Frame Initiative (FFI) focused its work with Children’s Division on deepening understanding and building capacity.

In October of 2018, FFI conducted a train-the-trainer for all certified Five Domains of Wellbeing (5DW) trainers to introduce the updated introduction curriculum. The newly revised introduction training is entitled “A Wellbeing Orientation: 5DW.” Prior to delivering the updated curriculum, certified Five Domains of Wellbeing trainers took part in a comprehensive recertification process consisting of observation, feedback, and coaching. The “introduction” training continues to be delivered to all new Children’s Division employees during their Child Welfare Practice Training. The incorporation of trauma-informed practice and Signs of Safety concepts and language into the updated Five Domains of Wellbeing curriculum supports ongoing efforts to realize the fulfillment of the Children’s Division’s ultimate goal of the “Missouri Practice Model” informing the division’s work with children and families.

In 2018, FFI’s collaboration with the Children’s Division continued with the facilitated peer learning labs for select five domains of wellbeing certified trainers – “Five Domains of Wellbeing Active Coaches.” The “active coaches” were encouraged to engage in coaching and development of other five domains of wellbeing certified trainers in their local regions. For example, following a statewide “active coach” session the “5DW active coaches” for the Southwest Region returned to their region and offered the regional certified 5DW trainers a learning lab based on the discussion and coaching they received from the statewide group. Based on the model the Southwest Region created, other regions continue to be encouraged to offer similar experiences for the certified trainers in their regions. Based on the growth and development observed in the “active coaches” by FFI and by the Children’s Division Leadership and Professional Development team during the “recertification” process the decision was made to include all certified 5DW trainers in the “active coach” group. All 5DW certified trainers will be invited to participate in the quarterly ongoing development sessions in FY2020, which will likely be re-branded to a 5DW Learning Community and will continue to use the original cohort of “active coaches” to support this learning community.

In March of 2019, a select group of certified 5DW trainers was identified to join in “master trainer” development. In April of 2019, as part of the “master trainer” certification process through FFI, two “master trainers” led a train-the-trainer session for multiple trainers and staff from Children’s Division and Foster Care Case Management (FCCM) partners. This expanded the growing pool of trainers and 5DW continues to be shared with other staff and community stakeholders through the Children’s Division being authorized to offer “train-the-trainer” for “A Wellbeing Orientation: 5DW” as needed, when needed.

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 14th 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 Children's

Division 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 met 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 Children's Division 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. In 2018, several FCCM QA staff participated as co-reviewers in the case review process. Results of the case review and process were reviewed at a joint Children's Division/FCCM QA/QI meeting in December 2018.

Since 2015 the FCCM providers have partnered with Children's Division to implement the new Missouri Practice Model. This includes being trauma-informed, recognizing the signs 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 Missouri Practice Model. In 2018 the FCCM providers sent representatives to be trained on the Trauma Toolkit which gave them the capability to train their staff to be trauma-informed directly. In April 2019 FCCM providers will have representatives complete the train the trainer training for the 5DW. Upon completion of this training, the FCCM providers will have the capability to provide this training directly to their staff as well.

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 Aaron Martin, Associate Circuit Judge, 26th Judicial Circuit
- Honorable Anne-Marie Clarke, Family Court Commissioner, 22nd Judicial Circuit (retired 3/29/19)
- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- Ms. Cindy Garrett, Deputy Court Administrator, 13th Judicial Circuit
- Ms. Abigail Sapp, Deputy Director of Legal Services, 23rd Circuit
- Mr. Patrick Pruitt, Director of Kansas City Indian Center
- Ms. Leanne Reese, Executive Director, Missouri CASA
- Ms. Erin Strong, Foster Parent
- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services
- Ms. Christy Collins, 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
- Mr. Albert Grieve, Legal Aspects Trainer, Children's Division, Missouri Department of Social Services

Fostering Court Improvement Project

One initiative of the Juvenile Court Improvement Project is the Fostering Court Improvement (FCI) project. This is a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training 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 Children's Division Quality Assurance (QA) staff assist circuit court staff in identifying trends and developing 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. The 20th Circuit (Gasconade, Franklin, and Osage Counties) was the most recent to join. 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, Children's Division staff, and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly to quarterly basis. The Office of State Courts Administrator and the Children's Division provide technical assistance to the project sites to assist them with 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 serve children better. 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 foster care (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 five months. An older youth summit was held in March of 2018 in one circuit.

One circuit hosts annual summits for older youth, while another has regular guest speakers talk about different programs available to the families that they serve. These include topics such as parenting programs, crisis nursery, and free counseling services. Several circuits have school personnel attend monthly meetings, while others host quarterly discussions with local law enforcement.

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 training, sibling visitation initiatives, local court training, and crossover youth training. 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 many circuits. Staff are currently evaluating the best way to support an expansion statewide. 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.

Child Welfare Joint Project

The CIP partners with the Children’s Division for many projects throughout the year. A newly formed partnership effort has been created to assist local courts in the challenging work related to child abuse and neglect. In the fall of 2018, the group hosted interactive regional workshops in five areas across Missouri. All juvenile court judges and commissioners were invited to attend, along with chief juvenile officers and circuit managers and a guardian ad litem and parent attorney from each circuit. The circuit teams reviewed local data and outcomes, clearly defined the various roles and responsibilities in the child welfare process and were provided guidance in addressing the challenges specific to each locality. Engaging the judicial leaders will also be a topic of regional workshops in 2019, at which time the number of invitees will be doubled to include more legal partners. For more information about this initiative, please see the Program Improvement Plan update in the 2020-2024 Child and Family Services Plan.

Adoption Resource Centers

Missouri adoptive parents have had the benefit of having 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, and the Northwest and Southeast regions. 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 served the eastern, western, central and southwest portions of Missouri and were awarded funding in the SFY19 budget totaling \$1,642,151.

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 19 budget of \$300,000 each.

There are common goals for concise reporting of outcomes to the Missouri legislature regarding the efficacy of the programs in which the ARCs developed. Outcome measurements in the quarterly reporting form capture 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 FY18 there were 12,687 families served, 25,497 children served and 148 adoptions disruptions avoided.

In addition to post-adoption supports being provided by the Adoption Resource Centers, the St. Louis, Kansas City, Central Missouri, and Springfield centers were awarded funding in the SFY19 budget totaling \$1,555,349 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, who 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. Eighty-nine children were served by the ER program in FY18.

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 Children's Division. During CY18, STAT opened 186 investigative cases. Of the 186 cases, 38% (72) were sexual abuse, 45% (84) were exploitation or child sex offenses worked in the high tech unit, 2% (5) were child fatality, 12% (24) were physical abuse and neglect related, and three 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 2018, there were an additional ten cases of sexual abuse, which resulted in high technology forensic examinations. Seventy individuals were arrested and charged with more than 135 felonies as a result of the STAT investigating contact and child 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 2017 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 CY18. 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 Children's Division 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 FY18, 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, 2018, through February 28, 2019, with

a renewal to go into effect March 1, 2019, through February 29, 2020. The funding amount is a firm, fixed price of \$25,000.00 for services provided pursuant to the contract.

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

For 25 years, Missouri has a unique network of collaborative organizations which focus on child and family wellbeing. These twenty Community Partnerships are all non-profit organizations governed by local, broad-based 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 primarily focusing on six core result areas: Parents Working, Children Safe, Children Ready to Enter School, Children & Families Healthy, Children & Youth Succeeding in School and Youth Ready to Enter the Work Force

Because every community is unique the manner in which the Children's Division 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 Children's Division utilizes these partnerships varies by community. When needs are identified, local staff approach the community partnership and collaborate to develop 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 ten 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 over 300,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged \$8.50 for every \$1 of state funding provided them in FY18. They continue to be a good return on investment, and together, they serve 500,000 individuals annually.

The main focus of 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 of this report contains the latest brochure, which includes information about the kinds of services and initiatives the Community Partnerships provide. 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. 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.

For 15 years, Missouri KidsFirst has been dedicated to protecting Missouri's children from abuse. Their mission is to empower adults to protect children. The mission points to some of Missouri KidsFirst's core beliefs. Namely—only adults can protect children, and it is every adult's responsibility to do so. This means that if children are to be safe, adults must have the knowledge, skills, and understanding required to act on behalf of children who are abused. Missouri KidsFirst's work falls into roughly three broad categories: education, advocacy, and prevention.

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 (CACs) 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.

While the work of Missouri KidsFirst extends beyond CACs, their core activities remain dedicated to members' needs and their success in serving children victimized by abusers. Training provided to CACs and their multidisciplinary team (MDT) members include:

- **ChildFirst® Missouri**-Missouri KidsFirst trains forensic interviewers and members of multi-disciplinary teams to conduct a child abuse case in a child-friendly manner. This training improves the effectiveness of all facets of child abuse cases from disclosure to prosecution to healing.
- **Victim Advocate Training**-This program teaches advocates effective techniques for serving victimized children and non-offending caregivers.
- **Multidisciplinary Team Facilitator Training**- This program teaches MDT leaders how to get the most out of their teams by reflecting on the diversity of cognitive styles, learning effective feedback techniques, and providing conflict resolution training. Creating and maintaining excellent MDTs greatly benefits children victimized by abuse.

Missouri KidsFirst manages the SAFE-CARE (Sexual Assault Forensic Examination-Child Abuse Resource and Education) network. SAFE-CARE is Missouri's medical response to child abuse. Missouri KidsFirst handles the SAFE-CARE network's logistics, facilitates monthly case reviews and provider update sessions, and gathers SAFE-CARE data. Missouri KidsFirst also recruits new SAFE-CARE providers and works with child abuse pediatricians to develop training to ensure that current providers maintain the standards of the SAFE-CARE network as established by the SAFE-CARE Advisory Council. Missouri KidsFirst and the SAFE-CARE network provides in-person and web-based training about medical forensics for Children's Division staff.

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.

Supervision Advisory Committee

The Supervision Advisory Committee (SAC) consists of 15 supervisors representing all regions of the Missouri Children's Division and central office units. The Charter was revised in 2018 to expand membership to add two supervisors from the Child Abuse and Neglect Hotline Unit and one supervisor from the Out-of-Home Investigation Unit. 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 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 benchmarks include creating on the job training for supervisors, addressing needs for mentoring and shadowing veteran supervisors, addressing continued education and advanced training in areas, creating a supervisor toolbox for all supervisors and developing a 2019 practice model showcase conference for all supervisors.

Strategic Goal 2: Recruitment and Retention

This goal focuses on increasing the recruitment and retention of agency employees. The benchmarks include creating designing and proposing a career ladder for supervisors, establishing an on-call system for AC workers, and reviewing retention practices and informing all circuits for the purpose of improving staff retention.

Strategic Goal 3: Practice Enhancement

This goal focuses on improving the performance of frontline staff and supervisors in order to serve families better. The benchmarks include instituting a supervisor web ex so that supervisors can share promising practices with supervisors across the state, soliciting input from supervisors on various topics and advocating for VDI and Ipads to be utilized consistently.

Supervisors are currently working alongside the professional development unit to plan the 2019 supervisor conference. The committee is also working alongside policy and practice staff to host their first supervisor webinar on safety planning.

In addition to strategic plan goals, SAC has provided recommendations and feedback to leadership to enhance numerous initiatives across the State, including recruitment and retention, policy manual revisions, case planning, and regional accreditation strategies.

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 the 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 the needs of the youth who attend the school and connect them with local resources. 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 school children. The thought is that 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 higher education, and being successful. The group meets monthly over lunch. In attendance at the meeting includes the principal, school counselor, numerous faith-based community partners, Juvenile Officer, Children's Division, and 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 self-standing parent support and advocacy groups.
- Several Circuits have begun working with the CarePortal, including Circuits 5, 6, 7, 12, 13, 19, 20 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.
- Several Circuits are collaborating with their churches to ensure that needs for families and children are met through volunteers from churches.
- Circuit 41 has a supply closet for families and children in Alternative Care, which is supplied by a local church. Staff is 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, which is a collaboration with Foster Adopt Connect in several Northwest Circuits.

Angels Wings serves several Northeast 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 three 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 and Sugar Creek police departments. There is a Children's Division specialist co-located within the Social Work Department at Children's Mercy Hospital. 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 six 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. The Care Portal is an online request system which 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. 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 workforce team meetings and adoption recruitment/ family funfest activities. Each spring, there is coordination by a local church for a 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 meetings with the Lebanon School District and Eldon 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. The Camden County Child Advocacy Council runs a thrift store in Camdenton and provides the local Children's Division office with funding such as gas cards, lice

treatment supplies and other necessities for families. The Circuit Manager and local DLS attorney meets with the Chief Juvenile Officer periodically to discuss concerns and new ideas for the Circuit. The Children's Division has again collaborated with the Juvenile Office and Kid's Harbor (local CAC) to provide information to all of the churches in the Circuit. The Juvenile Office provided funding to have pamphlets made, and currently, staff is in the process of delivering them to the churches. Churches have agreed to hand these out one Sunday in April since it is Child Abuse Awareness month.

- 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 Children's Division 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 Children's Division, the Juvenile Office, and GALs to review the Children's Division's court reports and discuss if further information will be needed for the Juvenile Court Hearing. The 27th Circuit Children's Division and Juvenile Office 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 the needs that may go unmet and also to 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, the Children's Division 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 has groups and individual meetings, also, within Door of Hope. There is 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 Children's Division staff member who meets with Door of Hope to ensure 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 is a Bates County foster parent and 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.
- 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, Children's Division, schools, County Commissioners, 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. The Greenfield Area Ministerial Alliance and Vernon County 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 engaged in services with Children's Division and promotes 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 Children's Division staff. The 28th Circuit has also gained support from the Lamar Elks Lodge & Lamar Girls Scouts in an effort to make Children's Division children feel special on their birthday through a program called "Birthday Celebrations." Children's Division also collaborates monthly on the Vernon County domestic violence task force.

- 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 Children’s Division 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 the Children’s Division 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, Missouri, led by the Dallas County Health Department. The group consists of people from local resource agencies, for example, the schools, DMH, Health Department, medical facilities, Children’s Division, Bikers Against Child Abuse (BACA), LE, etc. sharing input on what their agencies are doing/involved in and making sure all community partners are aware.
- Webster County: the Children’s Division Supervisor sits on the Advisory Board for ZuZus house, which is a collaboration to open a transitional living home for high school youth, not in foster care. The supervisor 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. A Webster County Children’s Division representative also participates in drug court twice a month.
- Hickory/Benton Counties: Work with the Salvation Army, which provides Children’s Division 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 by educating youth on its dangers. Community Faith-Based Initiative involves numerous church organizations, Children’s Division, 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 Children's Division staff. They have obtained necessary supplies to meet the needs of children of all ages coming into care. Community Rally: Once a year community members, churches, organizations, and business' come together to provide a wonderful Christmas party for the children in foster care. They provide gifts for all adopted and foster children, a meal for all children and family as well as games and fun.

- Polk County: Children's Division 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 Children's Division 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. Children's Division 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 has been meeting regularly since 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 these priorities with 19 tasks:
 - Priority # 1: Prevent Child Abuse and Neglect through strengthening families
 - 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
 - Priority # 3: All suspected child abuse and neglect will be reported to the Missouri Child Abuse and Neglect Hotline
 - 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 the community
 - 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 31st Circuit also has a Greene County Advisory Council which meets quarterly to discuss updates within Children's Division with the community to request their input. The Advisory Council is made up of members from court, the crisis nursery, community

partners, foster parents, CASA, public schools, local universities, faith-based organizations, and our child advocacy center.

Greene County Children's Division also has representation on the following workgroups/ advisory groups/boards: Community Partnership of the Ozarks, Child Advocacy Center, Missouri State University School of Social Work, Ambassadors for Children, Regional Partnership Grant, Isabel's House, The Northwest Project, The Interagency Support Team for Mental Health First Aid, Stand Against Trafficking, Sexual Assault Response Team, Multi-Disciplinary Team Staffing, Greene County Child Fatality Review, and The Family Justice Center.

There are regular meetings with the court, such as Fostering Court Improvement, Judicial Engagement Team, and bi-monthly meetings with the Juvenile Judge.

- The 38th Circuit has collaborated with Cherish Kids for numerous years to support foster families, foster children, the Children's Division 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 children in their home. It has been a coordinated effort between the Children's Division and Cherish Kids for numerous years, creating a strong working relationship. The 38th Circuit also has a CSW III attends a community-based meeting with the Ozark School District to discuss difficult children and locating services outside of the school's scope of service.
- The 39th Circuit currently engages with the Angels for Children to partner with and support families. Angels for Children 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 the area that have a hand in child welfare. These include the Children's Division, the CAC, schools, local DMH providers, Juvenile Officers, 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 engages with the Friends of Newton/McDonald Counties to increase the health and wellbeing of children and families. Friends of Newton/McDonald Counties provide 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. The group has 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, Missouri 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 camp).

- The 40th Circuit also partners with local community groups; the organization 417 provides winter coats for all children in foster care in the circuit, and Bundles of Hope provides backpacks (filled with a blanket, pajama's, stuffed toy, toothbrush, toothpaste, and soap) for all children when they enter foster care. A recent partnership with the Faith-Based Community has expanded resources to children, families, and resource parents. Cherished Kids has adopted an area in the office to create a trauma-informed/safe zone for children when they are visiting the office. Cross Church assisted with providing gift baskets for the youth who attended the Older Youth Summit 2019. Fostering Hope assists graduating students with their senior portraits and invites the Resource and Adoptive parents in the 40th Circuit to attend quarterly craft and coffee nights. Fostering Hope also helped with providing gifts at Christmastime for children who were case managed by the contractors. The 40th Circuit and PCHAS have partnered to sponsor community collaboration meetings with local schools, DMH providers, service providers, Juvenile Office, DYS, and medical personnel to discuss ways the community can partner with Child Welfare Agencies to safely transition children out of Congregate Care and into a community setting. These meetings are held quarterly.
- The 44th Circuit is a part of Wright County Resource Team that consists of local social workers who meet monthly to discuss local resources and activities 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 to address the needs of the community. They have assisted with collecting donations and collaborate to provide a yearly Christmas Party for our foster parents and foster youth and provide essentials such as pajamas, shoes, etc. In 2018, expansion of this collaboration was introduced into each of the three counties and the faith-based community is working closely with the Children's Division to meet the needs of youth and families in the area.
- 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 collaborates with Cherish Kids to support foster families, foster children, the Children's Division staff and families in the community. 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 also collaborates with the Taney County Child Welfare Board to provide assistance primarily to children in the foster care system. Children's Division staff attends monthly meetings with the Board to have conversations regarding the current needs. The Board provides items needed by children in foster care 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 Children's Division at least once per year.
- The 46th Circuit recently began collaborating with CarePortal. A small network of churches has joined the CarePortal system and is currently taking requests for physical items. Staff is able to make a referral for a family, and local churches provide and deliver the items. CarePortal representatives have been invited to meetings with the Children's Division to share information and gain an understanding of the needs in the area. Children's Division staff was 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:
 - Contractor for the Chafee Independent Living program in the 25th Judicial Circuit
 - 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 a 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 Children’s Division workers and their clients to various resources in our community to meet their needs
 - Assists with foster parent training 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
 - Sponsors foster parent events such as the annual Christmas party and spring appreciation picnic
 - Delivers lunches or treats periodically to caseworkers 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 an MOU with Fort Leonard Wood to conduct investigations and assessments on base. In this, the Children’s Division 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 of having 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 training; 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 has members for the 25th Circuit 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 Children’s Division staff members who attend quarterly case manager meetings. A variety of issues are discussed at each meeting that affects case managers and clients in the area. Staff also attends 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 the 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

- 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 Children's Division 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) in providing support and enabling 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 is also an FCI site and is 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.

- The 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, the 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, the experts 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 the Children's Division 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 the Children's Division works.

Children's Division also works cooperatively with the Family Counseling Center to provide Systems of Care services. A team of community service providers meets 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 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 training, respite care services, and clothing.

- In the 35th Circuit, meetings are held quarterly in Dunklin County with all area school superintendents, the Juvenile Office, the juvenile judge, and the Children's Division 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- semi-annually, collaboration allows agencies to come together to share resources and spark ideas for kids in the area), SEMO College (there are two 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). 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 artwork for visitation rooms for family visits. The Children's Division Circuit Manager keeps Judges, Juvenile Offices, GAL and Juvenile Office attorneys advised of major changes or updates. One-on-one meetings are also held to discuss changes and develop local protocols if needed to ensure a holistic approach. Signs of Safety Implementation meetings have been held in

each county to work through the changes Signs of Safety brings to practice and to keep them updated and well informed. An annual meeting with Lighthouse Church was held to discuss new services and areas of concern. Dexmo Diagnostics presented at a staff meeting to talk with staff about their services and to answer questions. A meeting was recently held with Contract Management staff in Central Office. The representative met with multiple community partners to discuss contract questions, updates, and address areas of concern. A meeting with the new Dunklin County Prosecutor was recently held with Chief Deputy DJO in Dunklin County and STAT team representative. Contacts have been made with the local newspaper and online newspaper to help assist with recruitment efforts (all staffed by state office contacts).

- The 37th Circuit has a strong working partnership with the Oregon County faith-based group. The group arranges for 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.
- The 34th Circuit - In New Madrid County, a monthly System of Care meeting of community partners meets in the Children's Division offices to staff children or families who are referred by various sources. Participants include the 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, the Children's Division collaborates with the Salvation Army in the Bell Ringing in both counties. In 2018, bell ringing occurred at Hayes Grocery in Hayti as well as Walmart in Sikeston. In turn, the Salvation Army assists the Children's Division with requests for funds for families throughout the year. Salvation Army also assists Children's Division with our annual foster care Christmas party.

Support is also present from the Faith-based Community. Churches in Pemiscot County have assisted with an annual donation of Easter baskets for foster care youth, and another church donated whiteboards 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.

The Children's Division 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 the 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 the Children's Division staff who make referrals to various programs as needed. The Family Resource Center is an invaluable resource for the Children's Division 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 the Children's Division and LE and to track court cases resulting from the Children's Division 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.

A new initiative in Pemiscot County is the Jurist in Residence program. The Juvenile Court Judge presides over the meetings during which multiple community agencies come together to work towards the goal of reducing the number of children who enter foster care in Pemiscot County. This new initiative has brought new resources to the table and has resulted in stronger collaborations between the Division and community partners as well as efforts to begin a CASA program for youth in care. A sub-committee has been formed to work towards the goal of increasing the number of licensed foster homes as well.

One of the churches in Pemiscot County is in the planning stages of developing a support program for youth in foster care. This program is a direct result of the Jurist in Residence meetings described above. The group is called ReachUp Outreach Ministry and will be for children age six to 17. They planned a community event for youth in foster care, which occurred on May 11, 2019.

- 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 training/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. The Washington County Community Partnership provided Christmas presents for all children in foster care placed in a relative/kinship home.

St. Francois County has a Systems of Care program. This is a collaboration with the Department of Mental Health, Local School Social Workers and Counselors, Farmington Children's Home, DYS, and the Children's Division. The group meets monthly with families who have children with severe mental health needs. Team members can refer families for the service. If the family is selected, the team will meet with the family to discuss what services need to be provided and get these services arranged. The team follows the case to monitor progress.

There are several churches in Madison County, Ste. Genevieve County, St. Francois County and Washington County who support the Children's Division families in many ways such as donating food, money, clothing, and other household items that are needed. The New Heights Church in Farmington, Missouri, meets monthly at Rocky Creek Residential Facility as a visiting resource to kids in foster care. Several of the local churches donate their recreational center to the Children's Division for the annual foster care Christmas party and for the annual relative/kinship Christmas party for kids in foster care.

Madison County, St. Genevieve County, St. Francois County and Washington Counties participate in Multi-Disciplinary Team Meeting during which the Child Advocacy Center, law enforcement jurisdictions, and Prosecuting Attorney's offices review all referrals to the CAC for outcome data from the Children's Division and LE and track court cases resulting from the Children's Division involvement.

St. Francois County now has a Family Treatment Court Program, which serves the families of St. Francois County whose children are in foster care and qualify for this program. The Family Treatment Court steering committee meets monthly. The steering community members consist of the Family Treatment Court Judge, GAL, Juvenile

Office, Southeast Missouri Behavioral Health, BJC, Children's Division, Faith-Based Liaisons, School Resource Officers, and the St. Francois County Health Department.

St. Francois County has Parkland Foster Closet, which provides free clothing, furniture, and any other items that they have available to foster families in the 24th Circuit.

St. Francois County and Washington County have monthly Opioid Consortium Meetings. Children's Division along with several other outside agencies and organizations attend these meetings.

- The 42nd Circuit has two Systems of Care Meetings quarterly. One is in Iron County with Pathways, and the other is in Wayne County with the Family Counseling Center. These meetings were initiated by the Children's Division in the fall of 2018. These meetings are to coordinate services and care for families in need in the community.

The circuit has quarterly Multi-Disciplinary meetings in Crawford, Dent, Iron, Reynolds, and Wayne counties. These are led by the CAC and involve LE, Children's Division, and the local prosecutor. During these meetings, discussions include how practices can be improved to better complete investigations and keep children safe.

The Fostering Court Improvement team also meets quarterly to address any issues with the court and to review data. The judge, Juvenile Office, Children's Division, OSCA, and CASA are involved in these meetings. Topics of discussion include Signs of Safety as well as the needs of the agencies involved.

St Louis Region:

- The St. Louis Child Abuse and Neglect Network (STLCANN) was established in June 2017 as a result of the merge of the St. Louis Family & Community Partnership and the St. Louis Area Council on Child Abuse and Neglect. Both organizations share a commitment to quality treatment for children and families who are affected by abuse/neglect and strengthening families to prevent abuse/neglect. The two organizations have partnered on projects and events in recent years. The network works to support families, prevent child abuse and neglect, and help ensure children have permanent relationships which 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.
- 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 through 12 years of age in foster care. Services include entry to care health exam, comprehensive health assessment, standardized developmental screening, a clinical 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 the 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 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 is referred to the COACH Clinic to receive their initial 30-day comprehensive exam mandated by the State of Missouri. Following this appointment, youth will also be given an opportunity to participate in a voluntary health education program focusing 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.
- Youth Emergency Room Enhancement (ERE) began as an initiative on behalf of the Eastern Region’s Community Mental Health Centers (CMHC) and collaborating behavioral health service providing partners – hospitals, substance use providers, advocates, law enforcement, etc. The project is funded by the Missouri Department of Mental Health (DMH), whose leadership seeks to implement similar initiatives across

Missouri in the future. The primary goal is to improve access to community care, reduce preventable hospital contacts/readmissions across the regions, and improve youth's quality of life. Youth ERE-eligible clients have significant behavioral health needs (serious emotional disorder [SED] or substance use disorder), are age 6-17 (over 18 if still in high school), residents or presenting as homeless in the targeted region not engaged in community behavioral health care and who are unlikely to easily engage in traditional services, (not active with a CMHC), and referred from participating hospitals or Community Mental Health Liaisons in partnership with police Crisis Intervention Teams. The Youth ERE project facilitates an integrated 24/7 region-wide approach. The youth engaged in ERE will typically be experiencing escalating behavior(s) that, without immediate intervention, may require a higher intensity and duration of services. It is anticipated many may be engaged in the foster care system, with unstable housing arrangements (and be potentially homeless).

- Youth Violence Prevention Program is a cross-sector group with representatives from across the region that will support and implement the coordination of violence prevention strategies in the St. Louis Region. This committee is responsible for advising and implementing the Safe and Thriving Grant efforts of the City of St. Louis Health Department to develop a youth informed five years Strategic Plan for gun and gang violence abatement. The group demonstrates a commitment to violence prevention solutions that address racial inequity and systemic/structural racism valuing all cultures and recognizing strengths, needs, and aspirations without judgment. The group uses a data-driven process focused on transparency, community feedback, and actionable data and evolving priorities that will result in measurable improvements/outcomes. They foster a culture of equity that respects and values the contributions of every individual to create a safe community. The group strives to achieve systemic change and policy solutions locally, and within a regionally shared plan to reduce and prevent violence there is regional collaboration regarding resources, specifically, coordinate existing resources, and develop new resources to achieve a shared vision. In collaboration with the St. Louis Area Violence Prevention Commission this group works to reduce violent crime in the region by promoting and advocating a coordinated, well-resourced support system and interventions among area governments, institutions and agencies that serve individuals and families most at risk of violent crime. There is focus on a reduction in gun-related crimes, gun shootings, and gun-related deaths throughout the St. Louis Region specifically focusing on high-risk youth.
- The Juvenile Detention Alternative Initiative (JDAI) is a public safety partnership focusing on reducing the unnecessary and harmful use of secure detention for low-risk juveniles. The mission is to establish a more effective and efficient detention system. JDAI sites recognize the value of high facility standards in protecting the health, safety, and civil rights of detained youth. JDAI emphasizes the importance of maintaining safe and humane conditions of confinement in juvenile detention facilities.

- Systems Of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges. This system of care is organized into a coordinated network builds meaningful partnerships with families and youth, and addresses their cultural and personal needs. Systems of care relate to child welfare, and this approach helps support the community in improving child welfare outcomes.
- Girls At Risk (GAR) Program serves girls who have experienced severe trauma, placing them in vulnerable situations. The GAR Program emphasizes prevention and treatment for girls who are victims of human trafficking or who are at risk of being trafficked. The GAR Program serves girls between the ages of 12-18 and will house a maximum of 14 girls. The program will improve the coordination of services between multiple stakeholders, including social services, mental health, juvenile courts, and education providers. This program will offer individual, family, and group therapy. The program will also include educational services. The GAR unit treatment philosophy is based on Dialectical Behavior Therapy (DBT) concepts.
- JET - Judicial Engagement Team works to facilitate the process for identifying, promoting, and disseminating court practice models, methodologies, and tools, improving access to justice and collaboration with the child protection agency and producing positive outcomes. The team contributes to the design, development, implementation, and evaluation of national best child welfare court practice. The team offers consultation in attorney best practice, court administration, and Court Improvement Program strategies. The team also collects, compiles, and reports court site data and coordinates reports with the state agency data unit to identify intersections and distinctions.
- The Children's Division/Division of Youth Services Collaboration: The collaboration focuses on youth who have been habitually absent from school due to truancy or educational neglect (dependent on the age of the youth). These youth require more structure around their education and differentiated educational plans. The treatment program works with parents and foster parents who are unable or who lack resources to engage youth in their education without support/structure. The program offers assistance to youth who have been suspended or expelled from school; youth who have missed school due to multiple moves or parents not being able to be involved; youth. In some cases, youth may have an IEP or other special education needs but parents have not been able to assist, and therefore the youth have not been successful in school. Other types of youth served include: youth who need more supervision throughout the day and more one-on-one guidance than they are currently receiving in a school setting; youth who are home (in the Children's Division custody) or in a foster home but continue to struggle with boundaries, being "beyond parental control" or other status offenses; youth who have been identified as a "problem" in school and need a fresh start; foster families who need help regulating youth to prevent them from placement in residential facilities or

involvement with the juvenile office; youth that have been placed in residential facilities through the Children's Division who need more a structured transition back into foster care or home; and youth who cannot function in small group settings.

- **City Interagency Team/County Interagency Teams:** The St. Louis City and St. Louis County Interagency Teams (separate teams) were established to improve and increase the communications between the courts and the Children's Division. In an effort to work towards improvement, discussions are held regarding laws, policies, and data that impact the children and families being served as well as the functioning of both the courts and the Children's Division.
- **Regional Implementation Team/Self Evaluation Workgroup:** This group is an integration of the standing Self-Evaluation Workgroup and the Families First Prevention Services Act group. The purpose is to bring the community to the table to have frank and transparent discussions about the region's child welfare status, identifying what currently exists and what is needed to improve outcomes for children. The group looks at disproportionality, factors impacting families and the community, and always focuses on the safety and well-being of the community's children. It also focuses on bringing the community together to discuss FFPSA, and is guided by the knowledge that children are best served when they can avoid congregate institutionalization. Better outcomes are achieved when parents can remain with their children in structured settings when dealing with substance abuse issues and the group focuses on overall prevention options and methods.

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). The case review instrument includes the 18 CFSR items based on safety, permanency, and wellbeing. Case review reporting features within the FACES tool include aggregate data as well as item and question-specific information. Similar to the federal Online Monitoring System (OMS), the FACES reports also have the capability to extract all rationale statements for further evaluation. The initial case review was conducted in March/April 2017. Program Improvement Plan (PIP) baseline data and ongoing monitoring will utilize the case review tool in FACES. These quarterly case reviews began in April 2018 and will continue throughout the PIP. In ongoing discussions with federal partners, the Children's Division will be submitting a revised Measurement Plan for negotiation which proposes excluding the first

quarter's case review results and extending the baseline period through the April 2019 reviews. As the review process was new for Missouri, confidence in the initial case review data is lower than subsequent quarters. However, pending the negotiation results, the data in the following sections include the April 2018 case reviews.

Missouri's CFSR Round 3 Data Profile dated January 2019 indicated the Children's Division successfully meets both safety indicators. For Maltreatment in Care, Missouri's Risk Standardized Performance (RSP) is 6.89 victimizations per 100,000 days in foster care. This is below the national standard of 9.67. And, for Recurrence of Maltreatment within 12 months, Missouri's RSP is 5.4% which is below the national standard of 9.5%.

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 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 84.6% for SFY 2018. This is an increase from the previous year of 80.4%. 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 is 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 and increased to 85% for the calendar year 2018. Initial

contact was made by Children’s Division staff in 92.4% of cases during the same timeframe. Multi-disciplinary team members were used to establish initial safety in 3.2% of cases. The remaining 4.4% 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 an area needing improvement. With 64 case reviews completed to date, FACES case review results in 83% (25/30) strength ratings for Item 1.

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 2019 removed multi-disciplinary contacts.

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, the staff is 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 an 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 the implementation and in building internal capacity to 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 the 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 regarding safety planning with families has been revised to outline staff expectations, as required in the Program Improvement Plan. The Children’s Division believes there will be a reduction in repeat maltreatment rates, a reduction in the number 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. The chart below provides the outcome measures with a historical performance from FY2015 through the first two quarters of FY19. While re-entry rates have declined, the length of time children spend in foster care has increased with the exception of the most recent two quarters.

	FY2016	FY2017	FY2018	FY2019 (2nd Qtr)
Reduce Repeat Maltreatment	4.1%	3.5%	3.7%	2.7%
Length of Time in Care (in months)	14.95	15.47	15.7	15.14
Reduce Re-Entry Rate	5.90%	5.66%	4.86%	4.32%

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 on reducing the number of children entering foster care and on reducing 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 autonomy 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 October 2018, half of the 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 "toolbox" for staff to use at their discretion in order to tailor the 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 on November 1, 2016.

For Safety Outcome 2, 58% of cases reviewed during the CFSR in July 2017 were found to be substantially achieved. For cases reviewed to date in the FACES system, 56% have been rated as substantially achieved.

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 FY18 Child Welfare Outcome report, of the number of families served in the program (5,358), .95% had a substantiated report during the time the FCS case was open. This is a decrease from FY17 (1.40%).

Additionally, Missouri offers Intensive In-Home Services (IIS) for families with children at risk of being removed from the home. Intensive In-Home Services 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.

Of the 1,650 families served by IIS in FY18, 0.12% had a substantiated report within three months of exiting the program. This is a decrease from FY17 (0.17%).

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. Of the 64 cases reviewed in the first four quarters, 28 have been applicable for Item Two. Of those, 24 (86%) were determined to be strengths.

One strategy in the Program Improvement Plan, which may address this issue, is Team Decision Making (TDM). While the strategy outlined in the PIP speaks to the improvement of stability for children in foster care, TDM meetings prior to the child's removal from the home are being held in about 50% of cases where children are at risk of removal. Team Decision Making meetings gather the members of the child's safety network to try and identify a plan to ensure the child's safety without making a foster care placement when possible. The plan may include an alternate living situation for the alleged perpetrator, identification of safety-related services for the family, or temporarily placing the child with a relative or kin on a voluntary basis without a custody change. For further description, please see the Team Decision Making section of this report.

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 FY17, 3.5% of children with a substantiated report experienced a recurrence of maltreatment. This percentage increased slightly to 3.7% in FY18. The determined state 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. Fifty-nine percent (59%) of the cases reviewed to date in the FACES system are determined to be strengths ratings (38/64). The quality of safety assessments, specifically the engagement of all family members in all locations the child frequents, was 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.

Missouri's Program Improvement Plan (PIP) was approved on October 15, 2018, with an implementation date of November 1, 2018. Increasing the quality of risk and safety assessments is a goal outlined in the PIP. The PIP can be reviewed in its entirety at this link: <https://dss.mo.gov/cd/cfsr/pip/third-round-pip.pdf>. For progress toward the strategies outlined in the Program Improvement Plan, refer to the 2020-2024 Child and Family Services Plan, Appendix A.

Permanency Outcomes 1 and 2

Missouri's CFSR Round 3 Data Profile dated January 2019 indicated the Children's Division successfully met three of the five permanency indicators.

For permanency within 12 months of entering custody, the Children's Division has not met the national standard of 42.7%. The Risk Standardized Performance noted in the data profile is 31.6%. 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 49.7%, while the national standard is 45.9%.

Missouri also met the national standard for permanency within 12 months for children in custody for more than 24 months. The national standard is 31.8%, and the RSP for the Children's Division is 34.3%

The national standard for re-entry into foster care is 8.1% or less. This measure was met as the RSP for Missouri is 5.0%.

The final permanency indicator is placement stability. The national standard is 4.44 or fewer placement moves per 1,000 days in care. According to the 2019 data profile, Missouri's performance is 5.94, 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 the 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 and four circuits surrounding St. Louis. The two circuits in the SW region were selected as sites for an evidence-based research project with the Annie E. Casey Foundation. The data collection phase of the project has recently ended. Expansion plans include the majority of the Southeast and Southwest regions by the end of 2019.

The Child Welfare Outcomes Report measures timely reunification within 12 months of entry into custody. For FY18, the performance was 53.58%, a decrease from FY17 of 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. In FY18, 41.0% of children experiencing final adoption reached the goal within 24 months of custody. 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%. For FY18, the entry rate decreased to 4.86%.

The CFSR conducted in July 2017 resulted in 23% of cases being found to be substantially achieved for Permanency Outcome 1. For the cases reviewed to date in the FACES system, 33% have been found to be substantially achieved.

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.

Four regions 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 CY 2018 data indicates for the placement change meetings, 32% of the children have maintained their placements as a result of the TDM meeting. As circuits become proficient and established with initial TDM meetings, placement TDMs will be introduced, expanding the practice to more areas of the state.

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 FY18, Missouri's placement stability rate was 79.62%. 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 Children's Division custody experienced in FY17 was 3.49 and increased to 3.72 in FY18.

The results of the CFSR in July noted strengths in 88% of the foster care cases reviewed. Of the 40 foster care cases reviewed utilizing the new case review tool, 80% have been determined to be strengths.

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, 2019, 485 of the 13,571 children in care did not have permanency goals established. Of the 485, 184 had been in care less than 30 days, leaving 301 children with no permanency goal

established in a timely manner. 97.8% 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. Of the 40 foster care cases reviewed utilizing the FACES case review tool, 57% (23/40) have been determined to be strengths for this item. Similar to the CFSR results, 100% of cases had goals specified in the case file, 83% of the time the goals had been established timely and 83% of the time the goals were appropriate to the child’s circumstances.

For those cases demonstrating need for improvement based on these questions, the transition from primary to concurrent goals may not have occurred timely, making the primary goal at the time the child entered care (most often reunification) still applicable during the period under review, but no longer appropriate to the child’s circumstances. The Children’s Division is exploring strategies to strengthen practice around concurrent planning.

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

During FY18, 6,614 children exited Children’s Division custody to reunification, guardianship, adoption or Independence. An additional 344 children exited to “other” types 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. From the same information in FY17, the length of time to exit decreased slightly for children achieving guardianship and adoption but increased slightly for reunification.

	Percentage by Exit Type	Average Length of Time to Achieve
Reunification	44.84% (3117/6952)	14.08 months
Guardianship	21.02% (1461/6952)	20.70 months
Adoption	23.33% (1622/6952)	29.80 months
Independence	5.87% (408/6952)	61.75 months

This item was the lowest scoring during the CFSR, with 25% of the cases receiving strength ratings. Forty-three percent (43%) of the foster care cases reviewed to date in the FACES system have been rated as strengths (17/40). 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. Timely permanency for children was identified as a cross-cutting theme following the CFSR. The Program Improvement Plan outlines strategies and action steps to improve timely permanency. Please refer to the PIP update contained in the 2020–2024 Child and Family Services Plan for current progress towards the strategies.

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 sibling and 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 but discontinued to allow for enhancements to the case review tool. The baseline for PIP monitoring will be established with case reviews, which began in April 2018 and will continue on a quarterly basis. Subsequent quarterly reviews will be utilized in measuring the outcomes of PIP strategies.

Item 7: Placement with siblings

As noted above, recent FACES system changes were put into effect to allow workers to identify all siblings clearly. Monthly data reports identifying sibling relationships for children in foster care, and whether they are placed together began to be produced and distributed to supervisory staff in October 2018.

As of January 31, 2019, there are 6,367 children in Children’s Division custody who have at least one sibling in custody as well. Of those, 5,019 children are placed with at least one sibling (79%), and 3,793 were placed with all siblings in custody (60%).

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
- A 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. Of the 40 foster care cases reviewed to date in the FACES system, 90% (26/29) were identified 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 the 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.

Similar results have been seen in the foster care case reviews completed to date for PIP baseline measurement. Overall, this item has been rated as strength in 72% of the cases (28/39). Sibling visitation has been rated as 79% for both quality and frequency. Visitation between the child and mother has been rated as 81% for frequency and 92% for quality. Visitation between the child and the father has been rated as 78% for frequency and 81% for quality. Court orders for no contact between the child and parent when safety concerns could have been mitigated resulted in some area needing improvement (ANI) ratings. Lack of visitation/contact with incarcerated parents also accounted for some of the ANI ratings.

Maintaining the parent/child relationship can provide the child with 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, the Children's Division staff is able to see added value to consistent parent/child interaction.

Item 9: Preserving connections

As of 3-31-19, 97 children of the 13,571 in foster care (.71%) 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 has worked 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 are 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. For the foster care case reviews completed to date in the FACES system, 66% have been identified as strengths. In several instances of non-compliance, relatives were not considered appropriate for placement, but the relationships were safe and positive for the child. Instead of preserving the connection through visitation, contact was not maintained.

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 examines 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 48.79% of children in care during FY18 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. Of the 40 foster care cases reviewed to date, 82% (32/39) have been identified as strengths.

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 has recently revised 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. From the FACES case reviews, 62% (21/34) of cases have been rated as strengths. Seventy-two percent (72%) of cases were strengths for mothers, and 61% were strengths for fathers.

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. Parent engagement was identified as a cross-cutting theme in Missouri's Program Improvement Plan. Several strategies have been identified to elevate the parent voice, both at the case level and at the systemic level. For progress on the specific strategies and key activities outlined, please refer to the 2020 – 2024 Child and Family Services Plan, PIP update.

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, the 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. Combined with increasing the quality of safety/risk assessments, completing quality needs assessments for children and families is a cross-cutting theme in Missouri's PIP.

The CFSR results rated this item as an overall area needing improvement, with 37% of the cases receiving strength ratings. Sixty-two percent (62%) of cases reviewed were strengths in the 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.

For the 64 case reviews completed in the FACES system to date, 33% have been identified as strengths. For assessment, identification of needs, and service provision to children, 81% of cases have received strength ratings. Thirty-six percent (36%) have been rated as strengths for parents with mothers receiving many more strength ratings than fathers (73% for mothers and 35% for fathers). Needs were identified and services provided to foster parents in 85% of the applicable foster care cases.

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.

The Children's Division recognizes the importance of obtaining the child's voice. One important facet of the Signs of Safety approach involves 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 during the CFSR in 48% of the cases reviewed with more efforts noted to involve mothers (68%) than fathers (45%). In the case reviews completed to date in the FACES system, 50% of the cases received strength ratings. Involvement of the child in case planning was seen in 68% of the cases. Involvement of the mother (77%) was seen significantly more frequently than fathers (42%).

One of the strategies within the Parent Engagement section of the PIP specifically addresses the involvement of the non-custodial/non-resident parent in Family-Centered Services (in-home) cases. With enhanced policy and practice initiatives, it is hoped that involvement with all parents will improve. For specific progress, please refer to the PIP update within the 2020 – 2024 Child and Family Services Plan (Attachment A).

Item 14: Caseworker visits with child

Missouri performs very well on the foster care Monthly Caseworker Visit measure. During FFY18, 98% of children in care had at least monthly visits. In addition, 96% of the visits

conducted during FFY18 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.

Overall, the rating for Item 14 from the CFSR was 60% strength. While the 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.

For ongoing monitoring, the quality of the visitation between the case manager and the child is captured using the FACES case review tool. For case reviews completed to date, this item received strength ratings in 64% of the cases. Foster care cases received strength ratings in 83% of cases with in-home cases rated as 39% strengths. Overall, the frequency of worker with child visitation was found to be sufficient in 90% of the reviews. The quality of the visitation was found to be sufficient in 69% of the reviews.

Quality visitation with children was identified as a cross-cutting theme and is addressed in the Program Improvement Plan. For specific strategies and progress, please refer to the PIP update within the 2020 – 2024 Child and Family Services 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 visitation entered in the FACES system. For CY18, 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 33% of the cases in CY17. Changes to the FACES system introducing the family view screen necessitated adjustments in reporting worker visitation with parents of children in foster care. Adjustments have been made, but confidence in the data for CY17 is low.

Visitation between the case manager and the parents is vital to parent engagement in the process. Efforts to improve data confidence continue with the development of reports required in the PIP. One of the strategies in the Parent Engagement section of the PIP focuses on improving the frequency and quality of worker visitation with parents. For progress with PIP implementation, please refer to the update within the 2020–2024 Child and Family Services Plan.

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. Results of the case reviews completed to date in the FACES system indicate 34% of the cases

received strength ratings. Consistent with the CFSR, results for mothers (63% strength for frequency; 79% strength for quality) is higher than the results for fathers (33% for frequency; 57% for quality).

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

Item 16: Educational needs of the child

The Children's Division partners with the Department of Elementary and Secondary Education (DESE) to address educational concerns with children in foster care. DESE has identified a foster care liaison who works closely with the Program Development Specialist in Central Office who oversees child wellbeing programs. Recent projects include helping to develop a transportation plan ensuring children could remain in their school of origin if their placement in out-of-home care, or any subsequent placement, would normally require a school placement change.

While Missouri was not found in substantial compliance with Wellbeing Outcome 2, the rating for Item 16 was 83% strength. For cases reviewed utilizing the case review tool in FACES, 88% of cases received strength ratings.

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 ongoing medical care. One of the Program Development Specialist staff in Central Office is a dedicated liaison between the Children's Division and MO HealthNet 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 are routinely shared with circuits and can be topics for discussion during quarterly planning meetings.

The Children's Division recently dedicated several positions in each region to help with ensuring children in foster care receive timely and appropriate health care. The specialist-level positions are supervised by a staff member in central office to help with consistency in role definition and responsibilities.

Children’s Division maintains a contract with Care Management Technologies: A Relias Learning Company for the 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 the 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. Fifty-nine percent (59%) of the cases reviewed in the FACES system received strength ratings.

One area noted to be a concern was dental health care in young children. Prior to the CFSR, Missouri Children’s Division had 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 gathered recommendations, and in March 2019, issued updated guidelines for staff which are consistent with the AAPD recommended timeframes.

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. As staff is hired, the Trauma Toolkit training is provided as a part of initial training. The 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 training 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.

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. Strength ratings have been assigned to 76% of cases reviewed to date in the FACES system.

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, they 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 the 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 September 30, 2018, was 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, 108 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
99.94%	99.99%	100%	100%	99.98%	99.99%

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 System. 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 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 in 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 an 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 final processes of introducing Signs of Safety (SOS) to all regions of Missouri and integrating it into policy. 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, Children's Division-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. This summary document is called a Risk Assessment Map and must be completed within 30 days of the case opening and then updated at the end of each quarter. 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 are 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.

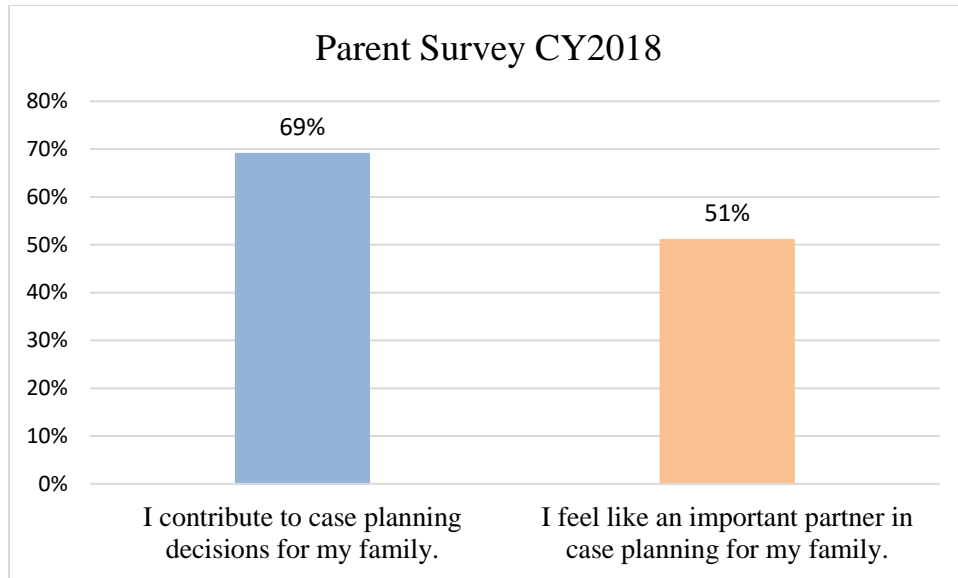
The Signs of Safety mapping document is also used as a case planning document for intact families. It is frequently revisited with the family and aids in discussions about worries, what’s working well and what needs to happen to safely resolve the concerns that brought the family to the attention of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

During FY18, 7,082 children entered alternative care. The information in the middle column below provides FST and CS-1 data for those children. Similarly, 13,416 children were in alternative care prior to FY18 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 FY18 due to termination of parental rights.

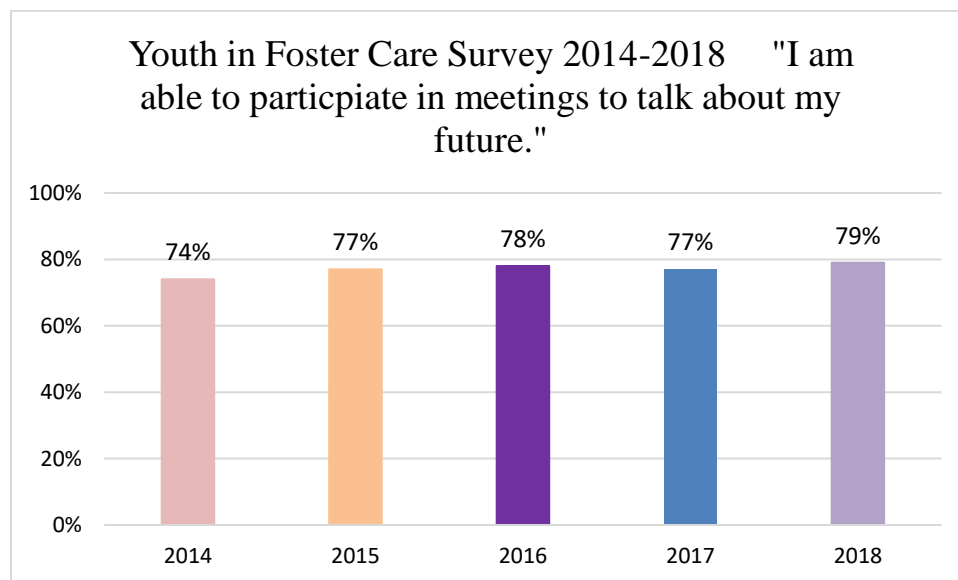
	Children Entering AC During FY18	Children Entering AC Prior to FY18
72-Hour FST was held	68%	N/A
At least one parent present at 72-hour FST	77%	N/A
At least one parent at 72-hour FST agreed with the plan	77%	N/A
Had at least one FST of some type	92%	88%
Meetings with at least one parent in attendance	89%	62%
At least one parent at FST agreed with the plan	83%	80%
Child had a written CS-1 in effect during FY18	74%	47%

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 in CY18.



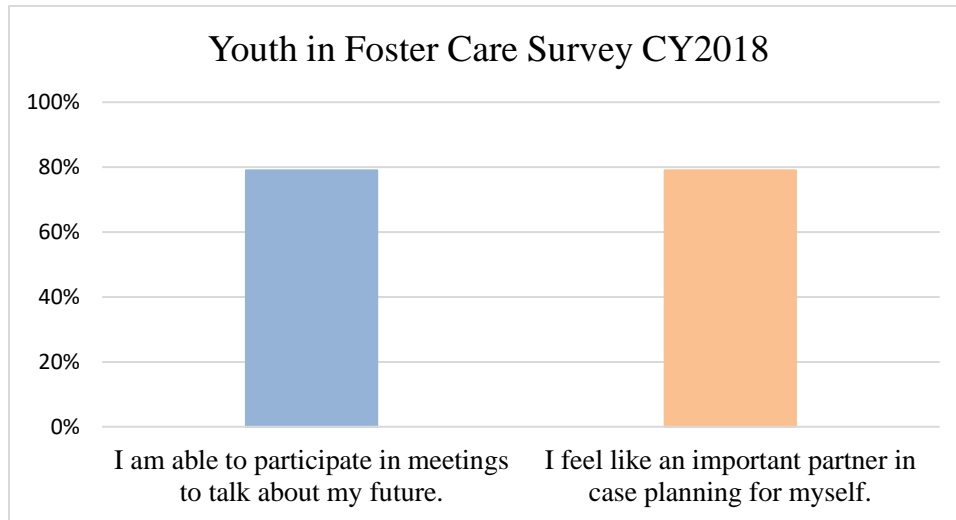
In CY18, just under 70% of parents with active Family-Centered Services (FCS) cases and Alternative Care (AC) cases responded positively to the statement “I contribute to case planning decisions for my family” and 51% responded positively to the statement “I feel like an important partner in case planning for my family.”

Similarly, surveys are mailed to 100% of youth ages 12 and older in foster care each year. Youth are asked to respond to the statement, “I am able to attend meetings to talk about my future.” The following chart shows positive response rates to this question over the last five years. The positive response rate in 2018 was the highest of those years.



In CY18, 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. 79% of youth responded positively to the statement “I am able to participate in meetings to talk about my future” and 79% 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 Children’s Division 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.

Data provided by the Office of Courts Administrator indicate the 6 month hearing was held timely 98.2% of the time during FFY18 (8,434/8,574).

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. 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. In FY18, 96% of Child Abuse and Neglect Hearings were held

timely. Annual permanency awards are given to those circuits with 100 % timeliness. In FY18, 19 circuits received the Supreme Court Permanency Award.

During FY18, a total of 12,893 children had been in Children's Division custody for 12 months or longer and required at least one permanency hearing. Of the 12,893 children, 10,730 (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 the Children's Division's 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 FY18, 96.4% (19178/19895) were held within 12 months of the custody date or within 12 months of 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 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 the 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 Children's Division by making a referral to the appropriate juvenile office. All juvenile offices in Missouri have statutory authority to file a termination of parental rights petition. In circuits where the juvenile office chooses not to 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 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.

These FACES additions allow caseworkers 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 caseworker 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 includes an item on the worker's personal home page display related to the Adoption and Safe Families Act (ASFA) timelines. 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 the child has been in custody. This is intended to keep case managers, and supervisors aware of ASFA mandated timeframes for permanency. The item also includes the child's permanency plan, as currently documented in FACES from the latest FST.

The Children's Division's case management system contains an "ASFA clock" report. It 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 2,184 of all children in custody as of 4/16/19. Of the 2,184 children for whom TPR had been filed, the filing occurred within 15 months of the child's entry into Children's Division custody for 807 children (37.0%). The TPR filing occurred beyond the 15-month mark for the remaining 1,377 children.

Item 23 was noted as an area needing improvement during the CFSR 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.

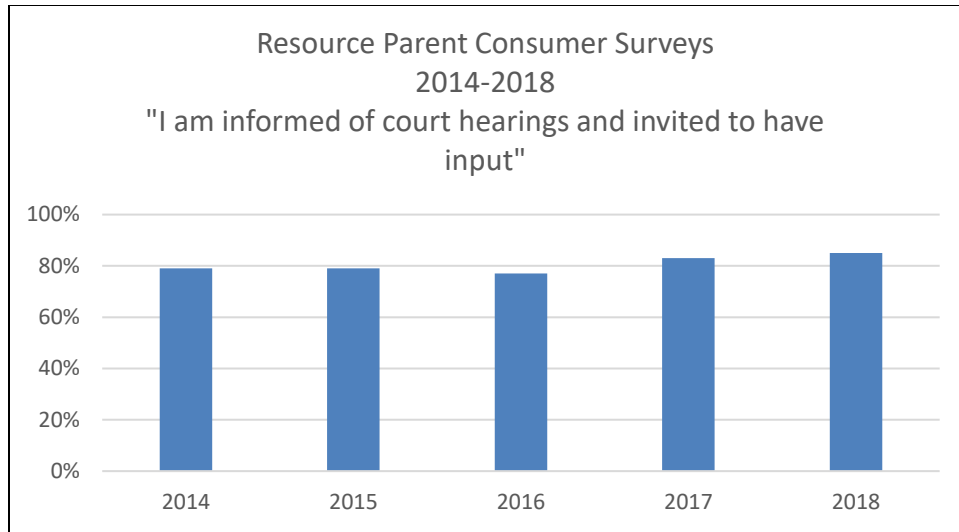
In addition, the Children's Division continues to develop TPR measures set forth in the Data Dashboard available on the Division's website. The date of the filing of termination of parental rights is a field within the FACES system. However, it is frequently left blank, as the filing is an activity Children's 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 caregivers 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 for notifying 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 77-85% of resource families respond that they are informed of court hearings and are provided the opportunity to have input.



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

	Resource Parents	Surveys Returned
2014	4,430	1,310
2015	4,554	1,390
2016	4,765	1,358
2017	5,484	1,961
2018	6,032	810

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

The Continuous Quality Improvement (CQI) system in Missouri continues to function effectively and is consistent 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, who 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 a strength for Missouri's Children's Division. Data is continually collected, analyzed, and shared in accordance with a CQI organization. The Quality Assurance System (QAS) is divided into three areas of focus: Data Analysis, Quality Improvement, and Regional Quality Assurance System staff.

The Data Analysis Team for Agency Advancement (DATAA) unit handles most data requests and data dissemination, as well as providing support around CFSR, APSR, NCANDS, and AFCARS.

The Quality Improvement (QI) unit provides support around continuous quality improvement strategies and practices as well as the Council on Accreditation Standards for accreditation site visits and maintenance.

Both the DATAA and QI units work with the Children's Division Practice and Policy units to be involved in discussions around the implementation of practice models and are committed to being a learning organization which uses data to plan for improvement.

There are also regional Quality Assurance System Team (QAST) staff who work with Missouri's forty-six circuits to promote interaction between the Children's Division and community partners while working on various initiatives and provide data support as needed.

Some forms of data dissemination include:

- Quarterly "In Focus" newsletter. This newsletter directs staff on issues of focus for quarterly CQI meetings. Additionally, the newsletter provides updates on key areas such as the 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 intranet and internet for staff, stakeholders and community partners, including Children's Division Annual report, APSR updates, CFSR information, and Monthly Management Reports,
- Missouri complies with The Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements.
- Missouri reports to the National Child Abuse and Neglect Data System (NCANDS) as well as the 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.
- Council on Accreditation Standards

In the past year, the Children’s Division Data Analysis Team for Agency Advancement (DATAA) launched the following quality assurance system data enhancement projects:

- Monthly reporting “snapshots” for foster care, family-centered services, and child abuse/neglect data. The data is shared monthly with the Children’s Division administrative team and is disseminated throughout the state.
- Development and distribution of the Older Youth Report Card for older youth staff and associated workgroup
- Development and distribution of Practice Attorney Initiative data sheets for legal staff
- Revision of Fostering Court Improvement (FCI) quarterly reporting completed for all judicial circuits statewide for additional use in the Court Technical Assistance process
- Partnered with the department in Child Abuse Neglect Theory of Constraints (TOC), including the development of reports and assuring data accuracy and data quality
- Support for medication reviews, including development and implementation of the review tool
- Provided support data for Family First Convenings around Family First Legislation
- Development and distribution of the Sibling Report
- Development and distribution of enhanced parent visit reports for alternative care and Family-Centered Services cases
- Monitoring and provision of support around Missouri’s 3rd Round CFSR Program Improvement Plan process and development of the 2020 CFSP plan.
- CFSR case reviews and quarterly data reports

In the past year, the Children’s Division Quality Improvement Team (QI) has worked on the following projects related to quality assurance system data enhancement:

- Distribution of the Quarterly Continuous Quality Improvement “In Focus” Newsletter
- Quality Assurance System 101- Development of QAS on the job training resource database to support training needs for QAS staff
- Council on Accreditation Case Reviews- Develop COA case review tool, conducted COA case reviewer training with Southwest Region staff on October 23, 2018, supported the Southwest and Jackson region with completing case reviews, produced COA case review data reports and shared quality improvement feedback from the reviews to enhance Regional practice
- Council on Accreditation Maintenance (Annual)- Developed accreditation tracking tools for maintenance of accreditation, provides training on the implementation of COA best practice standards for all regions and central office, collects evidence for regional COA maintenance of accreditation reports. All QAS staff responsible for COA re-accreditation received COA Best Practice standard training from the Quality Improvement Team on January 22-23, 2019

- Surveys- supports the development and distribution of surveys for program and practice evaluation (COA Surveys, Supervision Advisory Committee surveys)
- CQI Database- Supports the development of Service Delivery Grievance and consumer quality improvement databases
- CQI Training- Develops statewide CQI group meeting training resources including power points, in-person training activities and electronic learning videos
- COA Accreditation Technical Assistance - Create Mock interview questions and conduct mock interviews with regional staff, collect best practice evidence for COA Self- study reports and on-site evidence, support regional Q's with COA standard interpretation and implementation, participate in all COA on-site strategic planning meetings, coordination of re-accreditation activities and attends all re-accreditation site visits. The Quality Improvement unit has participated in COA site visits on the following dates: Central Office (December 9-13, 2018) and Kansas City Region (March 31- April 3, 2019).
- Reviews- Develop personnel record review tools and user training resources. Complete Central office personnel record reviews, collect aggregate data on personnel record reviews, and provide quality assurance feedback and recommendations to statewide teams for quality improvement.
- Workgroups/Committees- assist with the interpretation and development of best practice and quality improvement strategies regarding the following workgroups or committees- LGBTQ policy and practice workgroup, Supervision Advisory Committee, Parent Cafes', Policy and Practice workgroup.

In the past year, the regional QAST team staff has worked on

- practice model implementation
- support for court and community improvement initiatives
- regional improvement projects
- quarterly improvement planning meetings
- PIP monitoring through case reviews
- COA preparation and maintenance

For NCANDS yearly submissions, ongoing meetings occur between the DATAA unit staff assigned, 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, is required to do an annual review of the requirements with staff. The training is updated by the DATAA 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.

Additionally, the QAST will continue to be involved in the Missouri Children's Division Case review process. In March 2018, Children's Division was able to begin training reviewers. In April 2018, Missouri kicked off the inaugural review for the revamped case review process. Missouri is currently in the 4th quarter of reviewing cases. The Children's Division has hired three Children's Service Specialist positions that will be dedicated to case reviews. The case reviewers began in May 2019.

In addition to the case review process which will be used for Program Improvement Plan monitoring and to continue to strengthen casework 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 are used to identify trends in practice quickly 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 call processing. The process was halted in 2018 for re-assessment to ensure the reviews met the needs of the hotline unit staff.
- Intensive In-Home Services Peer Record Reviews - Intensive In-Home Service contractors participate in a Peer Record Review process which is 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.

Missouri is fortunate to have 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) evaluates trends and

outcomes on an ongoing basis to determine service delivery and program effectiveness. This also serves as a basis 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 a focus on Quality Improvement (QI) assists in planning and implementing change through a variety of methods and also focus on the 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 strives 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, and the Child Abuse, and Neglect Annual report. Additionally, 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, CFSP planning group, Juvenile Court Improvement Project, Fostering Court Improvement, Youth Advisory Board, Supervision Advisory Committee, and 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 System Team staff for Children's Division has participated in various training opportunities over the past year.

- Case review training and ongoing learning through completing reviews and 1st level oversight
- Team Decision Making
- Root Cause Analysis training
- Refresher on Theory of Constraints
- Introduction to ArcGIS mapping

Missouri Children’s Division Quality Assurance System- Realignment

In 2018, the QAST split into three sections of focus: Data Analysis; Quality Improvement and regional QAST support. 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 the Deputy Director for Planning and Performance Management. Regional Directors or their designee will provide oversight for regional liaisons.

The reorganization and split directly resulted from the finding for improvement needed during the 2017 CFSR. The new structure was to address the case review system specifically, and lack of consistency within the structure and functioning of the statewide system.

Quality Assurance System Focus and Structure:

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	Children’s Service Specialist (Case review focus)	SW-2 regional QAS staff
Children’s Service Specialist (Case review focus)		St. Louis-1 regional QAS staff
Children’s Service Specialist (Case review focus)		Kansas City-1 regional QAS staff

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 through monthly conferences called Engage. The occurrences of the monthly meetings are documented in the Employee Learning Center.

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 canceled. 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, 2018, to January 31, 2019, 310 Children's Service Workers were hired. Initial training included "Child Welfare Practice Training (CWPT)", "New Employee Orientation" training, completed by 240 Children's Service Workers; "Personally Identifiable Info and HIPAA Protected Health Info" training completed by 272 Children's Service Workers; and "Workplace Safety" training, which 247 Children's Service Workers completed. CWPT was offered in every region of the state by Children's Division regional training teams:

- Southeast Region held five sessions on July 9, 2018, October 1, 2018, October 29, 2019, January 14, 2019, and March 4, 2019. Ninety-four new staff enrolled in CWPT in FY18. Sixty-five of those staff completed CWPT and 20 are still in process.
- Southwest Region held five sessions on July 9, 2018, August 10, 2018, October 29, 2018, January 7, 2019, and February 25, 2019. Ninety-eight new staff enrolled in CWPT in FY18 and 74 of those staff completed CWPT. Sixteen are still in process.
- St. Louis Region held three sessions on July 24, 2018, September 26, 2018, and January 22, 2019. Thirty-three new staff enrolled in CWPT in FY18 and 31 of those staff completed CWPT, and none are in progress.
- Northern Region held 11 sessions on July 11, 2018, August 2, 2018, August 29, 2018, September 11, 2018, October 3, 2018, October 24, 2018, November 28, 2018, December 4, 2018, January 14, 2019, January 31, 2019, and February 27, 2019. Ninety-two new staff enrolled in CWPT in FY18 and 72 completed CWPT. Fifteen are still in progress.
- Jackson County Region held six sessions on July 30, 2018, August 30, 2018, October 1, 2018, November 19, 2018, January 7, 2019, and February 19, 2019. Sixty new staff enrolled in CWPT and 44 completed CWPT. Twelve are still in progress.

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 specialists 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 for two days every week for five weeks. When not in classroom training, the employee and their supervisors use a "Training Passport," which consists 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 87 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:

- 17 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.
- 18 hours of On-The-Job Training
- 21 hours of Philosophy and Skills classroom training
This skill-based 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 the basics of report writing and court testimony. Participants will begin to practice obtaining records and maintaining confidentiality.
- 16 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 of 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 of 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 of Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reports. Participants will also receive individual hands-on experience in entering, updating, and inquiry of Children’s Division 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 of Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing. Participants will also receive individual hands-on experience in entering, updating, and inquiry of Children’s Division programs.

- 24 hours of On-The-Job Training
- 21 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.

- 14 hours of On-The-Job Training

Northern Region

The Northern Region ensures that each staff member begins the learning process on their first day of hire. They are assigned an “On-The-Job” Coaching (OJC) specialist on that day. They meet with their specialist immediately and are given a chronological list of their assignments, which include; required training 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 OJC Specialist. They are not allowed to be assigned their own caseloads until the completion of the first phases of CWPT classroom and OJC work. Assignments and training are tracked by the OJC specialist and submitted to the Northern Region Training Manager who reviews their completion and ongoing progress. This progress is documented the first year during three training meetings held with the participant, and OJT Specialist, and is submitted to the Northern Region Training Manager. This progress is documented the first year during five training meetings held with the participant, OJC specialist, mentor, and supervisor. Thereafter, their progress is documented through supervisory conferences and annual evaluations. Training requirements, activities, and training plans are kept in their local personnel files with one-page acknowledgment forms being kept in their training file centrally located in the region.

If a supervisor determines that the worker does not understand the training material, the supervisor can fill out an individual request to have a tenured staff member spend “one-on-one” time with the worker to mentor, teach and model the area of need. This information is

documented in their file and shared with the circuit/office/supervisor with recommendations. This helps to ensure that the learning has transitioned from training to the field.

“On the Job New Worker Coaching/Training” amounts to approximately 200 hours, which includes structured discussions, activities and shadowing experiences with new staff starting on their hire date. Official classroom training can occur within a couple of days of the hire date, as there is a two-week OJC period after their first foundations class to assist in getting acclimated to the office/agency. Official classroom training amounts to typically 80 hours, with an exception made for an Investigator who will not do any Case Management activities and can be excused from the 18 hours of Case Management training. The new staff is 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 OJC specialists assigned throughout the Northern Region as well as the use of Worker III’s and IV’s. All new hires are required to participate in this training based in their own offices; however, all new staff follows the same OJC guide regardless of location, which is accessible to all staff.

Work duties are given to the new employee gradually as the new employee participates in classroom CWPT and exhibits comfort and competency during OJC. More responsibility is given through each phase of new hire training.

The Northern Region training structure currently consists of:

- 18 hours of CWPT Northern Region Class 1 – Introduction to Foundations of Child Welfare Practice
- 96 hours of On-The-Job Coaching/Training
- 18 hours of CWPT Northern Region Class 2 – A Well-Being Orientation and an Introduction to Trauma-Informed Care
- 56 hours of On-The-Job Coaching/Training
- 18 hours of CWPT Northern Region Class 3 – Basic Introduction to the Signs of Safety Approach
- 56 hours of On-The-Job Coaching/Training
- 18 hours of CWPT Northern Region Class 4 – Core: Investigations
- 56 hours of On-The-Job Coaching/Training
- 18 hours of CWPT Northern Region Class 5 – Core: Case Management

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, gather information, and any other permanency planning and case management responsibilities after related modules

are completed and if scheduled on trainees OJC week. All OJC case-management work/activities should be reviewed by the 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, gather information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees OJC 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 a worker is ready to assume co-case management responsibilities for one case. After five days of field training experience with the first case, the supervisor may determine if a worker is prepared to assume co-case management responsibilities for a second case. The supervisor is responsible for determining if and when the trainee is able to increase to a co-managed caseload not to exceed four cases total until CWPT is complete. The supervisor will assign the 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, gather information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on the trainees' OJC week.

The supervisor is responsible for determining if and when the trainee is able to increase to a co-managed caseload not to exceed four cases total until CWPT is complete. The supervisor will assign the trainee as a secondary worker to the assigned case managers.

Phase 4:

The supervisor should determine if a 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.

The supervisor can determine if a worker is sufficiently prepared to participate in the on-call rotation following completion of CWPT training, Core: Investigations. This should only occur 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

The Southwest Training Region is providing the following training structure which began in December of 2017:

- 40 hours of Field Experience prior to beginning formal training.
- 32 hours of Philosophy and Principles
- 40 hours of Field Experience
- 32 hours of Foundational Framework
- 40 hours of Field Experience
- 32 hours of Child Abuse/Neglect Response and Family Centered Services
- 40 hours of Field Experience
- 32 hours of Family Centered Out of Home Care

In the Southwest Region, a new class of CWPT starts every eight weeks. Staff is hired one to two 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. 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.

Southeast Region

The 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. One to two weeks prior to Basic Skills training, it is preferred for the worker to 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 the worker is ready to assume co-case management responsibilities for one case. After five days of field training experience with the first case, the supervisor may determine if a worker is prepared to assume co-case management responsibilities for a second case. The supervisor is responsible for

determining if and when the trainee is able to increase to a co-managed caseload not to exceed four cases total until Basic Skills Training is complete. The supervisor will assign trainee as a secondary worker to the assigned case managers.

The current Southeast Region is providing the following training structure:

- CWPT SE class 1: Foundations-Intro to MO Practice Model 31.5 hours
- CWPT SE class 2: MO Practice Model Implementation Pt. 1 28.0 hours
- CWPT SE class 3: MO Practice Model Implementation Pt 2 24.5 hours
- CWPT SE class 4: MO Practice Model Implementation Pt. 3 28.0 hours
- CQI: Be the Change 2.0 hours

(OPTIONAL)

SE Systems (Seven hours for investigators and assessors, 11 hours for case managers. All workers have the option to take both classes, and some opt to do so.)

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:

- 21.0 hours of CWPT - Keys To Success Class 1: Introduction to the Children’s Division Philosophy & Practice
- 10.5 hours of Keys to Success: OJT Orientation -1 ½ day for this class
- 21.0 hours of CWPT - Keys To Success Class 2 CA/N
- 21.0 hours of Keys To Success - OJT CA/N
- 21.0 hours of CWPT - Keys To success Class 3 FCS
- 21.0 hours of Keys To Success - OJT FCS
- 21.0 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
- 21.0 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
- 14 hours of CA/N enrichment

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 manager. 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, is 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 session. 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 Survey Monkey to deliver digital surveys to training participants. The 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 is addressed in Missouri's Program Improvement Plan. For updates on key activities, please refer to Appendix A of the 2020-2024 Child and Family Services 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 the 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 the 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 FY19 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 the 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, 2019 to complete the training hours for FY19.

Supervisors also have a need for support and professional development. Safe Generations continues to support Supervisors, Middle Managers, and other leadership through "Signs of Safety Advanced Supervisor Training", as well as Signs of Safety Implementation of Middle Managers. In FY18, leaders who were interested in developing their skills started a two year learning process, "Practice Leader Development Program," which continues through FY19. Additionally, Safe Generation started 25, year-long small group sessions for leaders to learn to develop new leaders. Finally, Safe Generations started two online training programs in FY19 that paired supervisors and frontline staff together to learn; "Risk Intelligent Screening and Assessment" and "Questions That Make A Difference." Through work with the Full Frame Initiative "A Wellbeing Orientation: 5DW" has been updated and several regions of the state are working to offer guidance and practice on how to improve supervisors' ability to engage, support and coach their staff using new material.

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 FY18, 93.4% 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, 2019 to fulfill training requirements for FY19. As of February 20, 2019, 40.6% of the supervisors/managers in Children's Division who need to take 16 hours of training have completed this requirement. Ninety-three percent (93.4%) of the supervisors/managers in Children's Division who 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 ongoing 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 session. 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 Survey Monkey to deliver digital surveys to training participants. The 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 FY19.

Ongoing staff training was found to be an area needing improvement from the CFSR conducted in Missouri. This item is addressed in the Program Improvement Plan in various strategies surrounding practice model implementation. For updates on key activities, please refer to Appendix A of the 2020-2024 Child and Family Services Plan.

Item 28: Foster and Adoptive Parent Training

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, an 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. In November 2017, another required training was added, Foster Care Bill of Rights, to inform resource parents of the foster child's rights. In June 2018, a new training requirement was added regarding Informed Consent. Informed consent is the agreement to any medical or mental health treatment (e.g., medication, procedure, or service) given after the medical consentor has had the opportunity to receive sufficient information about its risks and benefits. It is important for the individuals providing consent for a youth's health care, to understand the role and responsibilities of a medical consentor in order to make the best decisions.

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 2018, there were 2,791 licensed foster homes. Of those, 1,442 were in the initial licensure period. For 70.5% of the homes (1016/1442), all required household members had completed 27 hours of pre-service training prior to the home being licensed. The remaining 1,349 homes were in a subsequent re-licensure status. Eighty-seven (87%) percent of homes were re-licensed with all household members receiving at least 30 hours of in-service training (1174/1349).

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. Ongoing 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 2018, 1,566 adoptive homes were in the initial approval period. Of those homes, 76.3% (1195/1566) 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 were established. One did research and discussed curriculum ideas for providers approved as elevated needs resource homes. The other focused on skill enhancement tools for relative providers.

The Children's Division was selected from a finalist list of 16 tribes and states for a national training curriculum pilot, National Training and Development Curriculum for Foster and Adoptive Parents (NTDC). The NTDC is funded through a five year cooperative agreement with the Department of Health and Human Services, Administration for Children and Families, Children's Bureau and the following: Spaulding for Children, School of Social Work, University of Washington, National Council for Adoption, North American Council on Adoptable Children, Center for Adoption Support and Education, and Child Trauma Academy.

The five-year project will include the development of resource parent pre-service and in-service curriculum. A designated group of 120 resource homes will use the curriculum while the rest of the state continues to use the STARS training.

The following training requirements for the 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 40 hours of training during the first year of employment and 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 cardiopulmonary resuscitation.

All training must be documented on a training database/training log with the date, location, and subject, the 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 the 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 cardiopulmonary 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 will be 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 the 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 a 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 SFY18, the Children's Division served 106,090 children through child abuse and neglect investigations and assessments, an increase of 8.0% from SFY17. Investigation/assessment services reach all jurisdictions throughout the state of Missouri and are provided by the 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 the 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 FY18, 5,540 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 three, 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 ten 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 children 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 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 the Children's Division staff. In FY18, a total of 27,741 individuals were served through Family-Centered Services. This number has decreased from 58,776 in FY17. One reason for the decrease may be the expansion of the Differential Response practice. Families who receive services through differential response would not have a Family-Centered Services case 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 intake 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 FY18, the IIS program accepted 1,691 families with 4,381 children represented. One thousand six hundred ninety-one (1,691) families completed the IIS program, with 78.3% of the families remaining intact at the time of service closure. The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the Children's Division Annual Report, Table 39, in SFY18, 78.3% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 80% in SFY17 and 78% in SFY16. According to SFY18 IIS Annual Report, Table 24, in SFY17, 5% 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.

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 ongoing 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 is 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 must be pursued.

The Older Youth Program (OYP) provides services to youth age 14 and older, regardless of the 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 wraparound case management services; they offer a mentoring program to help youth transition from care in DYS. They provide Youth

Mental Health First Aid and continue to provide 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 its 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 were added 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 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 CFSSR held in July 2017. Stakeholders reported there were 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 embedded into the 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 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 are 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 ensure the right children are referred for services 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 CFSR. It is not uncommon to find service plans which are ordered by the court and do not consider the individual's needs. Improving the Children's Division and 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 CFSP 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 the 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 the 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 the 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 its role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare issues, the Children's 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 to assist the Division in writing the CFSR statewide assessment.

As the Children's 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 Children's 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 Children's Division continues to collaborate with the courts through a variety of mechanisms. A member of the Children's 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 Children's Division's quarterly In-Focus newsletter, a newsletter developed to guide 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 to bring 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 12 family leaders from across the state to be the first Missouri Parent Advisory Council; their first in-person meeting was 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 summary 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 ongoing 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 transition to adulthood successfully. The summit intends 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 the 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. Ongoing 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 the 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 in common.

- Department of Mental Health (DMH) – Staff within the Children's Division's Alternative Care Unit participate on various workgroups, training, 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 the transition of services from the Children's Division to DMH and for access to services offered while the Children's Division is involved with children and youth.

Collaborative Systems Team Meeting project: The 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.

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. 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 Children’s Division RCSTs, Children’s Division Central Office staff, DMH-DD Regional Office Directors, Assistant Directors, and Deputy Directors.

- Family Support Division (FSD) – The Children’s Division staff coordinate with staff within the Family Support Division with regards 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.

- MO HealthNet Division (MHD) – The Children’s Division has a specified liaison who works daily with MHD to ensure children in the Children’s 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. Also, the Children’s Division coordinates with MHD about rates paid for services in common. One example is 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 a collaboration 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 also to have involvement with the juvenile justice system. To that end, the Children’s Division and DHS are working with several jurisdictions on identifying and assisting these crossover youth to ensure that all needs are met by the appropriate entity. The Children’s Division 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 and youth at risk for coming into custody. Each Circuit coordinates between Children’s Division, DHS, 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) – Children’s Division has several collaborative efforts in place with DESE. The Early Childhood Unit coordinates and provides federal funds for a variety of joint initiatives 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, the Children’s Division coordinates with DESE on projects such as ESSA in which local school districts must identify and ensure that children who enter foster care can 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).

The 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) – The Children’s Division provides funding related to supporting child care initiative to DHSS. These funds offer 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 to bring consistent awareness and education around the topic of Safe Sleep practices to 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 a 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 accept a reduction in the adoption assistance payment temporarily? 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 assists 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 three 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 three, 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 the Department of Social

Services (DSS) can 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. The 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 the 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 the development of specific strategies as needed to address the unique needs of underserved populations

Through this representative, the 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 Continua 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 a 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 Children's Division 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 monitored by the Expansion Planning Team that include, but are not limited to:

- Children and youth with Serious Emotional Disorders between the ages of five 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 what are available through traditional service delivery models such as the 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 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 who 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), the Children's Division and the New Madrid County Human Resource Council Community Partnership to set 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 provides tools to families in stated counties to help them become stronger parents to their children through the following:

- Provide cribs with a safe sleep survival kit to families/parents referred from Missouri Children’s Division. Complete a 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 the 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 met through the 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 excellent 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 17 to 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 the Children’s Division custody who typically qualify for Comprehensive Medicaid Waivers for youth with Developmental Disabilities. These meetings include Children’s Division 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 their own homes or apartment. It offers the youth 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 Missouri 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). 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 Training
- Targeted training for partner agency staff
- LUV (Life of Unlimited Visions) Teen Substance Misuse Education and Treatment Program – a 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.

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 before the license/approval is 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. Also, 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.

The outline template for the resource home assessment located in the Children’s Division policy Section 6 Chapter 3 Attachment C includes addressing the five 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 (CD152), 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 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 281 relative homes approved for a foster home license in CY18 using one of the non-safety licensing standards. There were 11 relative homes renewed in CY18 waiving the 30 hours of in-service training requirements for license renewal. The standards that were waived to license the 281 homes were:

- Over the maximum number, 32
- Age of resource parent, 3
- Over maximum number of ages under five, 1
- Physician statement of immunizations up-to-date for all household members, 205
- Physician statement that all household members are in good physical and mental health, 5
- Required 30 hours of in-service training for license renewal, 11
- Location of the home, 2
- Size and floor plan of the home, 6
- Children of the opposite sex in the same room, 5
- No foster youth sleeping in the same room with an adult age 21 and older, 1
- No foster youth age two sleeping in the same room with the relative provider, 4

- Drawer and closet space, 1

The 281 relative homes licensed using a non-safety standard represents .084% of the 3,331 relative homes licensed during CY18. The 11 relative homes that used the waiver not to complete 30 hours of in-service training to be renewed represents .003% of the 3,331 relative homes licensed during CY18.

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 cardiopulmonary 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 needs 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 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 childcare, is not accredited by the accrediting body, then 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 on-site 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.

This item was determined to be an Area Needing Improvement during the CFSSR in July, 2017. A process for ongoing case reviews of vendor records in order to accurately assess that standards are applied equally has not been established or implemented.

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. Missouri also strives to address and

assure the 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 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 Children's Division
- Sex Offender Registry information, maintained by Missouri State Highway Patrol (MSHP)

Resource homes are checked for any registered offenders located at that address, using the MSHP Sexual Offender Registry. Sex Offender Registry information is also gathered by FCSR. FCSR collects the Social Security Number of resource applicants.

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 which include sexual offender registration information as defined under 589.400, RSMo are included. 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 the Missouri Automated Criminal History Site, MACHS, which is maintained by the Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP. During CY18 there were a total of 14, 236 fingerprints captured for statutory reasons 210.482, 210.487 and 43.540. Two individuals from each circuit complete CJIS security training and have access to MACHS to obtain the fingerprinting reports. This has reduced the time for obtaining criminal history results down to as little as 11 minutes from the time the applicant's fingers are scanned. The legislative proposal is necessary to allow Children's Division access to the state and federal Rap Back system was passed during the 2018 legislative session. Beginning September 1, 2018, the Children's Division is enrolled in the state and federal Rap Back program. The Rap Back program alerts the circuit manager of any arrest of any applicant who has been fingerprinted beginning September 1, 2018. Applicant households, including any household member over the age of 17, are fingerprinted, and new FCSR checks are completed every two 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 the 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 the 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 to 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 C of the 2020-2024 Child and Family Services Plan 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 under consideration 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 US 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 SFY17, 3,426 children were served, which included 1,038 requests for services to other states for Missouri children, and 801 out-of-state requests for Missouri to complete studies on behalf of children from other states. Missouri placed 347 children out-of-state while receiving 674 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 AHPHA 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 2019.

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. In 2016, Missouri went live with the ICAMA National Website to transmit referrals electronically. Missouri now processes all ICAMA referrals electronically.

In SFY16, Missouri, ICAMA processed 579 requests, which included 278 Missouri adoption subsidy children out-of-state. The numbers reflecting how many children Missouri provided Medicaid for in SFY17 are currently unavailable due to technical difficulties within the website.

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
 - Increase judicial engagement
- 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 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. For more information about the work surrounding human trafficking, please see the Human Trafficking section of this report.

The Division is also partnering with Safe Generations to implement Signs of Safety. Safe Generations 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.

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 had the opportunity to work with two Foster America Fellows in 2018. One fellow was an experienced child welfare litigator and manager who joined the Missouri Children's Division to lead several court engagement initiatives. This fellow collaborated with court partners to ready the launch of court technical assistance teams throughout the state's 46 circuits in the Fall of 2018. She also helped 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. She offered technical assistance and promoted data-driven adherence to child welfare best practices between the agency and court stakeholders, including judges, parent's counsel, and child advocates. The second fellow was a policy expert who served in a liaison role between the Children's Division and the Department of Social Services. Among other initiatives, he led the Division's efforts to safely reduce the

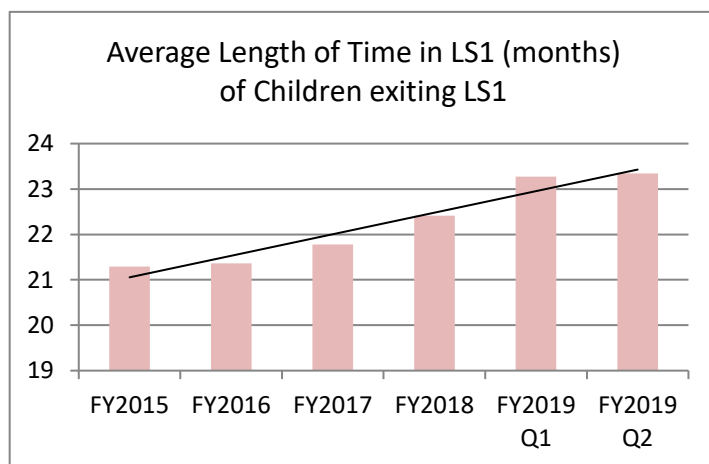
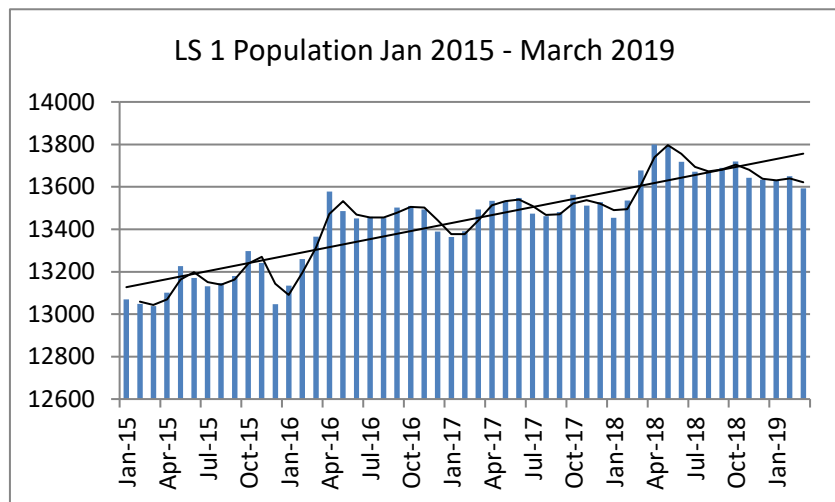
number of children in foster care . In January 2019, another fellow joined the Children’s Division. Her background is in finance and project management. Her skills will be used to support the Children’s Division in implementation of the Family First Prevention Services Act as well as a new initiative between the Children’s Division and court partners.

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.

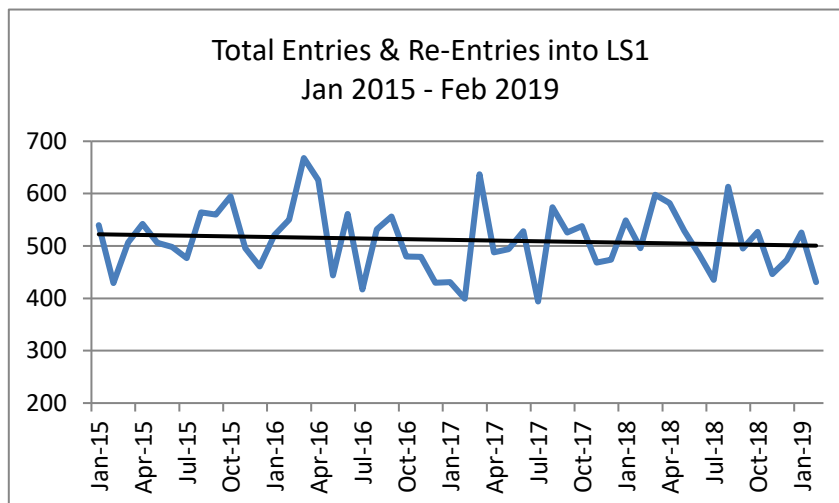
Progress Made to Improve Outcomes

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 4.0%. The highest population was in April 2018 with 13,799 children in foster care. The foster care population has decreased by 1.49% between April 2018 and March 2019, with the total number of children in foster care being 13,593.



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 2019 saw the longest length of stay at 23.34 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 with the previous reporting periods.



Strengthen Investigation/Assessment Process

One identified intervention to accomplish this objective was to provide comprehensive investigative training. In CY15, 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 CY15, Missouri KidsFirst continues to invite the 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 2018 in Springfield with ten staff in attendance and in October 2018 in St. Louis with 14 staff in attendance.

In August 2016, legislation when into effect requiring four of the already statutorily required 20 hours of annual training for investigative staff be specific to medical forensics topics. Missouri KidsFirst has continued to partner with several child abuse pediatricians to provide training to help fulfill this requirement. Missouri KidsFirst in coordination with the SAFE-CARE Network has provided the following online training for the Children’s Division staff:

July 26, 2018, Bruises and Sentinel Injuries

September 24, 2018, Sexual Abuse

October 9, 2018, Tips for Working with Medical Providers

January 24, 2019, Neglect and Drug Endangerment

March 12, 2019, Child Sexual Exploitation, Emotional Abuse, and Caregiver Fabricated Illness

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 organized

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 March 2019, this workgroup reconvened to discuss progress on the original recommendations and the need for further efforts to enhance screening protocols.

Missouri's state level Child Fatality Review Panel (CFRP) began a case review process of fatalities which occurred as a result of child abuse or neglect beginning with CY14 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. The sub-committee met at least monthly in 2018 to complete the case reviews. The case review team consisted 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 focused 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 report was completed in February 2019. Some of the recommendations that the sub-committee reported out were as follows:

- Creating a culture of safe sleep by requiring all hospitals to engage in safe sleep practices and model what a safe sleep environment looks like. Also, educating the public about safe and how to access safe sleep resources as needed.
- Improving the investigation of child deaths by having a full investigation by law enforcement on all sleep-related deaths and mandating the use of the Missouri Department of Social Services Death Scene Investigation Checklist for all child deaths. They recommended requiring law enforcement agencies have training in investigating child fatalities.
- Children's Division to assess all unexplained child and sleep deaths.
- Improving provision of resources to high risk and/or high needs families
- Educating citizens of Missouri on how to prevent or address scenarios that increase the risk for child death.
- Increasing and improving interagency collaboration in cases with suspected child maltreatment.

- Improving mandated reporters' ability to recognize and respond to suspected child maltreatment.
- Increasing the functionality of county and state Child Fatality Review Panels.

The Department of Social Services (DSS) has identified several areas to address, one of which is to redesign the child welfare system in Missouri. In 2018, the Missouri Children's Division engaged in a department-wide effort to implement strategies to reduce the overall number of unconcluded Child Abuse/Neglect (CA/N) reports, specifically investigations, in each region of the state. A series of regional strategies were put into place and in January, February, and March 2018, all levels of staff, including staff from Central Office, participated in the task of drastically reducing the number of overdue CA/Ns. Throughout 2018 and into 2019, there was a continued effort by Central Office to support each region's efforts to safely eliminate and maintain a low number of overdue reports. Field support was provided by Central Office, which included reviewing CA/N reports, modeling practice with staff, training of staff, and continued assistance with completing overdue reports. This effort has allowed Central Office to have first-hand insight on practice throughout the state, which has led to further discussions about how the investigative process can be strengthened through policy and training.

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. All Child Abuse and Neglect staff and supervisory units were expected to establish work in progress boards and weekly huddles to prioritize daily work and remove bottlenecks and barriers commonly associated with slowing the completion of CA/N reports. The implementation of the TOC and the development of improved workload management were significant strategies used to reduce the overall number of overdue CA/N reports across the State and to improve workflow.

A second DSS initiative is to streamline and strengthen the investigative process. The Children's Division is responsible for leading this initiative. The goal of this initiative is to manage high call volume by safely reducing the number of child abuse and neglect reports screened in and conducting quality investigations/assessments by a skilled workforce. When resources are effectively targeted to families most in need of the Children's Division intervention, staff will have greater ability to complete quality CA/N reports. The following activities have been identified for 2019: pilot the RED Team model for screening family assessments at the local office level; develop investigation-specific training(s); implementation of Signs of Safety at the Child Abuse/Neglect Hotline Unit; FACES changes to streamline data entry; and quarterly case reviews of child abuse/neglect reports.

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, and 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.
4. Supporting success and continuing improvement of CIT.

MO CIT currently has 74 counties that have established CIT sites, and 25 counties have CIT expansion sites. Expansion and recruiting are ongoing. The Council continues to evaluate training around self-care and peer support for first responders. A Central Office Program Development Specialist attends quarterly meetings. Many field offices participate in their local CIT Councils.

Implement Signs of Safety

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

All frontline staff has 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 CY2019 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, a 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) began piloting the new FCS practice model. In CY16, Director Memo 16-08 informed all Children’s Division staff of the opportunity to use more discretion to tailor goals and responses to individual children, families, and communities statewide and not just in the pilot sites. The Children’s 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. The new policy will allow supervisor discretion to be used to determine the number of home visits and safety network contacts needed for each individual FCS case. The number should be based on the needs of the family. At a minimum, one face-to-face home visit per month must be completed on all FCS cases.

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 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 Children's 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 in 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 an 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. Results of the surveys are posted on the Children's Division intranet page on an annual basis.

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 adopted 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 had the opportunity to participate as well.

The expansion of Parent Cafés into each region of the state is a strategy within the Parent Engagement goal of the Program Improvement Plan.

Continue Older Youth Summits

In SFY14, the Children's Division and its partners began having Older Youth (OY) Summits. OY Summits are held at the community level, and the focus is on education, employment, job readiness, cross-systems collaboration, health and mental health, permanency, and life-long connections. The goal of the summit is to develop a shared 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 the next steps and responsible partners to achieve community vision. Summits have been held across the state in almost 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. The 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, and 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, 11 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 participants 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 participants from five Judicial Circuits in the Southwest region of the state.
- April 2016 in Cape Girardeau with 128 participants from nine Judicial Circuits in the Southeast region of the state.
- October 2016 in Trenton with 150 participants from three Judicial Circuits in the Northwest region of the state.
- April 2017 in Edina with 150 participants from four Judicial Circuits in the Northeast region of the state.
- September 2017 in Rolla with 185 participants from nine Judicial Circuits in the Southeast Region of the state.
- March 2018 in St. Louis with over 75 participants from the two Judicial Circuits in the region.

The Children's Division has tried to have at least two summits each calendar year, but due to competing priorities, the Summit planned for the fall of 2018 was postponed to the spring of 2019.

The Southwest Region held a summit on March 5, 2019, with 140 participants. There was an interactive simulation of life in foster care as a youth, a panel discussion involving older youth, and guest speakers. Participants had the opportunity to network with community agencies that provide support to older youth in foster care. The Southeast Region intends to hold a summit in the summer of 2019. The Northwest Region intends to hold a summit in the fall of 2019. Initial discussions have begun, and they are exploring a college venue so youth in attendance can tour the campus. It is tentatively scheduled for October 4, 2019, and will include the 4th, 5th, and 6th Circuits.

A discussion was held in SFY19 with the Central Office Executive Team, and a decision was made to continue Older Youth Summits as the events are seen as beneficial.

Improve FST Process

Team Decision Making (TDM) in Missouri dates back to the late 2000s when it 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.

In 2013 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 2018 to improve the results of this process. All of these areas continue to work on building this practice and bringing their external partners onboard with the 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 since the middle of 2017, with continued support from AECF.

In 2017 work began to expand this practice to four additional circuits in the state. These circuits surround St. Louis and started having TDM meetings in the summer of 2018. Currently, there is progress being made to expand the practice to ten more circuits throughout the state.

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

2018 CY Data	State %
% of meetings mother attended	82
% of meetings father attended	47
% of children maintained in own home after meeting	35
% of children custody was requested after meeting	36
% of kids placed with relatives after meeting	39
% of children placed in foster home after meeting	10

Increase Judicial Engagement to Include Judges and Court Staff

Staff Competency in Court

Legal Aspects training is now offered a minimum of eight times per year, with additional regional classes scheduled upon the request of specific circuits. The Legal Aspects trainer collaborates with the local jurisdiction requesting specific training; encouraging and supporting co-training with Juvenile Office, or other agencies and entities; encouraging the participation of

court personnel along with Children’s Division staff (if such an environment is conducive to learning and strengthens partnership and understanding).

In FY18 and FY19, revisions to the delivery of Legal Aspects Investigations and Family Centered Services training were completed. Content and format changes have been completed subject only to changes in the law or updates in policy. Legal Aspects for Investigations previously required two instructors as a module within the training – critical thinking – was provided by someone other than the Legal Aspects trainer. In FY19, critical thinking became more integrated, allowing the Legal Aspects trainer to provide the entire training, and all the content, leading to greater flexibility in scheduling with a more fluid presentation overall. In FY18, a total of 244 participants completed Legal Aspects training. As of March 21, 2019, a total of 213 participants had completed Legal Aspects Training for FY19.

The Legal Aspects trainer is in the process creating eLearning modules to be incorporated into the legal aspects training package, as well as to provide booster training and increase the accessibility of Legal Aspects material outside of scheduled training.

Increase Judicial Engagement

Juvenile Courts and Child Welfare Meetings (Supreme Court): The Children’s Division recognizes that child welfare is a multi-disciplinary practice through which best outcomes are achieved when we effectively collaborate with court partners. To that end, the Children’s Division has joined with the Office of the State Courts Administrator to form the Partnership for Child Safety and Wellbeing (PCSW).

Over the last year, the statewide PCSW has continued to convene on a regular basis. The group’s priorities for the year ahead include 1) Planning and executing another set of regional court convenings, to include a greater number of participants (up to ten) from each site; 2) Individualized follow-up and support with specific circuit to coach and support court partnerships; and 3) Family First education and trauma training.

Regional Court Convenings: Collaboration is an excellent investment of resources which merits expansion. A series of regional convenings were held in the fall of 2018. The teams consisted of the judge, juvenile officer, Guardian Ad-Litem, Children’s Division staff, and contracted foster care staff. At each court convening, participants were provided a binder/ toolkit, which included information about Roles & Responsibilities, and information about the Family First Act. The convenings introduced the expectation that each circuit would begin or renew multidisciplinary court partnership efforts. Each team was given data for their circuit and were asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to improve practice. Feedback from the convenings was mostly positive. Responses to court convening follow-up survey showed that at least 60% of circuits had held or scheduled their first court partnership meeting as of early December 2018.

Court TA Teams: While these state-level meetings were useful, the group agreed that more collaboration was needed on the local level. The PCSW decided to design and implement court technical assistance teams in each of Missouri’s 46 circuits. Each team will be led by a local judge and consist of representatives from the Children’s Division, the Juvenile Office, and the GAL and Parent’s Counsel Bar. The Court Technical Assistance Teams 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. These teams are still under development. Court TA Teams are identified as a strategy within the Timely Permanency goal of the Program Improvement Plan.

Staff from the Children’s Division is available to provide continued support and regular data dissemination as a basis for each monthly discussion. A “TA Request Form” has been developed and shared with all 46 circuits. This form can be used to request data, best practice resources, specific training, in-person support/ facilitation, etc. The Children’s Division’s Data Team has begun producing FCI-style quarterly reports for all 46 circuits (to be used as a conversation starter at court partnership meetings).

Jurist-in-Residence Work: In addition to the regional convenings, the Children’s Division has also worked closely with OSCA and Casey Family Programs to assist with the launch of the Jurist-in-Residence program (JIR). The Jurist-in-Residence program pairs a retired judge with current members of the juvenile bench for mentoring and problem-solving support. Just as youth in foster care often take advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently turn to other judges for guidance about best practices and decision-making. The Jurist-in-Residence is contracted with the Office of the State Courts Administrator to begin work in at least three counties; although the Children’s Division is not a party to the contract, the agency provides ongoing consultation and collaboration to ensure its efficacy.

- Missouri’s Jurist-in-Residence convened a very helpful meeting of Circuit 7 stakeholders on January 14, 2018. In this JIR site, the judge and her team seemed interested and invested in deepening their court partnership work. Hot topics included improving transportation supports for parents to attend services and visitation and improving clarity around the Signs of Safety mapping process.
- Similarly, on January 30, 2018, the JIR led a JIR meeting in Pemiscot County. The conversation focused on the lack of resources in this area of the state (especially for substance use treatment), a desire to expand the availability of foster homes (for older youth in particular), and exploration of establishing a CASA program in this region.
- On January 17, 2019, the Children’s Division was informed that one of the JIR sites would be Cole County. Additionally, the JIR is exploring starting a site in the 9th Circuit.

The 9th Circuit has high rates of youth in residential care and, like many places; training may be needed around the upcoming FFPSA requirements for residential placement.

Judicial Engagement Teams: Collaboration between courts and child welfare agencies, along with other community stakeholders, has long been recognized as a requirement for the protection and well-being of children. The Children’s Division has worked closely with Casey Family Programs Judicial Engagement Teams (JET) in Kansas City and Springfield, Missouri. JET is a tenured and highly experienced team that assists courts in using data to inform what needs to be done to achieve the best outcomes for children. These groups have addressed concerns such as Termination of Parental Rights case backlogs and reducing the number of youth placed in congregate care settings. JET is currently exploring launching a third site in the St. Louis area.

Child Welfare Opportunities for Law students: The Children’s Division is very enthusiastic about improving child welfare practice across the state by building stronger partnerships with Missouri’s law schools. In January 2019, the Children’s Division convened a group consisting of several universities. Several promising ideas were generated, and the next steps were identified, including interest in summer externships, year-long Fellowships, and semesters-in-practice.

Other Activities:

- Children’s Division’s Data Team has begun producing quarterly data reports for all 46 circuits (to be used as a conversation starter at court partnership meetings).
- On February 27 and 28, 2019, the ACF Commissioner visited Missouri. The visit included a special event for juvenile judges in Springfield (Greene County). The event showcased another judge’s effective judicial leadership techniques to foster multidisciplinary collaboration and lower the number of youth in residential placement. The Commissioner shared his vision around the important role that judges can play in prevention and safe reduction of the foster care population.
- The Children’s Division is aware of the recent change which would permit Title IV-E reimbursement to fund child and parent representation. The Children’s Division has begun to explore the feasibility of implementing this opportunity in Missouri, including whether any statutory changes may be needed.

Strengthen the organizational culture and create a more skilled workforce

Career Ladder

The Governor recommended, and the General Assembly approved funding beginning in SFY15 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 and 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 February 28, 2019, there were 429 Children’s Service Worker IIIs and 104 Children’s Service Worker IVs statewide. Since the implementation of the career ladder, there has continued to show a positive trend for retention of staff that reaches the levels of Children’s Service Worker III and Children’s Service Worker IV. The data supports that once a Children’s Service Worker reaches the level of Children’s Service Worker III or Children’s Service Worker IV, the turnover drops dramatically. From FY15 to FY18, cumulatively, turnover for a Children’s Service Worker III is 13.57%, and Children’s Service Worker IV is at .06% with the overall average turnover for the last four years at the Children’s Division being 28.67% for all Children’s Service Worker positions.

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 have 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, the 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 continued to support and provide guidance throughout this process. NCWWI will assist the Children’s Division in determining evaluation measures which can be used to support ongoing leadership development. Evaluation and feedback sessions took place in May – June 2018. A final report on the Comprehensive Organizational Health Assessment and organizational feedback was delivered to the Executive Team in July 2018. Utilizing this report as well as listening to feedback from Academy participants has assisted the Leadership and

Professional Development team in making adjustments to the leadership program and support plans to begin offering leadership development to more teams throughout the state in FY20.

As part of this integrated design, the Northern Region circuits continued to do post-Academy work meeting as Design Teams, adopting a new name, calling themselves “Action Teams” and utilizing these Action Teams to support follow-through on workforce goals and the Change Initiatives and learning of the Leadership Academy participants.

The Action Teams had a kick off in August of 2018 with all team members present. The circuit Action Teams began in September of 2018 with the schedule of meeting one time per month for three hours at a time. All monthly meetings have taken place with the exception of November and February due to weather. Circuit 14 also missed out on their meeting in January due to deteriorating weather conditions and the decision from all to not hold that meeting.

The Action Teams are made up of a variety of participants including frontline staff, clerical staff, supervisors, and Circuit Manager. Due to Supervisor and Case Manager level attendance, expectations were clear from the beginning that the role in the Action Teams was not in a supervisory capacity, but as only a same, even-level participant like everyone else present. Open discussions were had in regards to the Case Manager/Supervisor’s ability to respect those roles; the facilitator would discuss it with the team and perhaps ask for the removal of that person if they were not able to follow the expectations. To date, this has not been an issue, and no requests for removal have been made.

The make-up of participants includes 23 frontline staff, one clerical support, four supervisors, two specialists, and four circuit managers, as well as a Quality Assurance person who only sits in as needed for data purposes but is not an active participant. The teams are facilitated by an objective outsider, who is not associated with the offices or even sub-region. All four action teams made the initial decision to exist for two years – give or take a couple of months depending on where they are at on accomplishing their goals. There will be a discussion about this group sustaining on their own without a facilitator at the 18-20 month mark.

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 the Executive 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 the Children’s Division has participated in various training opportunities over the past year and are identified in the Quality Assurance Systems section of this report.

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 the Center for Juvenile Justice Reform (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 services to Crossover Youth and have 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 in 2019.

Progress: Missouri is in the process of developing a 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 two year period which began in 2017 and will conclude in 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 the 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 and presented their findings and recommendations to the State Policy Team in March of 2018. 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. The work group created Case Maps identifying the pathways in which this population travels through the Child Welfare and Juvenile Justice systems, giving special attention to decision points, critical transitions, and opportunities for increased collaboration and more effective service. These Case Maps serve as a framework around which to build narratives of best practice and write policy to guide the actions of practitioners in the field. Policy and the Implementation Toolkit are scheduled to be completed and introduced in 2019 via agency specific communication methods and a series of regional trainings.

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 was 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 Children's 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 established 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 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. Statewide Medicaid Managed Care expansion went into effect on May 1, 2017. In November 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. In early 2019, MO HealthNet convened a workgroup in partnership with Children's Division to improve communication between the managed care plans and to expand the health homes model throughout the state. There are still a large number of details which need to be worked out including the requirements of a health

home, certification of providers, systems issues, transitioning youth out of care, preventing duplication of services, to name just a few.

Assessments Within 30 Days of Custody

Children's Division continues to address timely 30-day comprehensive assessments for children case managed by the 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 time, including more frequent data pushes and a preemptive approach by which children who have been in care less than 30 days are included on the file to alert staff to enter data or schedule an exam if not already scheduled.

All compliance data is extracted from FACES making the outcome measure completely reliant on staff data entry, and accurate data entry. The most recent quarter's data shows over 70% of children entering care during that quarter received a timely 30-day assessment as documented in FACES. The data also shows that just over 10% of children entering care during that time period have a 30-day assessment documented in FACES, but the exam occurred outside the 30-day mark. Additionally, approximately 10% show either no 30-day assessment entered in FACES, or the exam date entered is prior to the child's custody date. In situations where the exam date is entered in FACES, prior to the child's custody date, the staff is advised to ensure the earliest court activity resulting in protective custody is properly documented in FACES. As well, the staff is advised to review the child's placement history entered in FACES to ensure the first placement date is accurate. These troubleshooting tips have reconciled some of the non-compliance data.

In February 2019, the Children's Division developed 12 new specialist positions to provide regional support to staff around health care priorities. The Health Information Specialists have three initial objectives: 1) Ensure children receive the initial physical exam within 24 hours of out-of-home entry, and the 30-day comprehensive (HCY) assessment within 30 days of entry; 2) Assist staff in gathering medical records for children in care; and 3) Support staff in understanding their role/responsibilities regarding informed consent. The specialists are delving deeply into the most recent data file of children showing no 30-day assessment in FACES, reconciling those as appropriate and providing guidance to staff on improved practice.

Health Outcomes Measurement

MO HealthNet accepted from the Health Care Oversight and Coordination Committee recommendations of key metrics specific to children in foster care to be included in the new managed care contract released for bid in 2016. The statewide expansion of Managed Care began with the execution of the new contract on May 1, 2017, affording all foster children the same

coverage, services, care coordination, and measurable health outcomes. Generating and providing various points of data specific to foster children is a performance requirement of the contract. This data has been requested from the individual plans but was not yet available at the time this report was written.

Children’s Division maintains a contract with Care Management Technologies: A Relias Learning Company for the 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 *ProAct* portal has been used primarily in the monitoring and oversight of psychotropic medications. The contract with the University of Missouri, Center for Excellence in CHILD Well-being, includes oversight of health outcomes for children in care in Phase Two of service implementation expected to occur later this year. This additional capacity will include clinical and support staff (full-time pediatrician, full-time pediatric nurse, a medical ethicist, a geneticist, and at least two nurse case managers) to:

- Coordinate medical and behavioral aspects of pediatric care with Division staff.
- Work with the Department of Social Services clinical staff to quantify the prevalence and distribution of medical and behavioral health conditions among the Medicaid population, including children in foster care.
- Monitor the population to assure the population, in aggregate, is receiving timely routine preventive visits.
- Provide medical consultation to division staff as needed and provide peer-to-peer consultation regarding treatment plans for specific children.
- Work jointly with the Department to develop strategies to address issues/trends related to physical and/or mental health issues.
- Review best practices for evaluation and treatment of children in state custody with the integration of clinical knowledge in policy.
- Promulgation of trauma-informed care policy and practice to peers for incorporation into behavioral health and medical practices and systems.

Until Phase Two is fully operational, the Center is providing oversight of children prescribed antipsychotic medication to ensure required metabolic monitoring is obtained. The Center also has a full-time registered nurse (RN) on staff available to field practitioners for consults related to physical health care. The RN is available to consult on medications and vaccinations, provide general anticipatory guidance, and help staff understand treatment plans. Although a pediatrician will not be on staff until later this year, the RN does have access to physicians within the University of Missouri Health System for further consultation.

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. The Children's Division is currently developing 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 a 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 measure the same thing in the same way. Plans for 2019 included a three to six month pilot with selected residential providers to address any issues with data collection in preparation for statewide implementation with the release of the next residential contract later in 2019. The pilot was initiated with three residential providers in February. During the next few months, the Children's Division will be developing a tool for data collection and mechanisms for transferring and aggregating the data.

Introduced in March 2018 was the Missouri Collaborative Systems Team Meeting (CSTM). The objective of CSTM is to identify opportunities at the system level 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. A statewide CSTM meeting was held in 2018 on the following dates: March 30, May 11, July 5, October 3, and December 5. A statewide meeting was held on February 22, 2019. These meetings were held in Jefferson City, Missouri, and were attended by leadership from all representing agencies.

One of the positive results from the statewide group was that connections were made between local leadership at each participating agency, and several local CSTMs were formed. For example, a local CSTM meeting will be held on May 16th at James River, Clark Chapel in Ozark, Missouri, from 9am – noon. The invitation describes the purpose of the meeting as “CSTM meetings provide an opportunity for people/organizations with shared experiences, successes and concerns to assemble, review their collaborative activities, and discuss and strategize on ways to improve collaboration, practice, policy, and service delivery between systems for youth and adults who are involved with Department of Social Services, Children's Division, and quality for services through Department of Mental Health.” During the meeting, contact information across agencies will be shared, a question and answer session will be provided, and information on services that are available will be shared.

An additional result of the CSTM is a workgroup to revise the Custody Diversion Protocol (CDP), which is a joint agreement between the Children's Division and DMH that describes the roles and responsibilities and how to collaborate to divert youth from entering or remaining in state custody solely to access mental health services. The statewide CSTM team identified the current protocol is confusing, overly complex and a barrier for families accessing mental health services prior to custody. Many children still enter Children's Division custody due to child behavior challenges with no accompanying abuse or neglect on behalf of the parent. The CDP subgroup plans to present their recommendations at the next state-level CSTM meeting.

Become a trauma-informed organization

Trauma Awareness and Secondary Trauma

Establishing a baseline understanding of trauma with shared language among all staff was a necessary first step in the journey to becoming trauma-informed. To create this foundation, the Children's Division selected the National Child Traumatic Stress Network Child (NCTSN) Welfare Trauma Toolkit training curriculum. Staff training began in January 2015 and all staff, including contracted staff, was 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 required to complete the two-day course within the first six months of hire. Additionally, introductory sections of the Toolkit are now integrated into new employee orientation curricula

to initially expose staff to concepts that will be revisited and reinforced during the full Toolkit training provided later. Toolkit 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.

As the Toolkit training has heightened staff's awareness of the trauma children and families involved in the child welfare system have often experienced, Missouri has also focused on the secondary traumatic stress experienced by the Children's Division staff, especially frontline practitioners and supervisors. In response, a training requirement was instituted that all staff is provided training on secondary trauma and resiliency practices within six months of hire. The training mandate also requires supervisory staff to have next-level training focused on promoting resiliency and creating a trauma-responsive work environment. Due to some competing priorities around other emerging initiatives, and in order to not compound the stress experienced by staff, the training mandates around secondary trauma were temporarily suspended, but are still available upon request. The Trauma Committee has recommended these training requirements resume, but will first review the standing curriculum for updates and practice model integration. The trauma specialists will receive train-the-trainer training the previous contract holder in order to provide the secondary trauma and resiliency practices training to staff. It is projected train-the-trainer will be completed by September 2019 with those newly trained staff providing trainings to other staff thereafter.

The Division's trauma specialists have assumed additional support roles, serving as consultants to local circuits, offices, and staff in the area of trauma. Supervisors are recognized as the greatest catalysts for creating and supporting a culture that is trauma-sensitive, trauma-responsive, and promotes staff resiliency. A training course alone will not be sufficient to create the sustainable culture shift needed to adequately support staff. To bolster the supervisor's capacity to meet the resiliency needs of frontline staff while also supporting the supervisor's well-being, 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, and providing clinical support as needed.

Additional support to frontline practitioners is provided through the Secondary Trauma Consultation contract. The contract offers 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. The practitioner is not employed with the Children's Division but has a wealth of experience working with the Children's Division and the child welfare system. The service has been well-received by staff, and the practitioner has been able to extrapolate common trends from these consultations which help shape the Children's Division's approach and work done around staff support.

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 Children's Division continues facilitator recruitment efforts to ensure accessibility to resource parents across all regions of the state.

Develop the model for MOST

The Missouri Children's Division explored the possibility of providing services to children who experienced 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 relevant data as it is available. For example, results from the quarterly case reviews are regularly presented and discussed at the CFSR Advisory Committee meetings. 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 Children's Division 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 Children’s Division field investigators. Below is a call chart for SFY14 - SFY18:

Fiscal Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non-CA/N Referral	Documented Calls
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)
2018	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)

Source: FACES Report for FY14-FY18

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)

Child Abuse and Neglect Call Management System Technology

As the chart above illustrates, the total calls received at the CA/N Hotline Unit increased each year for FY14 through FY16 and then leveled off for FY17. In FY18, there was an increase in

total calls (9,599) from 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. 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%. Even with the increase in total calls in FY18 (9,599), the percentage of calls classified as CA/N, non-CA/N referral, or Documented calls were consistent or within 1% of FY17 classifications.

During the last four 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 maximum 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 four years.

Calls Answered Table

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages Monthly
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

In 2018 a new Workforce Management System (WFM) was purchased to assist with collecting data on call trends, staffing patterns, and overall staff performance.

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages Monthly
2018	154,924	77%	135

Source: Information extracted from the Workforce Management System and FACES

The percentage of calls answered has remained in the 80-90% range during the 2014-2017, but there has been an increase in busy signals/messages each year. The incremental increase in busy

signals/messages over the last four years from an average of 3,965 each month in 2014 to 6,862 in 2017 is attributed primarily to staff turnover and 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%.

In January 2018 the Cisco phone system was installed for all hotline locations. This phone system offered many advantages including: a uniform platform, a queue size which increased from 12 to 50, as well as no maximum hold time. These features resulted in reporters experiencing a decreased number of ‘busy signals’. The addition of a ‘hold my place’ feature was also added in January 2018 for non-emergent mandated reports. The queue was also divided into three sections: Emergency Reports, Non-Emergent Permissive Reporters, and Non-Emergent Mandated Reporters. These enhancements have allowed for triaging calls more effectively.

Online Reporting: Due to continued challenges to handle 800# call volume, an online reporting option called OSCAR (Online System for Child Abuse/Neglect Reporting) was implemented on November 21, 2016, 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 2018, the Children’s Division promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups resulting in 21,457 online reports in FY18. The OSCAR 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 leaves 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 is 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 has 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 2018, 23 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 the Children’s Division 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 2018, 14 hotline workers and two supervisors (Greene and Jackson Counties) were out-based in Jackson, Boone, St. Louis, and Greene Counties.

Turnover at the hotline improved from 23% in CY17 to 17% in CY18 (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. In CY18, the possibility for staff being able to take calls from home was explored. This work from home opportunity will be piloted in 2019, and if successful, it is believed that this will also reduce turnover.

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 central 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 2017 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 telephone 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 implementation of PCG recommendations began in October 2017 and was extended into 2019. 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. As of December 2018, Greene County had one supervisor and five hotline workers. The Jackson County out-based unit was expanded in early 2018 to add a supervisor and four workers. In December 2018 Jackson County had one supervisor and eight hotline workers. In Jefferson City, an additional trainer and specialist were 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. In December 2018 the hotline was provided three additional worker allocations which will be filled in 2019. Plans were already in place to publicize and expand online reporting throughout 2017, and a workgroup 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 were rolled out during 2018 for both Jefferson City and out-based offices to meet PCG recommendations.

Enhancement recommendations to the intake system (FACES) were made in 2018 which support the recommendation to streamline the intake screening process. These recommendations will reduce the number of ‘pathways’ that a hotline worker must complete and minimize duplication. These enhancements should be implemented in 2019. In November 2018 all hotline staff was trained to utilize Signs of Safety, which is part of the Children’s Division Practice Model. The use of Signs of Safety will provide a complete kit of information for field staff to use when engaging with a family.

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 the 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 four years:

PRR CALENDAR YEAR	2014	2015	2016	2017
TOTAL CALLS REVIEWED	6,725	6,755	6,846	6,566
<i>Was the answer to ENTRY question #11 summarized clearly?</i>	100%	100%	100%	100%
<i>Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?</i>	99%	99%	99%	99%
<i>Was the call correctly classified as a CA/N Report?</i>	100%	99%	99%	100%
<i>Was the correct Response Priority chosen?</i>	99%	99%	99%	99%
<i>Was the correct Track assignment chosen?</i>	99%	99%	99%	99%
<i>Was the county of assignment correct?</i>	100%	100%	100%	100%

Source: Lotus Notes CANHU Peer Record Review Reports

As the chart above shows, there was little change in peer review results (with accuracy in the 99%-100% range) over the past four 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. In CY18, a hold was put on PRR to develop a more detailed and in-depth review process. This process is targeted for rollout in 2019 assuming ITSD is able to create the technology within that timeframe.

Child Abuse and Neglect Reports

During SFY18, the Children’s Division completed 73,924 reports of child abuse/neglect, involving 106,090 children. This was an increase in reports of 8.7% from SFY17 and an increase of 8.0% of total children. Over the past three years, this represents an overall increase in the number of reports by 2.1%.

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
2016	72,388	5.5%	106,067	5.4%
2017	68,014	-6.0%	98,270	-7.4%
2018	73,924	8.7%	106,090	8.0%

Note: All counts of children are duplicated because a child may be reported more than once during the year.
 Source: Child Abuse and Neglect Annual Report, SFY18

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 the 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 SFY18.

Reporters of Child Abuse/Neglect during SFY18 by Occupation		
	Number	Percent
Permissive	19,558	23.1%
Principal or other school official	14,854	17.6%
Peace officer or Law Enforcement	10,880	12.9%
Social Worker	10,722	12.7%
Mental Health Professional	5,221	6.2%
Teacher	5,135	6.1%
Nurse	4,910	5.8%
Unknown	3,795	4.5%
Other Person with Responsibility for Care of Children	3,183	3.8%
Children’s Division Worker	1,463	1.7%
Physician	980	1.2%
Juvenile Officer	921	1.1%
Day Care	703	0.8%
Other Health Practitioner	514	0.6%
Other Hospital/Clinic Personnel	477	0.6%
Psychologist	464	0.5%
Minister	191	0.2%
Probation Officer or Parole Officer	189	0.2%
Intern	186	0.2%
Medical Examiner	67	0.1%
Dentist/Dental Hygienist	55	0.1%
Jail/Detention Personnel	54	0.1%
Resident	36	0.0%
Coroner	25	0.0%
Optometrist	1	0.0%
Chiropractor	0	0.0%

Note: Reporters exceed reports because more than one person may report an incident
 Source: Child Abuse and Neglect Annual Report, SFY18

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.

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 73,924 reports in SFY18 which met criteria to be classified as child abuse/neglect, 37.3% were completed as investigations, and 62.7% were completed as family assessments. This percentage remains consistent over time.

CA/N Investigations: An investigation is a classification of response by Children’s Division 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 on 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 Sections 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 24 hour day;
 - Any person who has access to the child based on the 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.

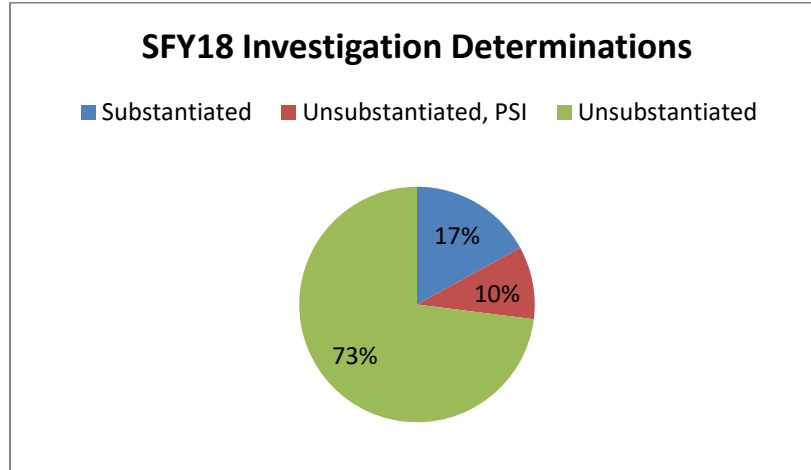
Emotional abuse: Any injury to a child's psychological capacity or emotional stability demonstrated by an observable or substantial change or impairment in the child's behavior, emotional response, or cognition, which may include but is not limited to: anxiety, depression, withdrawal, or aggressive behavior; 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 Children’s Division has sent the report to the superintendent of the appropriate school district. A conclusion of homeschooling is not appropriate when there is a 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 SFY18.



Source: Child Abuse and Neglect Annual Report, SFY18

Substantiated Children by Category of Abuse/Neglect			
Category	2016	2017	2018
Neglect	59.1%	54.2%	52.9%
Sexual Abuse	19.8%	24.5%	29.9%
Physical Abuse	22.1%	21.3%	24.2%
Emotional Abuse	5.0%	5.4%	6.3%
Medical Neglect	2.7%	2.6%	2.6%
Educational Neglect	1.0%	1.3%	1.3%

Source: Child Abuse and Neglect Annual Report, SFY18

Family Assessments: A Family Assessment is a classification of response by the Children’s Division to provide for a prompt assessment of a child who has been reported to the Children’s Division 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 Children's Division 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 Children's 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 SFY18. Percentages have remained consistent over the past five years among all categories.

SFY18 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	8.4%	74.4%	5.3%	7.7%	2.7%

Source: Child Abuse and Neglect Annual Report, SFY18

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in all of the child abuse/neglect reports received during SFY18:

Relationship	Percentage
Natural Parent	68.4%
Parent/Caretaker’s Paramour	8.5%
Step-parent	5.2%
Grandparent	4.2%
Aunt/Uncle/Cousin (Also Great)	2.9%
Other	2.3%
Friend	1.4%
Adoptive Parent	1.3%
Foster parent	0.8%
Legal guardian	0.8%
School/personnel	0.7%
Institution/staff	0.7%
Sibling	0.7%
Daycare provider	0.6%

Source: Child Abuse and Neglect Annual Report, SFY18

The data below highlights perpetrator demographics for substantiated reports for SFY18. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (66.0%) were between the ages of 20 and 39.

Slightly over half of the perpetrators (60.2%) were male.

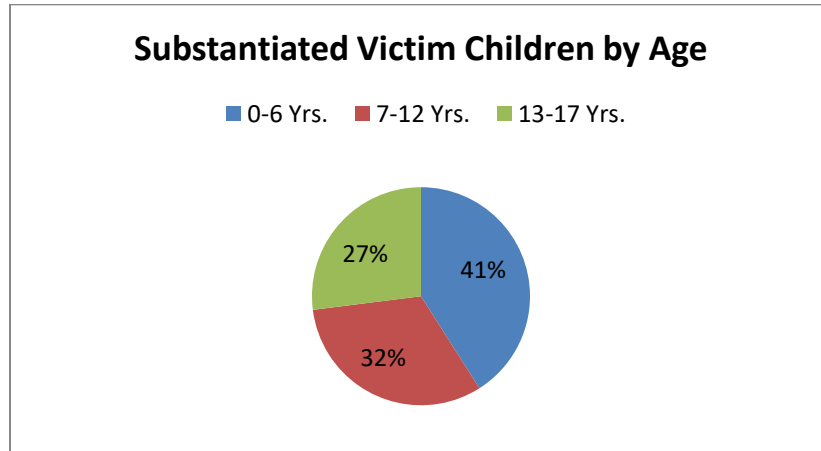
Three-fourths (75.3%) of the perpetrators were white, and 16.9% were black.

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 (24.0%). This has been a steady increase since SFY15, which was 11.2%. Other prevalent perpetrator characteristics include having a history of criminal behavior (18.3%), having a mental/emotional disturbance (14.9%), and having an adequate support system (14.8%).

Child Demographics:

The data below highlights child demographics for family assessments and investigations for SFY18:



Source: Child Abuse and Neglect Annual Report, SFY18

Of the substantiated children, 58.6% were female, and 41.4% were male. For Family Assessments, 47.9% were female, and 52.1% were male.

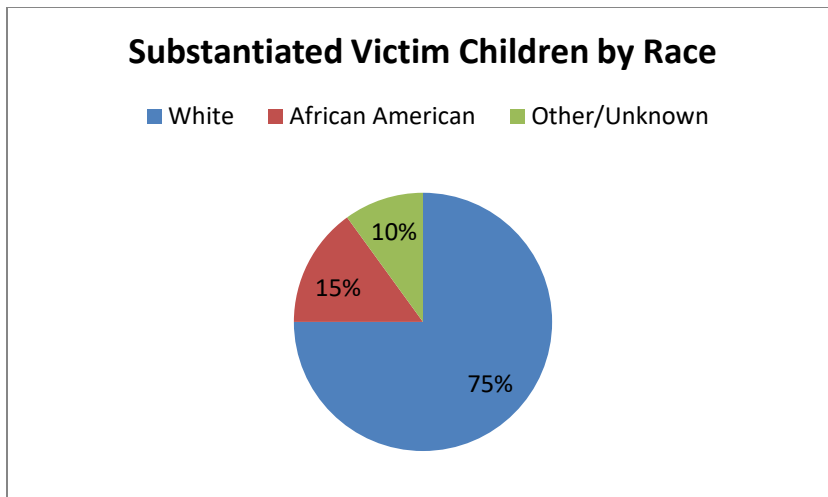
Children birth through six years old constituted approximately 41% of all children involved in substantiated investigations. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.

Children birth through four years old constituted approximately 30% of all children involved in substantiated investigations. This demographic supports the Children's Division'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 62% 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 86% of the children who were found to be sexually abused were female.



Source: Child Abuse and Neglect Annual Report, SFY18

For Family Assessments, 72.1% of children were white, 18.1% were African-American, and 9.8% were other.

In comparison to the most recent Census data for Missouri, African-Americans were disproportionately represented in child abuse/neglect reports as only 11.8% 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 14 is alleged to have committed an act of sexual abuse against any person under the age of 18. Historically, these reports have been classified as non-caretaker referrals which the Children’s 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 Children’s 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 Children’s 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 Children’s 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 3,761 Juvenile Reports in SFY18.

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 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 supervisory consultation. The supervisor consults 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 ongoing 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/Neglect Related Policy Development and Other Program Enhancements in CY18: The 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 CY18. 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
CD18-14	Introduced new FACES changes directed toward streamlining data entry and implementation of system changes associated with practice model policy changes. Changes were made in FACES to treat Juvenile Assessments like a Family Assessment, which will allow for better data collection. Also, staff will now have the ability to combine calls when multiple reports are received about the same family while a report is open.
CD18-30	Introduced changes from the 2018 legislative session. Those directly impacting the CA/N program include: adding a new mandated reporter type; changing the reporting of drug-exposed children by doctors from reporting to the Department of Health and Senior Services to the Children’s Division; changing the retention of reports concluded as unable to locate the child from one year to 18 years from the date of the report. Changing the retention of unsubstantiated reports by a mandated reporter changing from five to ten years and unsubstantiated reports by a permissive reporter from two to five years.
CD18-31	Introduced new FACES changes directed toward streamlining data entry. Changes were made to eliminate the number of screens required to enter a single case contact and added the ability to track change a CA/N Report to a Non-CA/N Referral.
CD18-31	Introduced a new Signs of Safety Immediate Safety Intervention Plan.
CD18-33	Introduced policy around Differential Assessments.
PP18-IA-02	Provided enhanced guidance around the staff’s ability to duplicate reports in an effort to eliminate unnecessary data entry.
PP18-IA-01	Introduced new Preventive Service Referral criteria. This was a recommendation from the CANHU Protocol Revision workgroup to enhance screening decisions.
PP18-IA-02	Allowed flexibility in completing Juvenile Assessment tools.
PP19-IA-02	Clarified Missouri’s statutory authority to conduct child abuse and neglect reports involving another state.

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, the Children’s Division 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 the Children’s Division’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, the Children’s Division 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 to ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children’s 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 Children’s Division’s decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within 60 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 2014-2018

CANRB REVIEWS	2014	2015	2016	2017	2018
UPHELD	312	329	318	368	553
REVERSED	142	178	180	108	104
TOTAL	454	507	498	476	657
PERCENTAGE UPHELD	69%	65%	64%	77%	84%

Source: CANRB CY14-CY18
Reports Produced by the Child Abuse/Neglect Hotline Unit

As illustrated above, the Children’s Division’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 2014-2016 but rose to a high of 84% in 2018. The 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 the reversal is case-specific. For each reversal, the Board chair is asked to document the Board’s reason for a reversal for direct feedback to the Children’s Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter to the Children’s Division of the Board’s decision to reverse.

Background Screening and Investigation Unit

The Background Screening and Investigation Unit (BSIU) continue 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	2014	2015	2016	2017	2018
	107,577	105,781	97,368	92,356	91,297

Source: BSIU CY14-CY18 Reports Produced by the Child Abuse/Neglect Hotline Unit

The decrease in BSIU screening requests for each year since CY15 is likely attributed to 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 Children's Division investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs brings 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 8,282 forensic interviews in SFY18, compared to 7,663 interviews in SFY17. CACs provided mental health services to 5,919 children in SFY18.

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 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 collaborate 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 SFY18, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. In June 2018, the SAFE-CARE network began 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. One ECHO series was held in 2018 on physical abuse. A second ECHO series on sexual abuse began in February 2019. The Children's Division has partnered with the SAFE-CARE network and Missouri KidsFirst to be a part of the hub of experts that help share knowledge and facilitate learning at each session. In addition to SAFE-CARE ECHO, providers receive one all day in-person training annually.

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 51 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.

Legislation in 2016 requires investigative staff to complete four hours of medical forensics training. In response to this Missouri KidsFirst, several SAFE-CARE providers, and the Children's Division have developed training for the 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.

In SFY18, the Department of Public Safety paid claims for 2,347 child sexual assault forensic examinations (SAFE) and 1,380 child physical abuse forensic examinations (CARE).

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 was reauthorized during the 2018 legislative session and met once during 2018. There are numerous sub-committees working on the recommendations from the initial task force report. At this time, the Task Force is working 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

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 Sections 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 Sections 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 the 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.
CD18-34	Updated the requirement to attend Introduction to Human Trafficking training to include all Children’s Division staff, including supervisors, regional directors, circuit managers, specialists, and contracted practitioners.

A Program Development Specialist from the central office is an appointed member 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. 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.

To expand on the Introduction to Human Trafficking training, the Children’s Division is currently in the process of establishing an expert partner and developing an advanced Human Trafficking training curriculum for Children’s Division staff, as well as foster/relative providers and residential providers. This advanced training will further strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the advanced Human Trafficking training, Children’s Division will also be updating Children’s Division policy to provide guidance to Children’s Division staff, as well as contracted staff, as to how to respond to potential victims 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.

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 Children's Division Annual Report, Table 38, in SFY18, 1,691 families and 4,381 at-risk children were accepted into the IIS program. In SFY17 there were 1,900 families, and 4,757 children served. In SFY16 there were 1,795 families, and 4,631 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 decrease in the number of families served from SFY17 to SFY18, which may be attributed to vendors waiting on the new contract to be awarded. Vendors may be unsure about how to proceed as there have been multiple extensions. Some vendors are having difficulty hiring staff because the vendor may not have been awarded the new contract resulting in hardship for the sites as the vendors are not able to serve as many families.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY18, 38% of the children served by IIS were age five and under. In SFY17

and SFY16, the percentage of children five and under was 38% and 39% 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 Children's Division Annual Report, Table 39, in SFY18, 78.3% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 80% in SFY17 and 78% in SFY16. According to SFY18 IIS Annual Report, Table 24, in SFY17, 5% 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, Children's Division 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. The Children's Division staff is also encouraged to attend any of the training offered through the IIS/IFRS training contract.

In July 2016, (FY17), another 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 14 additional specialists across the state. The Children's Division determined where the additional specialists should be allocated based on the current percentage of specialists and the

current percentage of foster care 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 expire in June 2019. A new contract period is scheduled to begin in July 2019. However, there has been a delay in the award of the new contract. This has resulted in several contract extensions of the current contract. The IFRS program will be combined into the new IIS contract. This would allow more families to be served and would 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. 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 who 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 provides intense, time-limited family reunification services to families. Staff meets 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 90 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 the 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 CY16. 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 the 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, the child ran away, information not available, and others. 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
2014	10%	4%	7%
2015	12%	2%	6%
2016	15%	7%	5%
2017	11%	11%	5%
2018	13%	7%	5%

For SFY18, the percentage of children in foster care at three, six, 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.

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.

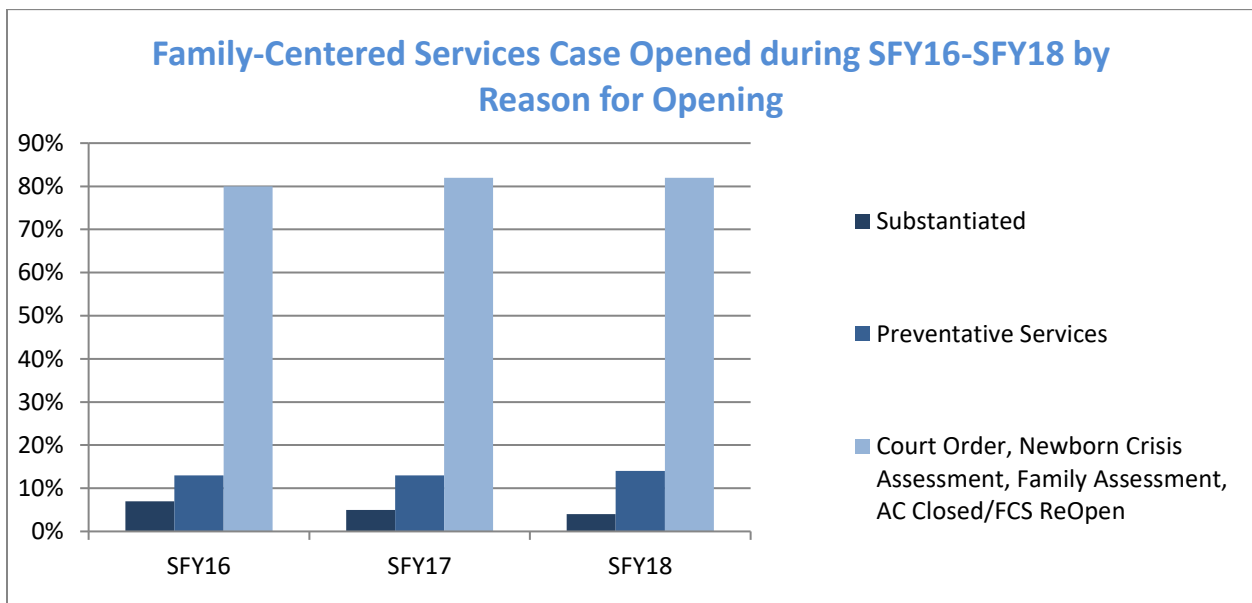
In SFY18, there were 7,089 active FCS cases compared to 14,865 during SFY17, and 18,087 in SFY16. (Source: Children’s Division Annual Report, Table #9). The total number of FCS cases in SFY 18 decreased by 52.3% in SFY17 and decreased by 17.8% from SFY16. In CY17, Children’s Division Memo 17-16 informed staff of changes to the Family-Centered Services and Alternative Care (AC) functions in FACES. As of the date of the memo, the staff was instructed to no longer open FCS functions on families when children are placed in alternative care. This change was made to accurately show families served through intact only FCS cases. When the change was implemented on March 1, 2017, all FCS cases with associated AC functions opened automatically closed in the system, with a few exceptions. This is the contributing factor for the 52.3% decrease in the number of active Family-Centered Services cases in FY18.

Family-Centered Services Cases Active SFY16 - SFY18

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY16	18,087	-6.4%
SFY17	14, 865	-17.8%
SFY18	7,089	-52.3%

In SFY18, approximately 4% of FCS families were served as a result of substantiated child abuse/neglect reports (184 out of 4,605; Source: Children’s Division Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 14% of the total served. Almost 3% of the cases were opened due to a court order. A new open reason was

created in SFY17 based on the Children’s Division Memo 17-16 referenced above to include cases where an AC case was closed, and an FCS case was re-opened. Approximately 5% of families were served as a result of the new reason for opening. The remaining 74% 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 the new policy when reviewing case files.

The Division is continuing to move 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 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. Signs of Safety assessment tools are utilized to best fit the needs of the family. The new policy will allow for supervisor discretion to be used to determine the number of home visits and safety network contacts needed for each individual FCS cases. The number should be based on the needs of the family. At a minimum, one face-to-face home visit per month must be completed for all FCS cases.

Throughout the provision of treatment services, the staff maintains a focused casework perspective. Contacts with the family are purposeful and goal-oriented. Staff may provide whatever direct services a family needs through the FCS case. Examples of direct services that the worker may need to provide are:

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;
- Providing "hard services" to meet the basic needs of the family, such as securing food, shelter, and transportation;
- Developing resources and making these resources available to the family for their ongoing support;
- Encouraging and working with parents to be cooperative and engaging of the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of the child/ren; and
- Referring the family to any available culturally-relevant community resources that help them meet basic needs and stabilize their family, including:
 - Housing referrals and assistance;
 - Public benefits and income support, including any assistance needed to obtain food, clothing, and utility services;
 - Child care;
 - Home care and support services, including household management and home health aide services;
 - Medical and dental care;
 - Respite care;

- Transportation services; and
- Vocational and educational assistance

Child Care and Development Fund

As part of the prevention efforts, Children's Division 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 Children's Division. The Child Care Subsidy Program helped support approximately 28,511 low-income children with about 7,596 children served through protective services in SFY18.

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 the 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

The goal of Crisis Care is to reduce the number of child abuse and neglect incidents and the number of children entering alternative care by providing crisis services to families experiencing a crisis and/or emergency situation and preventing future crises/emergency situations from occurring.

Crisis Care provides temporary care for children aged birth through 18 years whose parents/guardians are experiencing a crisis/emergency situation that requires immediate action for children who may otherwise be at risk for child abuse and/or neglect. Crisis Care emergency situations are defined to include, but not limited to:

- Unexpected, short term hospitalization of a parent/guardian, or child in the household, unexpected incarceration of a parent, or death of one or both parents, which produces a situation where there is no one immediately available to care for the child(ren);
- Children at risk of being sexually abused and/or exploited;
- Lack of food, utilities, and/or shelter with no immediate alternatives available; or

- Domestic Violence

Crisis Care services are not only designed to alleviate immediate crises and emergency situations but are also designed to enhance the family's capability of preventing future crises or emergency situations from occurring. Some of the services provided to families accessing crisis care services include, but are not limited to:

- Intensive case management;
- Utilization of the Signs of Safety model to engage, work alongside, and develop short-term and long-term goals with families;
- Building a natural support network with families;
- Shelter, food, personal care, medical attention, education assistance, transportation, and developmental activities for children;
- Arrangement of medical services;
- Linking to ongoing community resources;
- Assessment and family goal/safety planning to assist with identifying and alleviating stressors leading to the crisis/emergency situation and to aid in the prevention of the future need for crisis services;
- Follow-up engagement with families

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available 4 hours a day, 7 days a week. A child can be accepted at a crisis care facility at any time, day or night if space is available. If space is not available at a crisis care facility, families will be aided in contacting other crisis care facilities or shelters to help in the time of crisis.

Crisis Care contracts are awarded through a competitive bid process, with the most recent contract beginning January 1, 2019. Currently, there are ten crisis care facilities across the state.

In SFY18, 2,271 children age 12 and under were served.

In SFY18, 425 children age 13 to 18 were served.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect 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 three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home

Visiting program also provides 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(ren) age out of the Home Visiting program, they are referred to a Head Start or another early learning program to maintain continuity of educational services for 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 SYF18, there were a total of 1,880 unduplicated families and 2,208 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 Children's Division 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 the Children's Division. 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 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 the 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 the Children’s Division 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 Children’s Division focus over the last several years. It should be noted that in the summer of 2017 the Children’s Division began counting unrelated, a friend of the family-type placements as relative placements, to remain consistent with changes in state law. The Children’s 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 Children’s 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	SFY15	SFY16	SFY17	SFY18
Emergency	FHE	169	149	120	122
Foster Care	FAH, FGB, FGH, FGM, FHB, FHE, FHM, FHO	6,105	5,869	6,012	6,078
Relative Care	RHB, RHM, RHO, RHU	6,810	6,928	7,500	8,977
Kinship Care	KHB, KHM, KHO, KHU	2,077	2,298	2,232	942
Elevated Needs	FGB, CFP, FHB, KHB, RHB	1,038	923	954	9,919
Medical Care	KHM, FHM, RHM	390	417	552	1,009
Transitional Living	TLA, TLG, TLS	343	290	310	627
Independent Living	ILA	297	300	349	285
Residential Treatment	RFA, RF2, RF3, RF4, RFE, RFP, RFT	1,985	1,831	1,691	1,690
Total Children		19,312	19,314	20,031	20,330

Source: Children's Division Annual Report Table 19; Data based upon last known placement at the 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 Children's Division has experienced a continual growth of children in foster care with the foster care population being at 13,607 in

January 2019. Steps are being taken to understand the growth in the foster care population and if possible, make changes to safely curtail the growth.

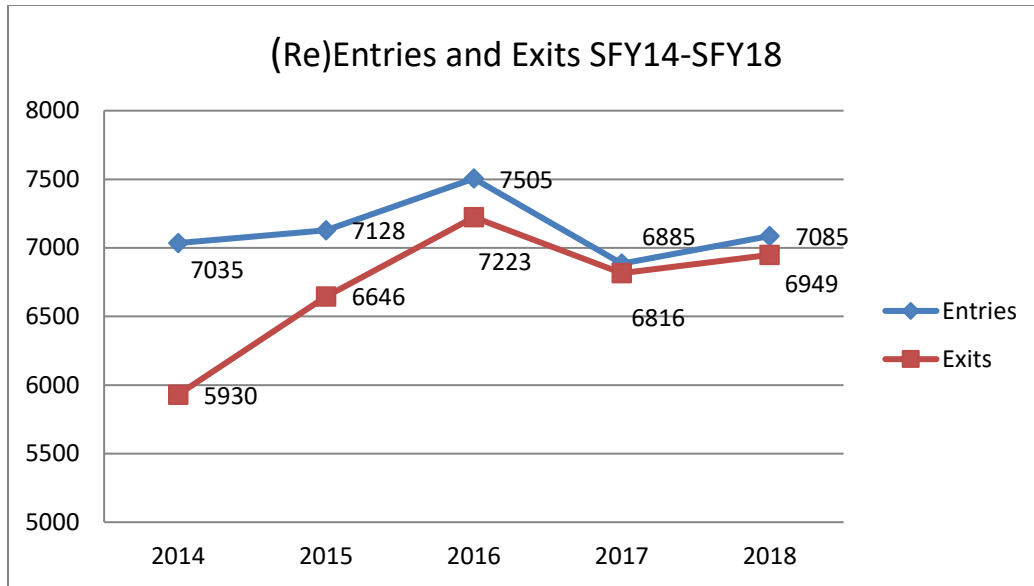
The chart below illustrates the changes in the foster care population in past years. A slight decline was noted in SFY17, but a small increase occurred in SFY18.

Children Active in Children’s Division Custody during SFY14 - 18

Fiscal Year	Number of Children	Change from Prior Year
SFY14	18,283	6.5%
SFY15	19,426	6.3%
SFY16	20,284	4.4%
SFY17	20,031	-1.3%
SFY18	20,330	1.5%

Source: Children’s Division Annual Report, Table #35

In addition to the active population, as shown above, the Children’s Division Annual Report, Table 35 indicates the number of children *re-entering* care increased slightly in SFY18. This was after a decline by almost 700 children between SFY16 and SFY17. According to Table 35 of the Children’s Division Annual Report, the number of children exiting foster care has increased each year from SFY12 to SFY16. In SFY17, a decrease of about 400 exits occurred. In SFY18 the number increased slightly. 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.



Source: Children's Division 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 SFY19 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 the fall of 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 two 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 the staff is 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.
- 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 the Director of Children’s Clinical Services for DMH. In addition to assisting Children’s Division in becoming a trauma-informed agency, this position helped 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 Children’s 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 zero to six are identified to be at greater risk of maltreatment, and children who have experienced trauma are more vulnerable to a 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 zero to eight by utilizing a home visitor model in an educational and skills building approach with the caregiver and resource provider.

Worker Visits with Children

The Division continues to maintain in the area of the frequency of worker visits with children. Missouri achieved 91% in FFY15, 88% in FFY16, 90% in FFY17, 89% in FFY18, and 89% in FFY19 using methodology established by Children’s Division. 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
2018	14.08 months	20.70 months	29.80 months	22.9 months

*Source: Children’s Division Outcomes report, table 9c

**Source: Children’s Division 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 and the Missouri Practice Model. This strategy was intended to focus supervisors to thoroughly review a child’s progress towards the case goal and to create better collaboration with the court in monitoring child progress towards permanency. The Clinical Supervision Process was piloted in several areas, with full implementation statewide, in February 2015. The Children’s Division continues to emphasize the timely achievement of permanency with staff, managers, Quality Assurance and Quality Improvement Specialists and the Courts. In January 2019, a new policy was created to require supervisors to observe each of their staff at least once a quarter in the field. This will allow the supervisor to give feedback to the worker and more closely monitor their skills.

To explore the 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 Children’s 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 the 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 Children’s Division made strong efforts to implement a new practice model (Signs of Safety, Trauma-Informed Care, Five Domains of Wellbeing, and Team Decision Making) in all areas of the state. The Signs of Safety model encourages workers to partner with families to create safe environments for children. The approach is solution-focused and highlights the family’s strengths and how they can be used to protect children.

The Team Decision Making (TDM) model is planned to be implemented across the state. This effort will help decrease the time in care for children by allowing the best decisions to be made for a child early and often while they are in the Children’s Division’s custody.

Placement Stability

Fiscal Year	% of Children with 2 or fewer placements
2014	80.64
2015	79.73
2016	79.07
2017	79.92
2018	79.62

*Source: Children’s Division Outcomes Report, measure 13a

As a result of Round Two of the CFSR, the Children’s 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 2014 to 2018. 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.

Four regions in the state have introduced Team Decision Making 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 experience a pillow change. As other circuits become proficient and established with initial TDM meetings, placement TDMs will be introduced, expanding the practice to more areas of the state.

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	Relative Placement % of Total In Care Population	Kinship Placement % of Total In Care Population
2014	34.19%	9.51%
2015	35.05%	10.69%
2016	35.78%	11.69%
2017	37.44%	11.14%
2018	44.16%	4.63%

Source: Outcome Measure #17a/b

It should be noted that the Children’s Division changed the definition of relative during 2017 as a result of state law revisions. 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, an increase in the use of relative placements occurred since FY14.

Fiscal Year	% of children exiting care from a relative home placement
2014	49%
2015	50%
2016	52%
2017	55%
2018	53%

Source: Children’s Division Annual Report Table 21

There has been a steady increase over the last several years, with a slight reduction for FY18. 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. The 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

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 training is 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

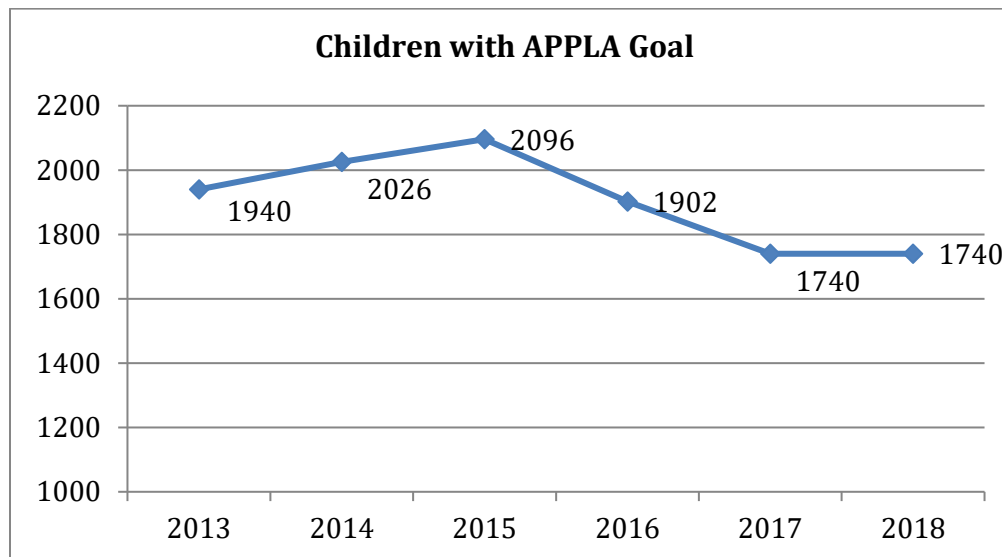
Another Planned Permanent Living Arrangement (APPLA) is the least desirable permanency option and should only be used after all other permanency options have been explored. The Family Support Team (FST) may determine, during an administrative review or at a permanency hearing, another preferable permanency 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 the Children's Division, 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, a federal law went into effect that requires a child to 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: Children's Division 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. On January 31, 2019, the court was 40. 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.

Children's Division sponsored statewide training 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 the 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 the family or community-based care. The Children’s Division Residential Program Unit (RPU) has the responsibility for licensure, supervision, and license renewal for the Residential Treatment Agencies for Children and Youth (RTACY).

During SFY18, 728 children entering the custody of the Children’s Division received residential treatment services. This is an increase from SFY17 when 680 children entering the custody of the Children’s Division received services in residential treatment. Throughout SFY18, 3,487 children in the custody of the Children’s Division received residential treatment services. This is a decrease from SFY17 when 3,501 children received residential treatment services. Residential facilities in Missouri have reported the children entering residential treatment have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into less restrictive settings. There has also been an ongoing 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 2018, children received services through 65 licensed residential treatment agencies for children and youth operating at 119 separate sites. Of the 65 RTACYs, 56 agencies hold a contract with the Children’s Division. In 2018, there were 2 initial RTACY licenses awarded. Thirty-seven RTACYs renewed their licenses in 2018. In 2018, of the 65 licensed RTACYs, 27 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). Two additional RTACYs are actively seeking accreditation. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed RTACY staff is required to have initial orientation and a minimum of 40 hours of ongoing 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 case 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 is approximately 265 youth being case managed through this contract. On March 6, 2019, the number was 319. From July 1, 2012, to present, approximately 958 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 13.32 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 the evidence, and the incident date is later than the enrollment date.

Target Goal: 99.43% SFY18 Data: 100%

Children shall not be on/or have been on runaway status in excess of 48 hours.

Target Goal: 95% SFY18 Data: 95%

Children shall not be or have been arrested or detained.

Target Goal: 95% SFY18 Data: 98%

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% SFY18 Data: unavailable

Youth will not experience a move that is to the same placement type or a more restrictive placement setting.

Target Goal: 78% SFY18 Data: 76%

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% SFY18 Data: 45%

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% SFY18 Data: 96%

Children dis-enrolled or discharged must have had a physical examination within the past 12 months.

Target Goal: 90% SFY18 Data: 89%

Children must be enrolled in and actively participating in an educational program or have successfully graduated.

Target Goal: 90% SFY18 Data: 97%

These measures address the commitment by the Children's Division 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 SFY18 show that the number of youth exiting residential care within 180 days of enrollment decreased during the time period. It started at around 57%, but during the last quarter, it was 30%. 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 in why the goal of children not entering a more restrictive setting was not met. Data for the outcome measures are tracked every quarter, and outcomes are discussed with the contractor on a regular basis.

The 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, the Children's Division 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. Periodic meetings between staff from both agencies have occurred.

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, but it also 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 performance exceeds the expectations of the contract. Likewise, a financial disincentive occurs 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 2018 was 34.69%, the safety measure was 99.88%, where only 0.12% of

the children had a substantiated CA/N report while in care, and 95.7% 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 13 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 members have been assigned to cover this function within the Division with one based in Jackson County, 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. However, this recruitment has continued to be a challenge for the contractor as it is for the Children's Division and private case management contractors. The contractor like Children's Division is more successful in approving and supporting relative providers identified by the case manager and retaining those placements to allow for timely permanency. The contractor participates in the Diligent Recruitment Committee, the Right Size Residential Recruitment subcommittee and the Recruitment and Retention Statewide. The contractor is also instrumental in the development team for therapeutic care, including relatives. In each of these groups, new recruitment ideas are shared, tried, and tested.

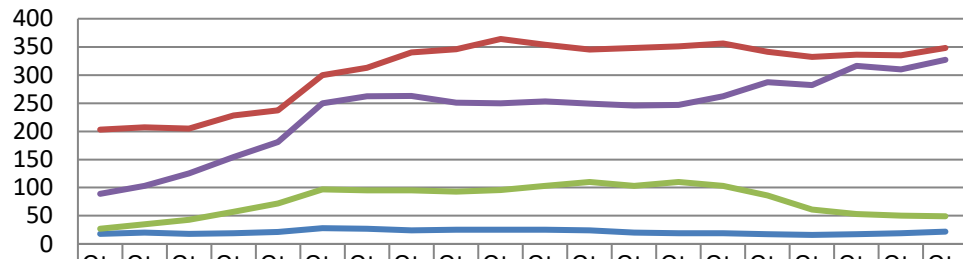
By late 2013, 865 resource home cases were transferred to COC. As of February 2015, there were 1,295 licensed/approved resource families in the pilot area. As of February 2016, there were 1,413 licensed/approved resource families in the pilot area, indicating the success of the

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 the identification of only placements in a family like setting (relative, kinship, or foster home placements). Assessment of this process identified it 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 a 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 the discharge from residential. Residential placements have decreased in Jackson County and remained stable in the NW.

During this second year of the contract, the focus was on the assessment of the pilot and determination of the next step in the 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 Children's Division 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, Children's Division 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 are 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.

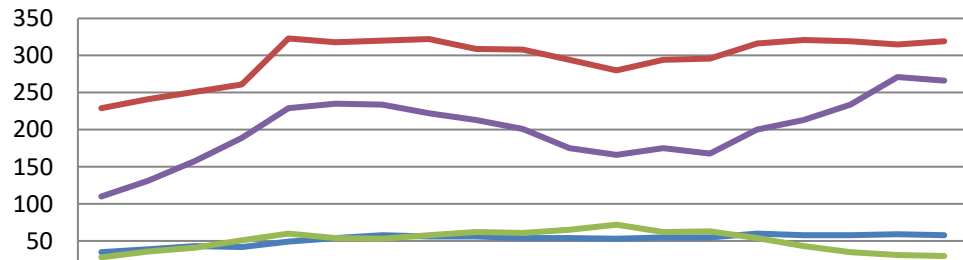
The number of Resource Homes have been tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family like setting for alternative care placement as well as determining how successful the Children's Division and the contractor are increasing use of relative placements:

Number of Active Vendors by Quarter
NW Region-Jan 15, 2014-December 31, 2018



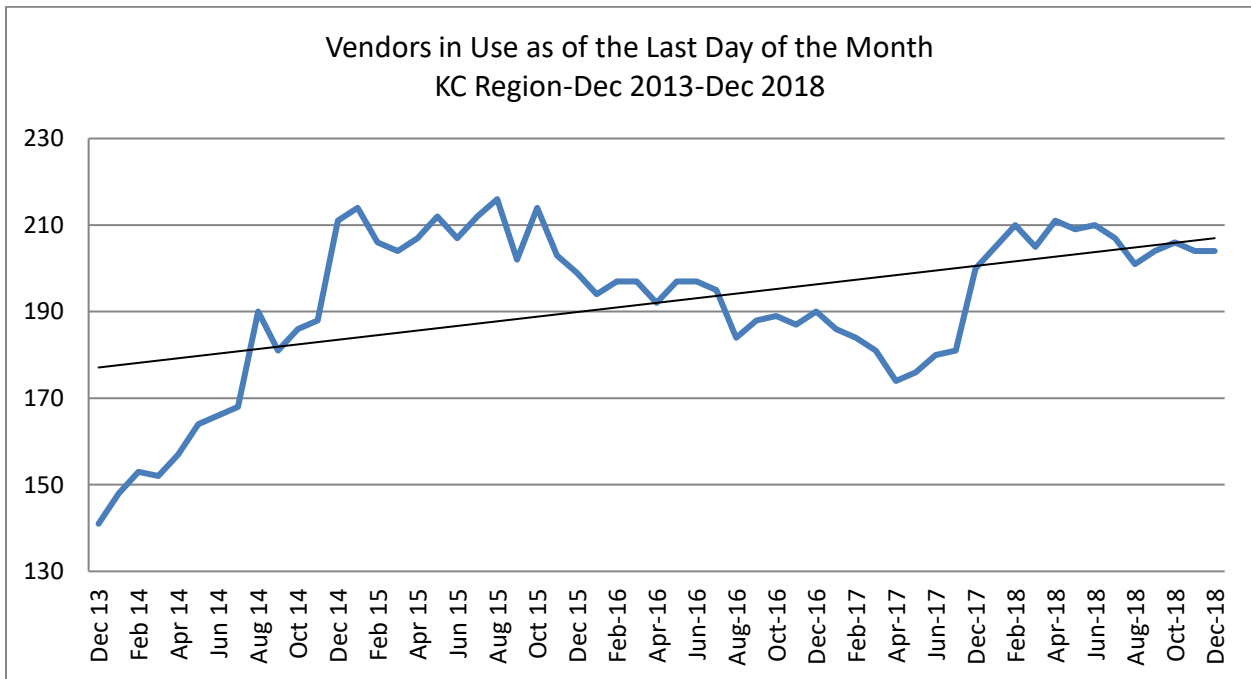
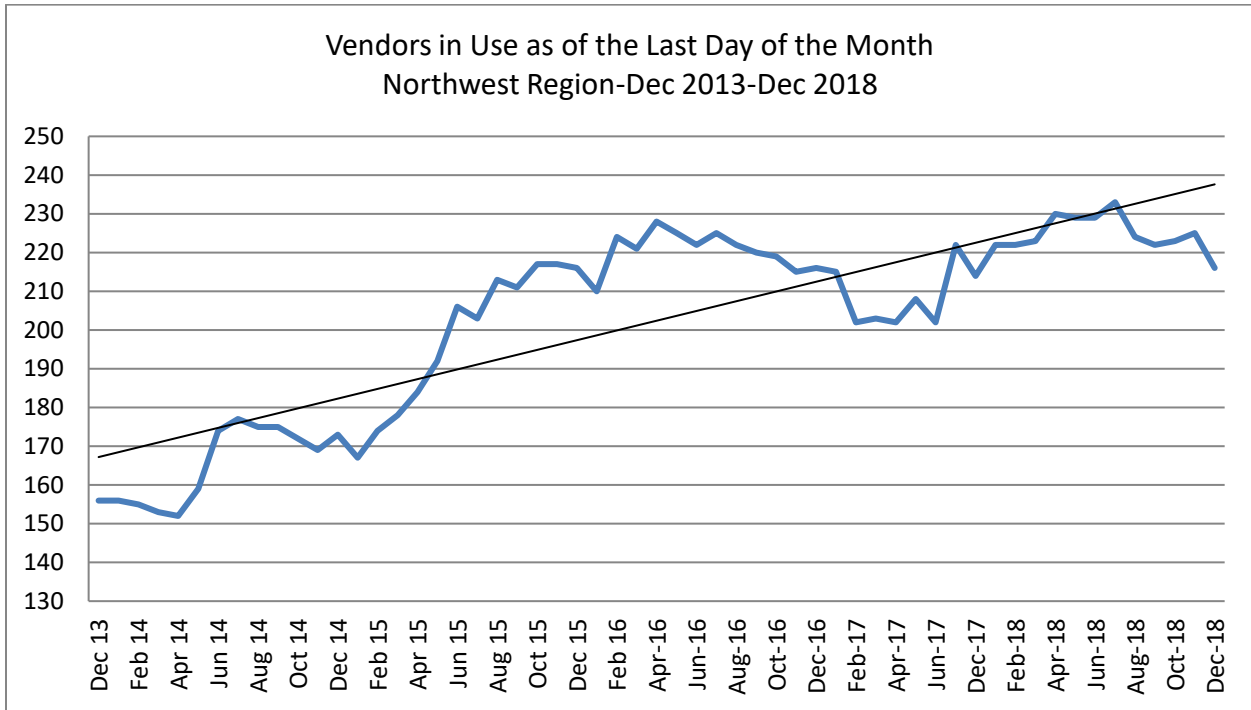
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	Qtr 10	Qtr 11	Qtr 12	Qtr 13	Qtr 14	Qtr 15	Qtr 16	Qtr 17	Qtr 18	Qtr 19	Qtr 20
— Career Foster (CF)	18	20	18	19	21	28	27	24	25	25	25	24	20	19	19	17	16	17	19	22
— Foster Home (FH)	203	207	205	228	237	300	313	340	346	364	354	345	348	351	356	341	332	336	335	348
— Kinship Home (KH)	27	35	43	57	72	97	95	95	93	96	103	110	103	110	103	86	61	53	50	49
— Relative Home (RH)	89	103	125	154	181	250	262	263	251	250	253	249	246	247	262	287	282	316	310	327

Number of Active Vendors by Quarter
KC Region-Jan 15, 2014-December 21, 2018

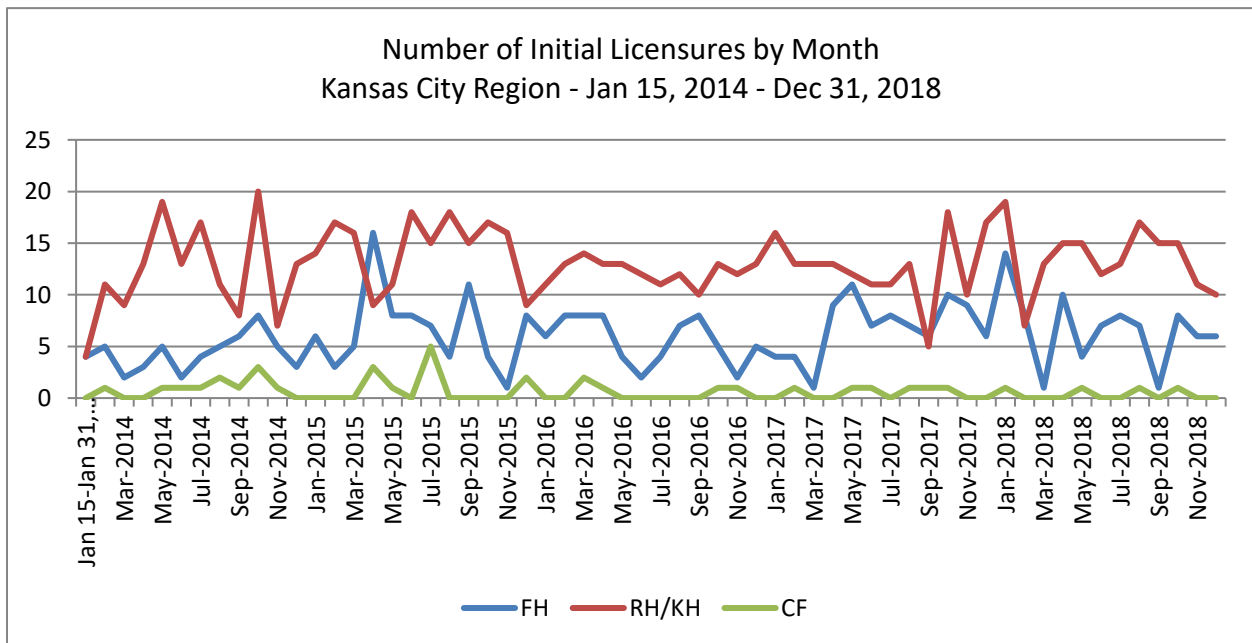
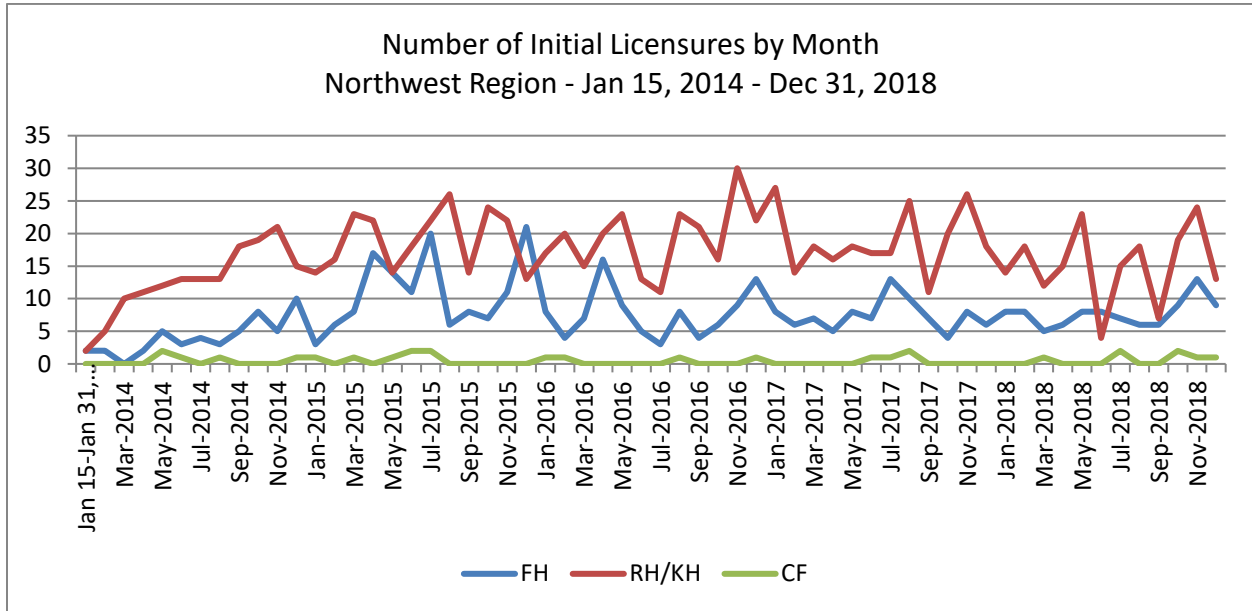


	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	Qtr 10	Qtr 11	Qtr 12	Qtr 13	Qtr 14	Qtr 15	Qtr 16	Qtr 17	Qtr 18	Qtr 19	Qtr 20
— Career Foster (CF)	35	39	43	42	49	54	58	56	56	54	54	53	55	55	60	58	58	59	58
— Foster Home (FH)	229	241	251	261	323	318	320	322	309	308	294	280	294	296	316	321	319	315	319
— Kinship Home (KH)	28	36	41	51	60	54	53	58	62	61	65	72	62	63	54	43	35	31	30
— Relative Home (RH)	110	131	158	189	229	235	234	222	213	201	175	166	175	168	200	213	234	271	266

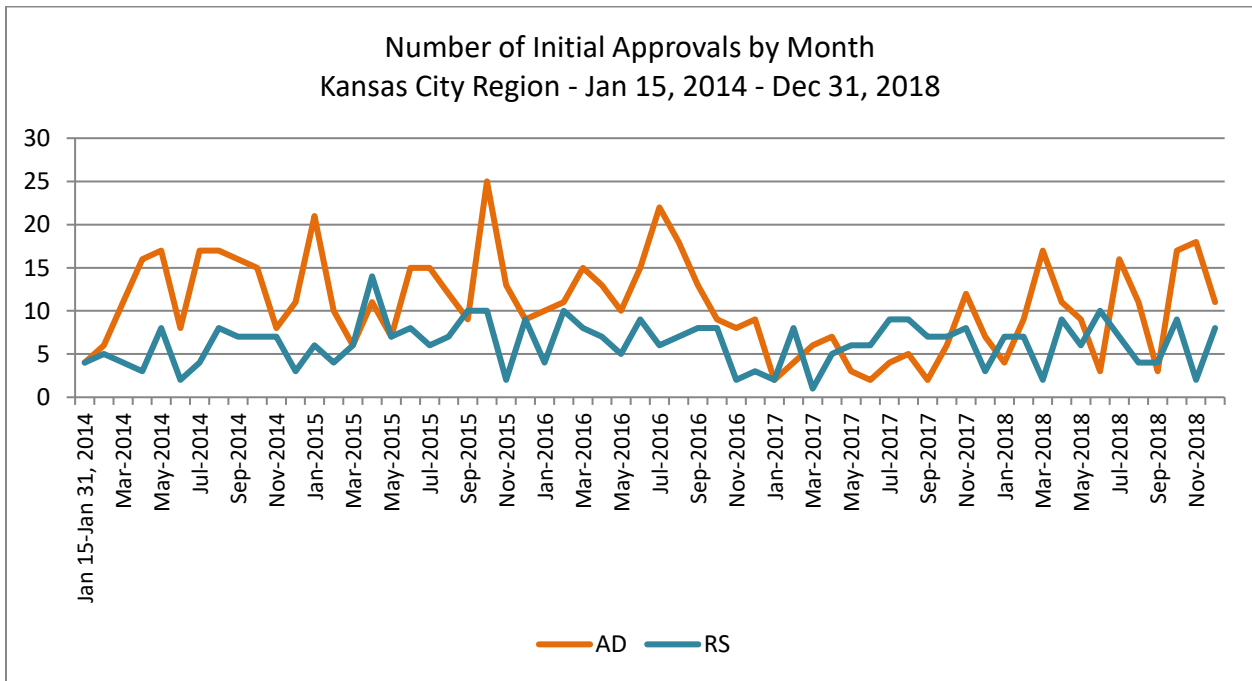
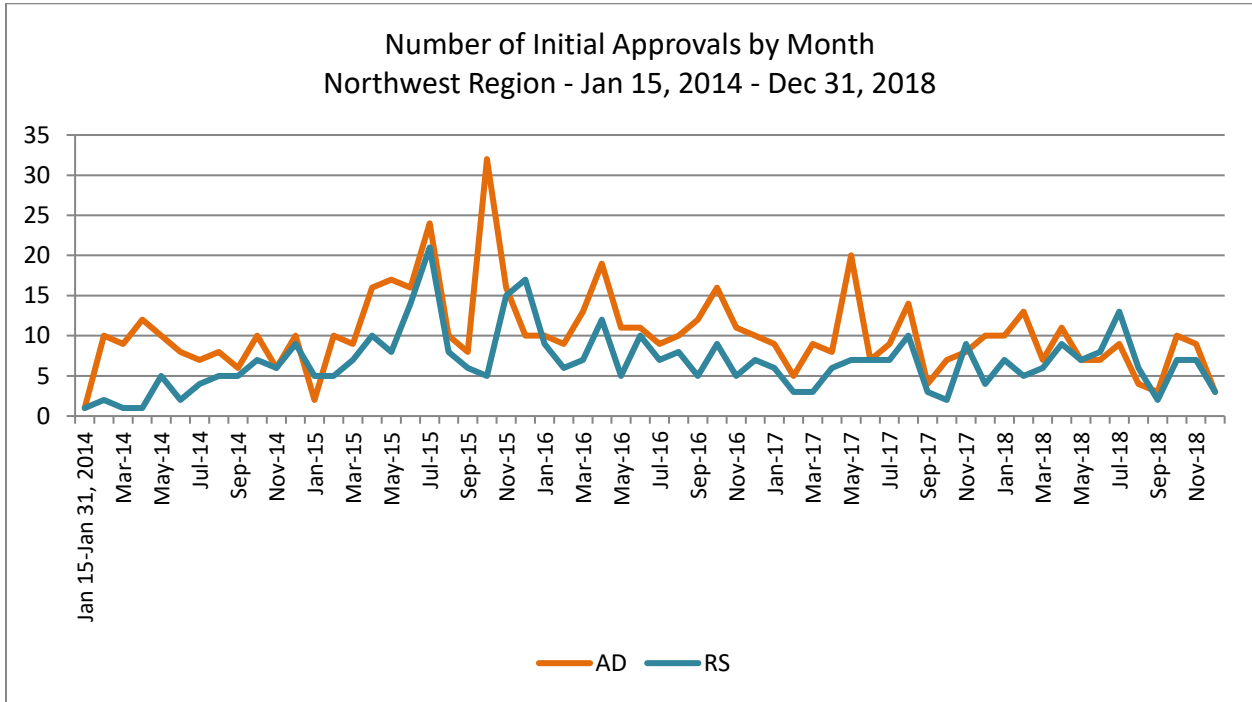
Vendors in use each month has been reviewed to determine if the resource homes being developed and retained by the contractor as meeting the needs of the population of youth in the care of the Children’s Division.



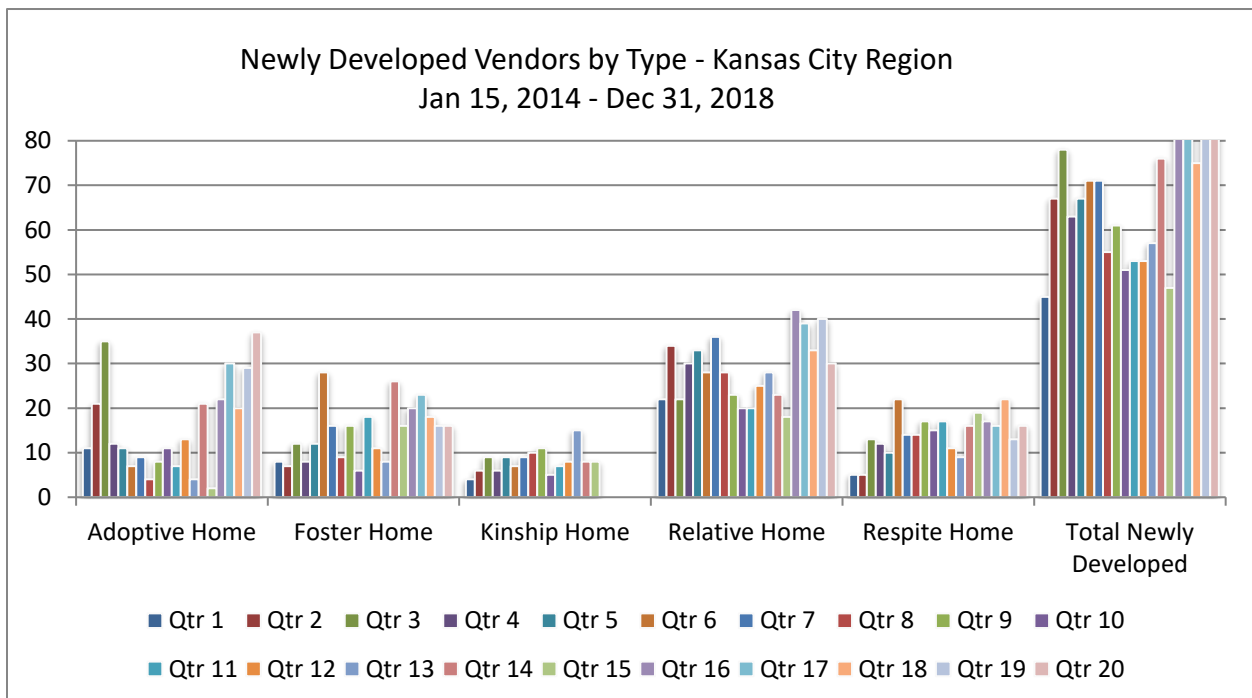
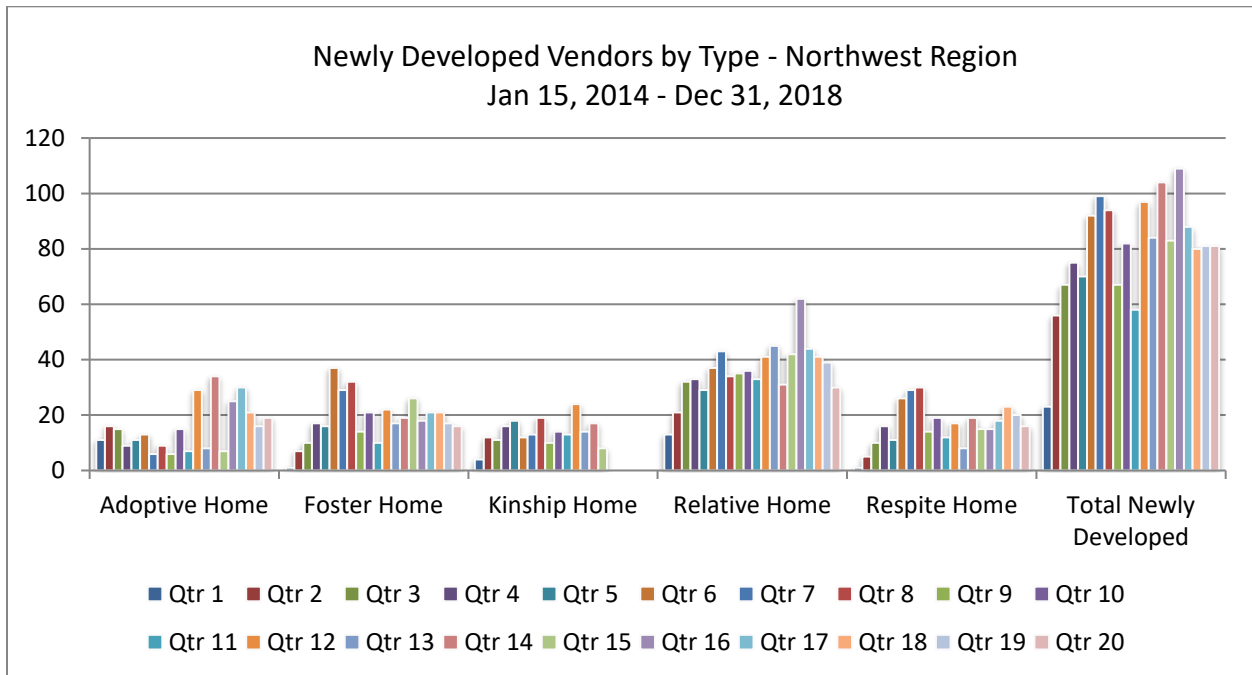
The number of initial licensures demonstrated a substantial increase within the first two quarters of 2014, resulting in a backlog in the processing of initial applications and in turn completion of initial licensure activities. Since that time, the data indicates a more typical pattern of highs and lows in the processing of applications and licensures consistent with the remainder of the state.



The following two charts indicate the pattern observed with adoptive resource approvals throughout the four-year contract.

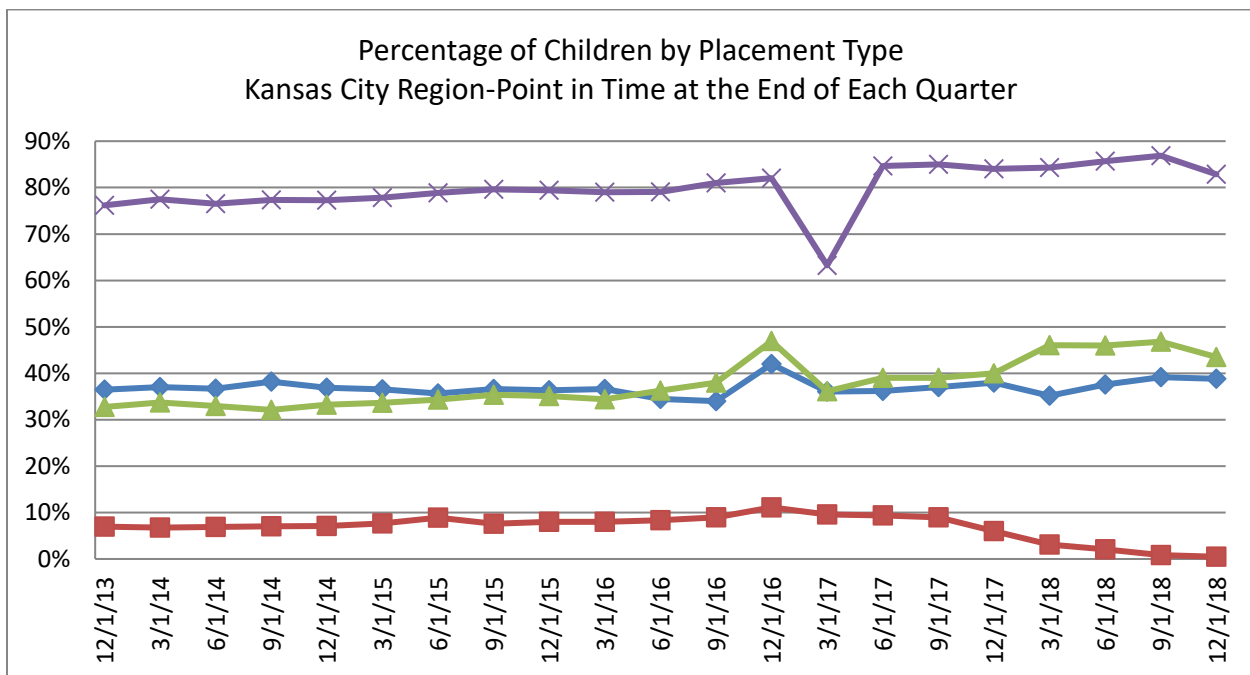
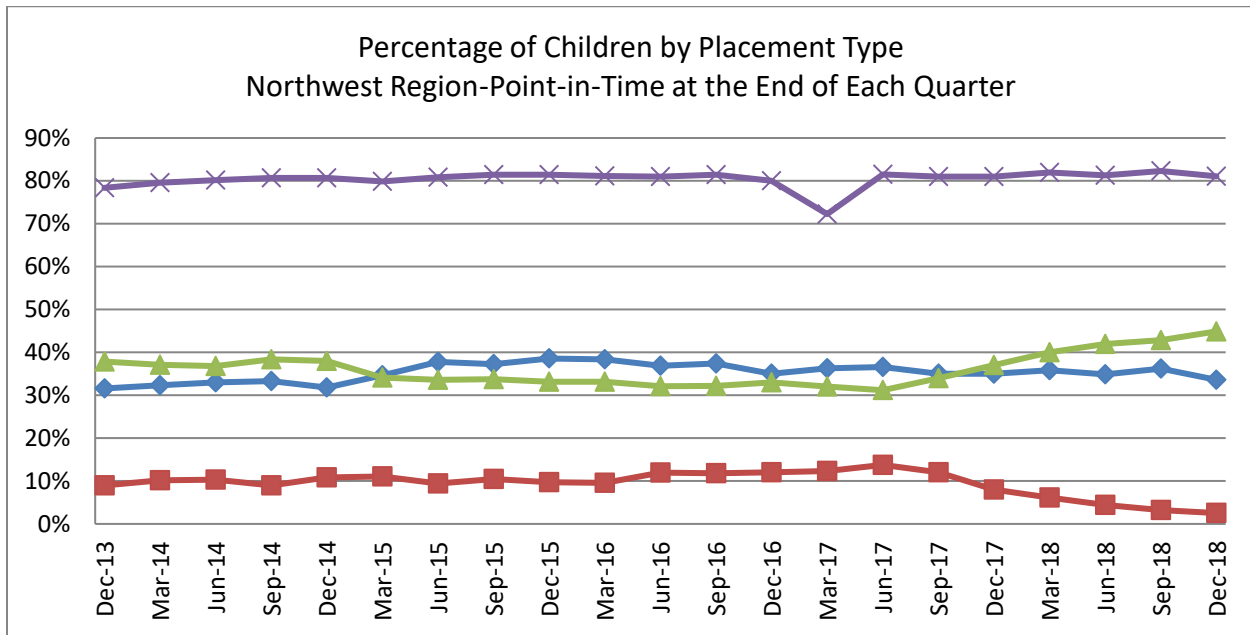


The following charts indicate the trends observed in resource development by resource type throughout the contract.

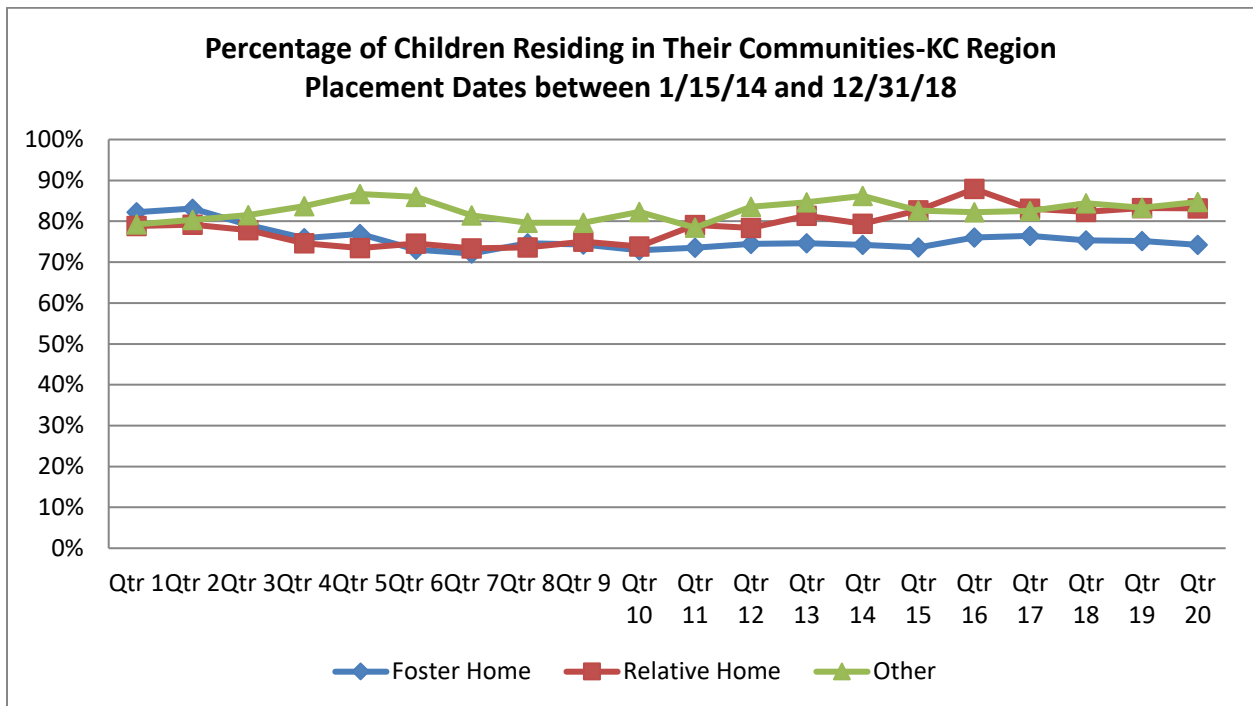
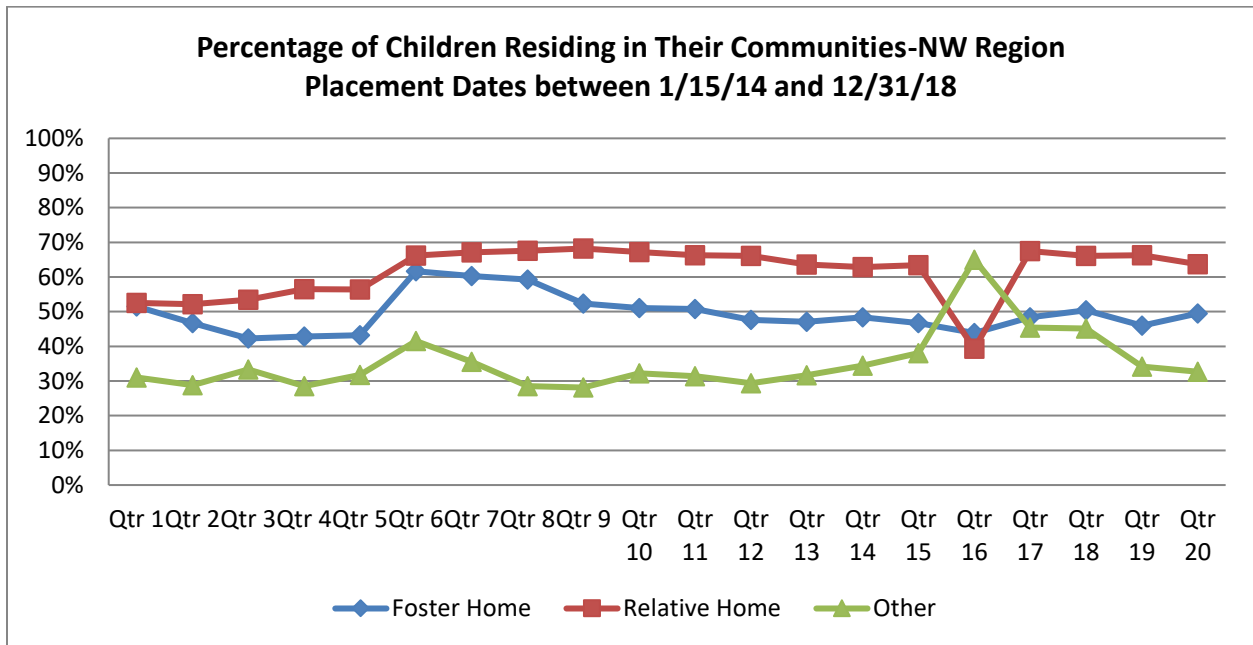


The following three sets of charts indicate the consistent focus on the placement of children in family-like settings that are within their home community and meeting the goal of two or fewer placements in a twelve month period. Family-like settings combine the data for foster, relative, and kinship homes in the charts below.

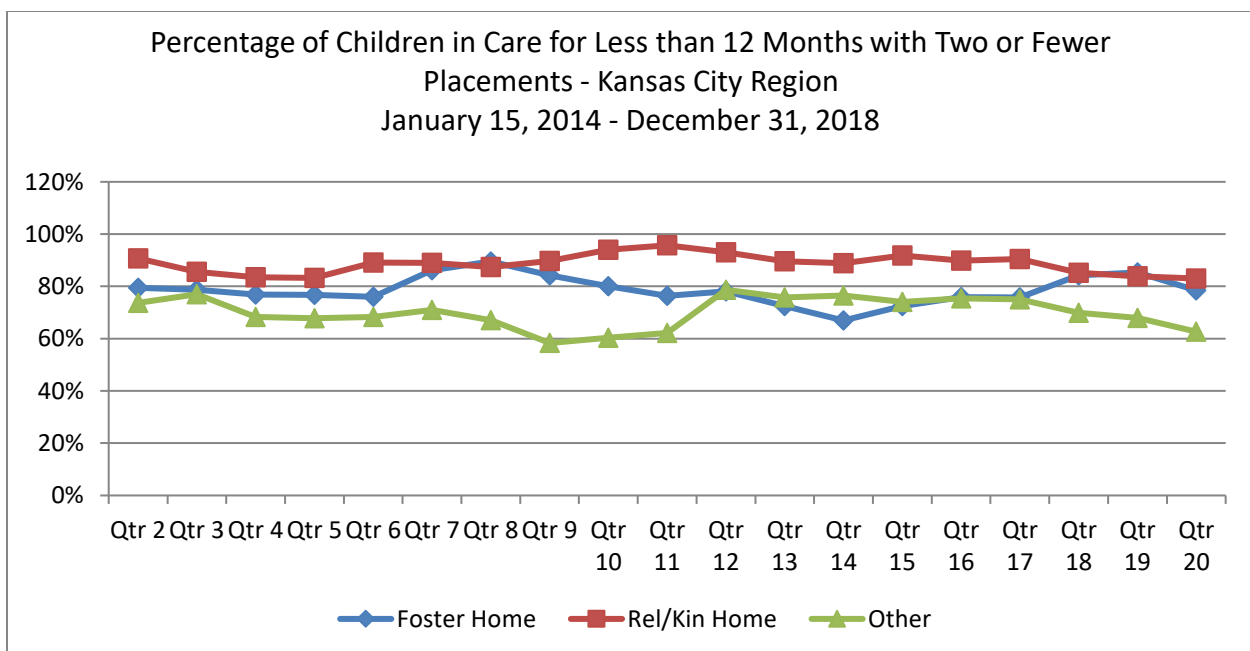
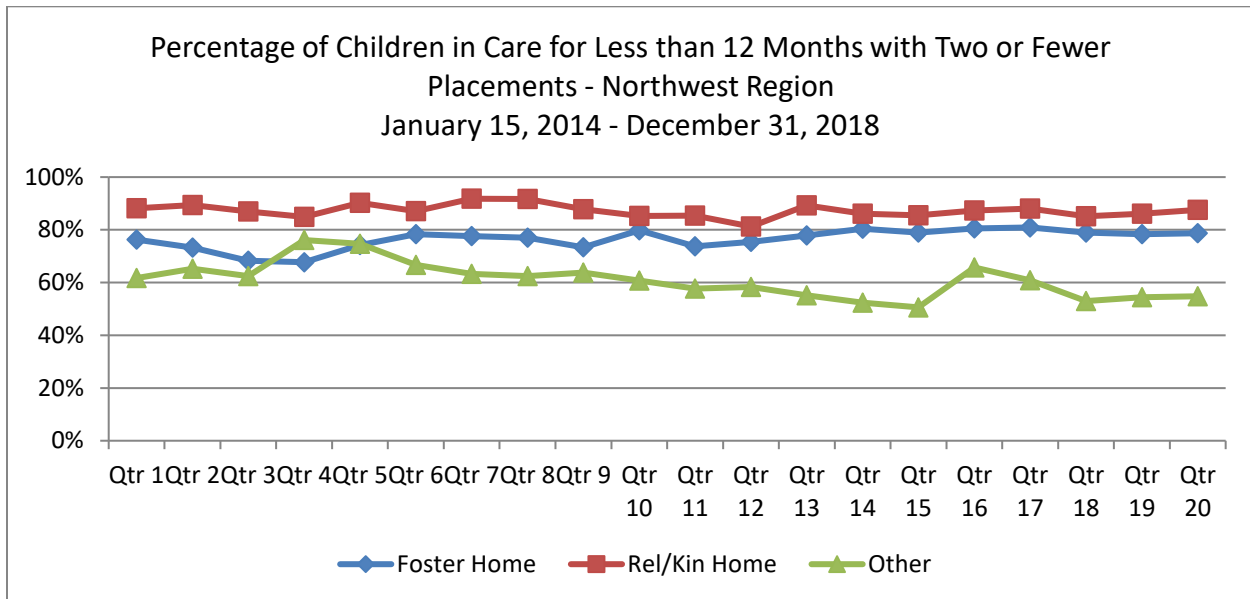
The notable increase in relative homes and decrease in kinship homes is due to a change in state statute, phasing out the category of kinship and changing the definition of relative to include kinship placements. This change went into effect on August 28, 2017. All initial kinship placements are now categorized as relative placements, and all kinship placements will be switched as re-licensure occurs over the next two years.



Throughout the contract, there has been an emphasis on the 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 Children's Division, 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 Children's Division 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 Children's Division and provide the necessary support to staff responsible for identifying and supporting permanent homes for children.

The focus in 2018 was for ARTS team to partner with faith-based partners to help recruit adoptive homes for children seeking a forever home. Faith-based partners have the passion, capability, and resources to collaborate with the Children's Division in this direction. This partnership has successfully moved forward as more faith-based partners have joined efforts to help recruit adoptive homes for children, attended the ARTS Statewide meetings, shared the Missouri Traveling Heart Gallery displays, and participated in National Adoption Awareness month activities.

The ARTS group is a central meeting place for statewide diligent recruitment planning. It 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. The 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 2019 is to print quarterly for the traveling Gallery. Each region will receive 8x10 images of children 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 education 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 with the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. The basic subsidy package includes maintenance, childcare for children up to age three, MO HealthNet, and respite. Additional services may be added as needed and approved. In SFY18 adoption and guardianship expenditures were \$88,435,251, slightly lower than SFY17’s expenditure of \$89,811,251. As of June 30, 2018, there were 16, 856 children receiving adoption subsidy and 7,626 children receiving guardianship subsidy, per DSS Research and Evaluation.

As of February 28, 2019, there were 6,340 legal guardianship entries since August 28, 2013, who had prior relative, kinship or foster home placements. As of January 1, 2018, there were 4,933; this would show a continued increase in guardianships since Senate Bill 47 took effect in 2013, making the revision in statute a contributing factor.

Adoption Savings Expenditures for Missouri is the following:

FFY	Accumulated Adoption Savings
2015	\$33,755
2016	\$104,172
2017	\$242,204
2018	\$0

The amount shown for each year is the accumulated total that has been carried forward. As of the end of FFY18, there are zero dollars of adoption savings being carried forward to be used in future periods. The \$242,204 had been accumulated prior to FFY18 was used in 2018.

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 in the Missouri Code of State Regulations. 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 CY18 Missouri Children’s Division had 56 Child Placing licensed agencies. Many of the agencies have multiple operating sites resulting in a total of 91 licensed sites in Missouri. Of the 56 licensed child-placing agencies, 37 of these are accredited by a nationally recognized accrediting body (Council on Accreditation, Joint Commission on Accreditation or Hague Accreditation). The licensed child-placing agencies facilitated placements of 304 domestic and 98 international children for adoption. Licensed child-placing agencies provided post-placement or post-adoption services to families. Several of the licensed children placing agencies also are contracted for foster care case management and specialized care contracted services previously described in this report.

MONTHLY CASEWORKER VISIT FORMULA GRANTS

The state reported FFY18 monthly caseworker visits as required and anticipates having successful submissions for FFY19. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

In FFY18, 98% of Missouri’s children in care had 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. Additionally, 96% of the visits conducted during FFY18 were held in the child’s placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

Number of Children: 18,076

Total full months kids were in care during FFY17: 147,251

Total months with visits: 143,600

Percent Visited Every Month: 98%

Worker Visit Measure #2: Majority of Visits with Child in Placement Location

Total months with visits: 143,600

Total number visit months where child was visited in the placement: 137,731

Percent for Worker Visit Measure #2: 96%

Missouri's strong performance in this area is due to a priority focus by Children's Division leadership, Quality Assurance and Quality Improvement teams, and field supervisors 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, the 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 were priorities in FFY18 to maintain or improve caseworker visits with children:

- 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
- Worker with child visits is identified in FACES 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 errors in data entry.
- Local circuit strategies to increase the frequency of visits
- The 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 the 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 frontline worker levels continue to be provided.

Continued use of the electronic FACES monthly worker visit report which drills worker visit data down to the case level 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 Children’s Division 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 SFY18, 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 Children’s Division has rolled out WiFi in the offices, expanding where necessary. Data plans are paid for the iPads.

The quality of visits with children is addressed through the use of the FACES case review tool.

FFY19 caseworker visit data using the full population will be submitted by December 13, 2019, as required.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP) AND EDUCATION AND TRAINING VOUCHERS (ETV)

Chafee Foster Care Program for Successful Transition to Adulthood

Accomplishments achieved and planned activities for each of the purposes of the Chafee Foster Care Program for Successful Transition to Adulthood (CFCP):

Staff: Independent Living Coordinator (ILC)

In SFY20, the Children’s Division will continue to use the CFCIP funds to staff one state-level Independent Living Coordinator (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 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 provide support to the Older Youth Transition Specialists (OYTS) via email and phone calls on a weekly basis and through quarterly conference calls and in-person meetings as needed. 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 ILC has been a member of the Council for Adolescent School Health (CASH) for the last ten 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. Meetings are scheduled for the remainder of SFY19. The ILC will continue participating in this task force in SFY20.

The ILC has been a member of the Child and Family Services Review Advisory Committee for the last ten years and will continue involvement in SFY20. 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 Children’s Division 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. A representative from Children's Division will continue participation in MITT in SFY20.

The ILC is a member of several time-limited workgroups with specific purposes impacting the work Children's Division does with older youth: Child Welfare Policy workgroup, LGBTQ Policy, and Practice workgroup, Older Youth Placemat Initiative with a focus on pregnant and parenting teens, workgroup on evaluating the impact of the Preventing Sex Trafficking and Strengthening Families Act in relationship to normalcy, Families First Implementation workgroup, and a Psychotropic Medication workgroup with the focus to develop training materials for staff.

The ILC participated in several trainings in SFY19: Youth Mental Health First Aid, Enhancing Skills in Domestic Violence Cases, Youth Thrive Framework, and a presentation by Kevin Hines, a renowned speaker on suicide prevention, The ILC will attend Team Decision Making Older Youth Engagement training in SFY19.

The ILC participated in regional events to support youth in SFY19 including a graduation party in Kansas City and a Back-to-School picnic in the NE Region.

The ILC gave three presentations in SFY19: Department of Higher Education regarding Children's Division resources to support higher education, The Transitions Institute through the Department of Secondary Education on services available to support youth transitioning, and the Missouri State Foster Care and Adoption Advisory board on Chafee services. The ILC will present information at an Older Youth Summit in June regarding services available to youth transitioning from care.

The ILC will continue to give program presentations and training as needed in SFY20.

Staff: Older Youth Transition Specialists (OYTS)

The Children's Division will use CFCF 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.

There are two Older Youth Transition Specialist positions not funded through CFCF funds in the Northwest and Southeast Regions. These positions will continue to be funded in SFY20.

In SFY19, quarterly Older Youth Executive Team meetings were held with the OYTS Supervisors and the Regional Directors and will continue in SFY20. 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. The work has generated some success in ensuring all positions, regardless of the funding stream, are performing the same type of duties in terms of contract monitoring and focus on NYTD, Chafee, TL, and ETV. These positions work closely with the ILC but are regionally supervised, so the importance of the positions can be overshadowed with other demands placed on regions. Data is reviewed at the meetings as well as tasks assigned on improvement issues such as Chafee referrals, exit planning, and ensuring documentation of credit reports. An example of a task completed as a result of the workgroup was an NYTD tip sheet for staff which included information on youth engagement.

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 the 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. These efforts are being reviewed by the Older Youth Executive Team, 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. In order to build capacity and expertise within the regions, most of the OYTS have regional Supervisors and Older Youth Children's Service Workers (CSW) meetings in SFY19. 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 ongoing consultation and education about the older Youth Program for agency staff, providers, and the community. 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.

Regional Older Youth Transition Specialists individual reports are available upon request. The reports contain information on specific workgroups, presentations, training, partnerships, challenges and successes, and support provided.

PURPOSE: The Children's Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained kinship guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency

Older Youth Program:

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 2019 there are 3,592 youth in the Chafee eligibility age range. This is 26% of Missouri's overall foster care population. 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 the 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 the age of majority (18). This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures the 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 16, as well as former foster youth. Services have been contracted since January 2008. Within the Older Youth Program, there are services and funding provided through the Chafee 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 16, as well as former foster youth. Services have been contracted since January 2008. In SFY19, the contract was rebid and awarded on December 1st to three agencies providing service to five regions of the state. This contract has the option of four annual renewals. A longer contract time period was given due to the amount of training and support provided by state staff and the expertise needed from the provider. It is also a benefit to older youth not to have to change Chafee providers due to award or loss of a contract.

To prepare for the rebid of the contract, a stakeholder's meeting was held 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. 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.

With the passage of H.R. 253 – Family First Prevention Services Act of 2017 and the timing of the rebid of the Chafee contract, changes were incorporated to implement the eligibility

provisions specific to the Chafee, including the name change. Missouri allows youth to remain in care until age 21 but with the passage of this legislation, elected to provide Chafee services up to age 23 for youth who choose to remain in care or exit care after age 18. Missouri exercised 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. As there is no additional funding and resources for youth in care are limited, Missouri did not extend eligibility for youth who exited foster care for reasons other than adoption, legal guardianship, or aging out of foster care.

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).

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 Children's Division youth placed in apartment settings that shared a residence with FCCM youth, it became evident in some situations that the FCCM youth were receiving fewer services than Children's Division 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 the Children's Division. 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 Children's Division's contractual requirements and monitoring of the placement. The FCCM contract was primarily regarding payment. 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 Children's Division OYTS because what was in place was not working. The FCCM contract is in the process of being revised to incorporate this requirement. Reports are being received, and meetings are held as needed. Work and improvement continue on this in SFY19 and will continue in SFY20.

The TLP contracts allow Division of Youth Services (DYS) to use TLP providers under the Children Division's contract. DHS 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.

Ongoing 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 needed. In SFY19, an invitation was sent to have a

meeting on topics of the providers' choice, but no providers suggested topics or felt a need to meet. This is not concerning, however, as the providers are supported a great deal regionally.

Communication and meetings will continue as needed in SFY20.

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 SFY20 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.

Tools:

The Adolescent FST Guide and IAP Goals assist workers, Chafee and TL providers, and youth in planning for the transition of 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 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 SFY20. The initial timeframe for completion changed from 120 days to 60 days in SFY19.

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. This tool is now required to be completed in its entirety (if applicable for youth as some categories are age-specific). This tool is the primary tool used to gain initial assessment information regarding the youth's life skills status. The guide portion can 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 an 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 would 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 times 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 SFY20.

The Individual Life Skills Progress Form is used to record the 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 SFY20. 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 provider's referral base for the 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 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.

Children's Division and Foster Care Case Management staff is now able to use the tools that they choose for youth engagement, assessment, and goal development, such as the Signs of Safety mapping tool in addition to the Adolescent FST Guide. 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 have been given consideration as well as how the work can be done in the most efficient means.

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 Chafee 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 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 required Older Youth Program forms and tools are available in FACES:

- Adolescent FST Guide (Transition Plan)
- Individualized Action Plan (IAP) Goals (Transition Plan Goals)
- 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 to 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 the Older Youth Program forms at 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 to 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 improved 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. The ILC sends data to the Regional Directors on Chafee referrals and NYTD

surveys percentages. Services are discussed quarterly with Regional Directors and OYTS Supervisors. Outcomes and a report with graphs and charts is also shared. As of March 2019, 94% of eligible youth are referred for Chafee services. In comparison, in March 2018, the average statewide referral rate was at 78%.

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.

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 PowerPoint 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 showcase 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 SFY20.

The Older Youth Program served youth in transitional and independent living placement settings. As of November 30, 2018:

- 205 youth are in Independent Living Arrangements
- 9 youth are in the Transitional Living Advocate Program
- 84 youth are in Transitional Scattered Site Placements
- 75 youth are in Transitional Living Group Homes

Transition Planning:

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, MO HealthNet, 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 SFY20.

An exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allowed 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 Children's Division 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.

Older Youth Efforts:

Youth continue to receive information about available Chafee services through their Children's Service Worker, OYTS, youth boards, Children's Division website, and Facebook page. In SFY18, a newsletter, "The Connection," was started with a total of three issues being published as of April 2019. The newsletter will be issued 2-3 times a year. Most of the articles come from the OYTS and Central Office staff at this time with at least one youth article per issue. The SYAB has a Media Consultant position for the last year, and part of the duties of this position is to submit articles for inclusion in the newsletter.

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 Children’s Division) as a means to stay connected to Older Youth will continue in SFY20 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 2019, 414 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. 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 SFY20.

The Children’s Division issued one memo specific to older youth in SFY19 on “Revisions and Reminders for Children Receiving outside Income.”

A memo on “Older Youth Program Changes” regarding the award of the Chafee contract, changes in Chafee referral time frames, and Families First legislation implementation will be issued in SFY19.

A memo on Independent Living Arrangements will be issued in SFY20.

The intranet has a thumbnail to spotlight additional information and best practices for staff. Specific to Older Youth in SFY19:

- “The Connection” Older Youth Newsletter
- The 2019 Youth and Adult Leadership and Empowerment Conference “We Were, We Are, We Will Be”

National Youth in Transition Database (NYTD):

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 have 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 contracts 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.

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 Children's Division, 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 SFY19. 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 was requested, and receipt began in SFY19, 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. 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 plans to participate in August 2019. It is hoped that Missouri can continue to learn from other states on youth and stakeholder engagement.

In SFY19, a one-page information sheet will be included in the mailings with NYTD surveys as an outreach means to keep youth informed of services they are eligible for, and information youth may find interesting. The sheet has information on how to access the Children's Division website, "The Connection" newsletter, the Older Youth Program's Facebook page, and the "What's It All About?" guidebook for youth.

SFY19, 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 SFY20 to be compliant. Missouri is currently surveying the second cohort of 19-year-olds and surveyed 68% of 19-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 SFY17-19 to improve the NYTD process and will continue in SFY20. 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 rollover 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 the region.

The Children's Division staff and contracted providers are and will continue working jointly in the NYTD effort in SFY20. The program and information technology units work closely to ensure timely submission and compliance measures are met, and this will continue in SFY20.

The Children's Division plans to continue efforts to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY20.

PURPOSE: To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult.

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 the Children's Division 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.

Permanency Pact:

In SFY17, the Children’s Division began using FosterClub’s Permanency Pact. A Permanency Pact should be completed whenever either of the two permanency options, Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement (APPLA), is selected for a youth. The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. The Permanency Pact is a tool to be used for the ongoing conversation regarding permanency planning. It is a pledge by a supportive adult to provide specific support to a young person in foster care. Developed by FosterClub, the Pact provides the structure that is needed to help both youth and adults establish a positive, kin-like relationship. It is important that both the youth and the permanent connection identified understands their involvement with the youth.

A Permanency Pact provides:

- structure and a safety net for the youth
- a defined and verbalized commitment by both parties to a long term supportive relationship
- clarity regarding the expectations of the relationship

A Permanency Pact creates a formalized, facilitated process to connect youth in foster care with a supportive adult. The process of bringing the supportive adult together with youth and developing a pledge or “Permanency Pact” has proven successful in clarifying the relationship and identifying mutual expectations. A committed, caring adult may provide a lifeline for youth, particularly those who are preparing to transition out of foster care to live on their own. It is also hoped that through the use of connection tools and by ensuring permanent contact information is captured and visited throughout beginning at age 14, the Children’s Division is more likely to locate youth at age 19 and 21.

Other supports:

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.

The Missouri Children’s Division 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 Children’s Division 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 a successful transition from Children's Division custody. This program will continue in SFY20.

- 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 SFY20.
- 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.

Mentoring will continue to be a topic of discussion with OYTS and providers in SFY20, as possible ways to effectively improve this service are examined.

PURPOSE:

- To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience;
- To ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities (as those terms are defined in section 475(11) of the Act.

Supporting Healthy Development and Normalization for Foster Children:

In alignment with federal legislation H.R. 4980 and state statute H.B. 1877, Missouri's Children's Division has continued efforts to implement policy, procedure and practice changes to ensure that young people have the opportunity for 'normal' life experience where they can develop meaningful connections to supports, develop skills for a successful adulthood and have the same life experiences as their peers which include key milestones in adolescent development.

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. Children's Division 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 Children's Division internet, and a version is available to the Department of Mental Health employees working with youth in Independent Supporter Living. 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 "Bill of Rights" for youth is in state statute and policy.

In 2018, several new efforts were implemented to this end. First, HB 819 431.056 was signed into law, allowing youth in foster care 16 and over to open a bank account with the consent of the Children's Division or Juvenile Office, without a co-signer required. This will help overcome some of the barriers to independence experienced by youth in foster care. Second, the policy was updated to allow youth 18 and over to make their own choices about participating in public performances or appearing in the media. This practice is consistent with their peers who are not in foster care. Finally, the Missouri Children's Division released an RFI to the banking community for Electronic Payment Cards for clothing vouchers to be provided for youth 14 and

over. Allowing youth the experience to choose their clothing from the retailer of their choice as it is needed is a valuable developmental opportunity.

Additional plans include the development of a stakeholder survey on the topic of Normalcy to be implemented in 2019, an update to the Tip Sheet and the development of technical assistance for field staff and partners as needed.

In SFY18, a workgroup resumed on best practices for LGBTQ identified youth. The purpose of the workgroup is to examine the Children's Division's role, responsibility, and current practice while serving LGBTQ youth and determine if the Children's Division needs to enhance practice or policy. PROMO, Missouri's statewide organization advocating for LGBT equality presented training to staff in April 2018 and became members of the workgroup. Policy has been developed and is pending at this time. Curriculums are being explored as well as procedures, particularly regarding transgender youth in congregate care.

There are Transitional Living Providers in the state who have an excellent reputation of working with youth who identify as LGBTQ. 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 Children's Division. 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 SFY17-19, this topic is being revisited at the state level, beginning with assessing resources and guidelines in residential care for transgender youth.

There is no specific LGBTQ training for foster parents referenced in the resource development/training section of the 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 is other approved in-service training 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 distribute to 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 Children’s 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.

PURPOSE:

- To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services;
- To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age (or 23 years of age, in the case of a state with a certification under subsection 477(b)(3)(A)(ii)14 to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection) to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood

(See Educational Training Voucher Section for additional information on the Missouri Reach Credential Completion and Employment Financial Assistance Program, Education Training Vouchers, and Missouri Reach Tuition Waiver Program)

Employment:

The 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 will also 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.

The Children’s Division 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.

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 the local training staff. An Older Youth Curriculum is also provided to staff via the training unit in some parts of the state.

In the 2014 legislative session, HB 1092 was passed which allows youth 16 and older in Children's Division custody, with the consent of the Children's Division or Juvenile Court, to contract for the purposes of automobile insurance. 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, Children's Division 12-96 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 Children's Division internet in the Older Youth Program Section.

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 SFY20.

Life Strengths Program:

The Missouri Department of Social Services contracts with The Community Partnership of the Ozarks to implement Life Strengths run by the non-profit I Pour Life. This partnership draws down TANF funding to empower youth in the Southwest Region to become independent, productive citizens following their time in state custody.

The program utilizes a life coaching model and the development of positive stable relationships toward accomplishing several outcomes in the areas of job and career readiness and retention, education advancement, housing stability, and life skills.

In 2018, 41 youth were served. Thirty-five youth participated in the job seeking and retention activities and eight received financial literacy education. This program will continue through the end of FY19.

Program eligibility is as follows: An at-risk youth between 16 and 25 years of age; and residing within or placed from the 31st, 38th, and 39th Judicial Circuits and surrounding circuits within in the State of Missouri.

Youth must meet one of the following criteria:

- Currently or have been in state custody;
- Transitioned to independence from foster care; or

- Were adopted or obtained a legal guardian following Children’s Division custody and are currently “homeless”; or
- Were adopted or obtained a legal guardian following Children’s Division custody and are residing with family and the family is in need as determined by eligibility for other social support services.

Education:

Early and ongoing 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 Children’s Division Children’s Service Worker (CSW) to provide support and assistance to the older youth in foster care. Children’s Division 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 is 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. 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 may be 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 individually or as a group through the CSW/county, through Chafee providers or through Transitional Living Program providers. Some visits have been in the area the youth resides while some have been outside the area of residence. Older Youth Summits have been a means to arrange campus visits and tours.

Some providers have traveled to see a specific college that has a particular interest for 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 December 2018, 241 youth in care are documented as having a visit. The OYTS have incorporated this requirement in monthly emails to staff, sharing the requirement at presentations, and helping facilitate group tours. This is one area of focused data improvement during the Older Youth Executive Team meetings as it is believed 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.

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.

Health:

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the Children's Division on implementing Missouri's Personal Responsibility Education Program (PREP). The Children's Division initially 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 two regions of the state, one rural and one urban, to pilot the program. In SFY17, due to the success of the pilot and the number of youth in foster care served, the MOU ended, and the services were competitively bid directly by DHSS with five of the seven Chafee providers. DHSS bid the contract again in 2019 after the award of the Chafee contract to align providers. This service is now available in all six regions via the seven 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.

Current data is not available; however, for 2016-2017, there were 34 Making Proud Choices implementations, serving 304 youth. Most of these were Chafee. MPC had high levels of fidelity and program completion. The evaluation shows an increase in knowledge gained from the pre/post MPC testing. DHSS is working on a report specific to the foster care population services, but it was not yet available at the time this report was written. The DHSS counterpart over this contracted service reports service provision is going well.

Youth in the providers' referral base who receive the service are reported for life skills services in the Children's Division'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 to 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 offers services to prepare young people for adulthood by implementing activities which address three or more of these subject areas:

- Healthy relationships, including the development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include the 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.

Financial Capacity / Trust Fund Program:

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. However, to encourage financial responsibility and capacity among youth, the Chafee and Transitional Living Providers are to work to establish Individual Development Accounts (IDA) for youth. 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 contractually required to help youth transition to independence to include finances. Per the TL contract, each contractor shall have a savings account for each youth. When the contractor requires the youth to be independent and pay bills for which the contractor is receiving funding, the monies the contractor is receiving for these bills from the state agency shall be deposited in the youth's savings account for future use by the youth. The funds shall be available for the youth to use for other means such as aging out expenses, transportation expenses, or other needed services specifically for the youth. This is usually done by developing a savings account to be used when the youth exits care, with the agency and youth both contributing.

KIDS Account:

Children's Division also has a KIDS Account – Children's Income Disbursement System. A youth who is placed in Alternative Care and has an independent source of income (i.e., Social Security Income (SSI), Old Age Survivor Disability Income (OASDI), Veteran's Affairs benefits (VA), and/or Railroad benefits, [excludes the child's personal income, inheritance, or settlement income] etc.) have a KIDS account established. A KIDS account is a type of savings account for the youth. Only youth who receive benefits will have a KIDS account. Expenses are paid towards the youth's care from their KIDS account. For youth receiving income from SSI, the maximum amount that a youth can have in the account and still qualify for this benefit is \$2000. Child support, however, is placed in a separate account. Child support funds collected on behalf of youth under age 16 while in custody are utilized for the cost of the child's care.

At age 16, a savings of up to \$999.00 of the money deposited into the KIDS Account will begin to accrue to assist youth when they leave care. Regardless of age, there may be a balance of funds in the KIDS account once the youth leaves care. When a youth leaves care, any back state debt that could have been paid for the previous five years from this account but was not will be recouped to other funding sources. However, if a youth leaves care after age 16, the savings (up to \$999.00) will be released to the youth's guardian, adoptive parent, or released directly to emancipated minors. Any remaining funds from social security benefits will be returned to the Social Security Administration.

Credit Reports:

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require that each child age 16 and older in foster care receives a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. With the passage of H.R. 4980, the Preventing Sex Trafficking and Strengthening Families Act, the requirements of The Child and Family Services Improvement and Innovation Act (2011) were amended to include ages 14 and 15.

Building and maintaining credit is vital to a 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. 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 in the credit report section on an annual basis and on the 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. 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.

A report card containing credit check information is being shared quarterly with the Regional Directors, the OYTS, and their supervisors. 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 and is still pending in SFY19. 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 Guide. The discussion of these checks and increased documentation will continue to be assessed throughout the remainder of SFY19.

Missouri has an agreement with TransUnion to use a web-based portal for 14-17-year-olds in a batch process. Central Office personnel run the process and send information via email to staff regarding the checks. TransUnion will assist with children under the age of 14 if there is a reason to believe that the child's identity may have been compromised. This has been a request of staff and allows for proactivity beyond the requirements of the Child and Family Services Improvement and Innovation Act and H.R. 4980.

Missouri will continue monitoring credit for youth age 14 and older and assisting with credit recovery for discrepancies. Missouri will continue to educate staff on this topic in SFY20.

A webinar “*Obtaining Credit Reports for Youth in Care*” is posted on the Children’s Division website. Resource information to obtain free credit reports has been shared. 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, is available on the Children’s Division intranet.

Your Money Your Goals:

In SFY16, Children’s Division and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity. The goal of this partnership is to improve the practice of Children’s Division and its partner agencies around financial education for older youth and families. The desired outcome of this effort is to develop financial capability in youth in foster care ages 14-21, for financial success in adulthood as they prepare to transition out of foster care

In SFY17, Children’s Division implemented a five-month launch of the Your Money Your Goals (YMYG) toolkit, and in 2018 a second cohort was implemented. In March of 2018, 21 professionals participated in a train the trainer provided by ICF International, with a total of 84 people trained to date. Trainees included Children’s Division staff, Chafee providers, and Transitional Living providers. Participants went on to train other staff, and the materials continued to be used with youth in the field, both one-on-one and in group class settings.

Children’s Division and ICF International developed a sustainability plan including the development of a video training series on the topics identified as most important for older youth. The videos will be made available to a pilot group of frontline practitioners who carry older youth caseloads in early 2019 and expanded to the entire staff and partner Foster Care Case Management agencies later that year.

For this project, older youth primarily include youth ages 14 and older who are eligible for Chafee services, but the materials may be used with any youth or family who may benefit from financial capability education.

Examples from contracted providers on how these purposes are achieved in their individual programs are available in report format upon request.

Aftercare:

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.

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited Children's Division 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 ongoing 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 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.

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. The policy will be changed in the upcoming months, and the contract language was changed in SFY19. 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).

As of March 31, 2019, there are 32 youth in the aftercare service population. This is a decrease in numbers by about one half from SFY18. This is due to youth being open in the system but not receiving services. An effort was made in SFY19 to close services for youth who were not actively participating to reflect accurate data collection. Youth can come back and receive services at a later date if needed.

Re-Entry:

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 Children's Division internet and a re-entry brochure designed by SYAB members is incorporated in the exit packet.

As of March 31st, 2019, there are 11 youth in care who came back into care under re-entry after age 18. One of these youth is a parent. The youth reside in three of the six regions of the state,

with the majority being from the Southwest Region which has the highest population of older youth. The youth are in a variety of placement settings, including foster care, relative care, Transitional Living Scattered-Site, and Group Home, and Independent Living Arrangement, There may be more youth who have come back into care under the re-entry legislation, but at this time Children's Division does not have an accurate way to report. It is difficult to determine 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. A System Change Request was made in SFY18 to add a checkbox at case opening, so re-entry youth can be captured and distinguished from other types of re-entry. For the purpose of this legislation, Children's Division is defining 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 to 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.

Community Connections Youth Program:

The Missouri Department of Social Services contracts with Kansas City Local Investment Commission to implement the Community Connections Youth Program run by the non-profit Foster Adopt Connect in both Kansas City and Springfield. This program addresses the physical and mental health needs of young people transitioning from foster care by providing case management services which: connect program participants to community-based care providers, assist participants in navigating barriers to accessing services, and connect or reconnect participants to a natural support network made up of family members or significant previous relationships who are identified using family finding techniques. Case management program staff will also assist program participants in identifying and pursuing academic and employment goals. This project offers peer-to-peer strengths-based case management for former foster youth, with case management staff hired exclusively from the population of former foster youth.

Program highlights from 2018 include 30 youth connected to medical and mental health services, 72 youth connected to community or social resources to help overcome barriers to success such as employment, education, housing, and legal issues, and 27 youth demonstrated a significant positive change in their Adult Functioning Score, the tool used to assess life skills competencies.

This program will continue through FY19. Program Eligibility is as follows: Youth in foster care or who have exited the foster care system in the past seven years, ages 17-26.

Extended Medicaid:

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 18 years, or at

any time during the 30 period preceding their 18th 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. 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 3,312 youth enrolled in this service and 3,913 youth eligible as of 12/20/18. However, all youth, regardless of enrollment status, have coverage under this program, should it be needed as long as the eligibility criteria are met.

The MO HealthNet liaison for Children’s Division attends the SYAB meetings and is available to answer any questions and provide guidance to members on a regular basis about these services. One barrier for Missouri is some families do not want youth who are near the age to receive the extended Medicaid to be adopted resulted in the loss of healthcare coverage. Post-adoptive coverage is only available until age 18. Another barrier applies to some of the re-entry youth. 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 and a topic at Child Advocacy Day in April 2019. Another barrier is youth who were in foster care in another state and exited care who now reside in Missouri, are not eligible for this benefit. There are some advocacy groups working on this issue legislatively. Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY20.

The Missouri Reach Credential Completion and Employment Financial Assistance Program will continue to serve youth who have transitioned from foster care in SFY20.

Training Planned for SFY19:

All new employees are trained specifically to regional preference on OY and may vary in terms of the comfort level of the trainer. There was a separate curriculum developed regarding the OYP requirements. However, when the training went from 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 Children's Division staff trainers in the Professional Development and Training Unit. The training staff has ongoing processes for updating 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 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 the local training staff.

The Children's Division and its private partners also have ongoing 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 three houses of college credits are received.

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. Children's Division 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 training. This training was implemented in SFY17 and SFY18. Train the trainer sessions were held, and long term sustainability is being evaluated.

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, and this information can be provided upon request.

The Children's Division will continue participation in any national evaluations of the effects of the programs in achieving the purposes of Chafee in SFY20.

Education and Training Vouchers

For a 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 2017-2018.

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 education 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, FosterCare 2 Success. 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 have their high school diploma or have a HiSET certificate. Youth must be preparing for enrollment in post-secondary education and provide a copy of a transcript verifying their Grade Point Average (GPA), 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 the 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 Children's Division has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. The Children's Division, 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 12 years. Contracting 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.

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 who exited care after the age of 18. Foster and former foster care youth participating in ETV remain eligible until their 26th birthday, provided they are making satisfactory progress. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16 up to age 26. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well. Youth may receive ETV for a maximum of five years within the age ranges, but the years do not have to be consecutive.

The application and all record keeping are online and available to appropriate state staff for oversight purposes. The website allows the Children's Division 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 online 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 are done with upperclassmen each semester recognizing their individual strengths, developing independence, and increasing financial responsibilities. The online 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 complete picture of the youth's financial status and needs. This enables Foster Care 2 Success to administer ETV dollars with a 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 database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or \$5,000 per year.

Although all Older Youth Transition Specialists (OYTS), as well as the Independent Living Coordinator (ILC), continue to have access to the FC2S application and determination portal, an administrative change was made in SFY19 so that only one OYTS approves all ETV applications for the state. This was done to redistribute the workload, which has resulted in more timely approval of applications. Another benefit is a monthly spreadsheet shared with the ILC and the Regional OYTS prepared by this OYTS. The spreadsheet contains all information needed such as when the youth applied, what county the youth is from if they are eligible when the eligibility was determined and if funded, the amount. Reasons as to why the youth was not funded, if made ineligible, are also captured. This information is contained in the portal, the portal does not keep history nor does everyone have access to view information in the portal. Another step being taken is with the award letters from Foster Care to Success. The assigned OYTS is uploading these documents to FACES and forwarding them to the regions via email as well. The award letter then is visible to the case manager if the youth is still in care and is part of the file needed by someone without access to the portal. This is an improvement, so there is communication between the youth and case manager about the funding, and the case manager can better assist with budgeting decisions with the youth.

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 the 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, the Children's Division will evaluate with service providers.

Foster Care 2 Success continues to reach out to youth who do not start school following an application and eligibility determination. Assuming Foster Care 2 Success can contact the youth, they will offer suggestion about how to develop a plan. Foster Care 2 Success continues to send e-mails and texts to youth who correspond with them, even when the youth are no longer receiving assistance.

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.

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 SFY19 in the amount of \$188,000. Implementation of the program fully began in the fall of 2011.

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

- Those youth not otherwise eligible for Educational Training Vouchers (ETV)
- Students adopted from the Children's Division after the age of 14
- Those youth who have at least 60 hours of college credit

The priority criteria are utilized when there are more applicants than funding available, and decisions must be made as to who is funded.

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 determined eligible 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 received for the service rendered

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

Missouri 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 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 and the reality that many young people are not on a linear path and do not earn a credential within the framework of thought 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.

Missouri Reach CCE Requirements:

- Eligible youth are currently in care, exited care after age 18, 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. The policy was revised to include information on the CCE as part of the exit packet information. “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.

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.

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

Currently, eligible youth access the three programs through the Foster Care 2 Success website at <http://www.fc2sprograms.org/>. Youth apply through one application to streamline the process

and ensure no eligible youth are overlooked. Older Youth Transition Specialists verify eligibility once the application is made.

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 foster care case management staff and youth.

Foster Care 2 Success' contract expired on June 30, 2018. The new contract was awarded on July 1, 2018, through June 30, 2019, with the option to renew for three additional one year periods. 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 was able to pursue Foster Care 2 Success as a Single Feasible Source and not go through the competitive bid process. Changes to the contract were minimal and included adjusting the participant eligibility requirements to youth who have left care/aged out after age 18 (previously 17.5) and a returning student who left in good standing.

In FFY19, changes were 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 health insurance 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. Chafee contracts were also amended to reflect this change. The policy, tools, and resource information for this are currently being developed or revised.

As Missouri is changing the age of eligibility for youth who exit care from 17.5 to age 18, for any youth who exited care at 17.5 prior to the policy becoming effective, they too will remain eligible for services as they were eligible when they left care. Youth who left care at age 17.5 after the memo is released will not be eligible. There will be a few years of overlap with the change in criteria to ensure youth receive the benefits for which they were eligible when they left care.

Federally, with the passage of H.R. 253 – Family First Prevention Services Act of 2017, planning began in 2018 to implement the eligibility provisions specific to the Educational Training Voucher program. Missouri is utilizing the option of providing 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 of that program. Missouri is exercising 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, through their database is ensuring youth do not participate in the program for more than 5 years, whether or not the years are consecutive.

An amendment was made on August 31, 2018, to the contract with Foster Care to Success for the provisions of H.R. 253 – Family First Prevention Services Act of 2017 to include:

- NYTD reporting of expanded population,
- Extending eligibility age up to 26 for youth and the 5-year limitation,
- The ability for youth to apply once graduating high school or obtaining HiSet regardless of age
- Allowing CCE funds to be used to provide additional assistance to students attending post-secondary schools.

Prior to the changes of H.R. 253, Missouri was providing some assistance for youth to complete their education up to their 26th birthday through another program, the CCE. Because this program is underutilized, and the ETV population is expanding, it was approved to use CCE money to offset the additional youth. Missouri will require the use of CCE funding to be expended first as Missouri is not currently using all of this funding but is utilizing all of the ETV funding. CCE participants are not simultaneously receiving postsecondary funding from ETV or Missouri Reach Tuition Waiver. The requirement to utilize CCE funds is 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. The CCE program will continue to be the preferred program to fund youth who fall within these guidelines, and this program may need to be adjusted as the Children's Division moves further along in implementation to make the most use of funds, ensuring all eligible youth receive as much assistance as possible.

Although not all of the changes, such as systems change requests, have been made to accommodate the new legislation, all youth who apply are being determined based on the new requirements. The Child Welfare Policy Manual is in the process of being 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 are being revised to reflect the changes in the ETV program. The Children's Division's intranet and internet have information on ETV, and this is in the process of being updated to reflect the changes. Exit packet information and outreach materials are being revised with the changes. The FACES system will need to be revised to allow data on youth up to age 26 to be entered. This was done in the past to accommodate NYTD reporting and will need to be expanded in the same manner. As this is an edit in the system, it is hoped this will be accomplished within the year, but at the writing of this

report, the timeframes are unknown due to competing system change requirements in other program areas. The ILC will inform stakeholders and staff through a memorandum introducing the changes. It is anticipated to be released in April 2019. Information will be shared at any meeting the ILC attends as well as the Older Youth Transition Specialists. Information will be shared on Facebook and via newsletters – there are two newsletters at the regional level that include OY information and one statewide newsletter for youth.

A brochure for ETV/Missouri Reach is on the Children’s Division Internet and Intranet website and was revised in 2018 to be incorporated into one brochure versus three. A description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local Children’s Division field offices and providers via the Older Youth Transition Specialists. 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 are on the website as well as information regarding ETV are 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 inquiries a week. Missouri Children’s Division had a student intern in SFY19 who developed a scholarship listing for youth, and this handout is shared with all inquiries.

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. It is reiterated that the timely entering of correct information is critical to students’ success – reducing their stress, needed for Children’s Division 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 were designed for staff working with

teens and young adults in foster care. Each session offers information and strategies to help workers:

- Engage youth in conversations about postsecondary planning so they can find the path that is 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 were limited to 30 minutes with 15-20 minutes of information sharing and the remaining time used for question and answer as well as the discussion. The goal of the sessions was to support staff with helping young people harness their promise and potential and fully utilize the existing services and resources available throughout the state.

Date	Topic	Registrants	Attendees
January 2018	Session #1: <i>There's a pathway for all Missouri youth</i>	202	144
February 2018	Session #2: <i>Planning for postsecondary success</i>	126	94
March 2018	Session #3: <i>Engaging Youth in High School: Reflections from FC2S Alumni</i>	99	69
April 2018	Session #4: <i>Ready, Set, SUMMER!</i>	68	50
May 2018	Session #5: <i>Financial Aid for Students from Foster Care</i>	74	41

The Children's Division 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 FFY20, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts regarding the program.

In SFY20, the Children's Division plans to continue the program structure in place as the Children's Division is able to utilize state funding and are able to meet the needs of 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 2017-2018 YE Report for additional information on services provided and demographics of youth served through the ETV program.

ADDITIONAL INFORMATION

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.

The 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).

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 three
- School district services referral for children over the age of three 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.

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect 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 three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, 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(ren) age out of Home Visiting program, 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 located in 11 regions across the state with eight Partnership Agreements and 11 Competitive Contracts providing Home Visiting Services. In SFY18, there were a total of 1,880 unduplicated families and 2,208 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.

Missouri Department of Social Services, Department of Health and Senior Services, Department of Elementary and Secondary Education, Department of Mental Health and Missouri Head Start State Collaboration Office (MHSSCO) - have been operating under an MOU since 2017. The MOU addresses collaboration between all entities serving children zero to five.

The Children’s Division local circuits continue to enter into local collaboration plans designed to improve the coordination of services for the children and families served by both agencies. The 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 the 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 the 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 has implemented 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 a conversation with children around safety to place the child’s voice in the center of the family’s involvement with the Children’s Division. It is important for children to have an opportunity to talk about what they are worried about, what makes them happy, and what they would like to see happen in their family and community to keep them safe. Because of a desire to protect children from adult issues, they are often provided little information about what is happening to them and what the

plan is for their future. Getting the children’s voice can help children feel they are part of the process, not having the entire process done to them. The children’s voice not only informs the work, but it can also be the most powerful voice to inspire and motivate change within the family. Capturing and sharing the voice of the child in a meaningful way can have a significant impact on their caregivers’ willingness to make desired changes to protect their children. This is especially useful for younger children.

Signs of Safety provides several tools to capture the child’s voice regarding their experiences, to explain the Children’s Division’s involvement, and to involve them in safety planning. These tools include the Three Houses Tool, Fairy/Wizard Tool, and Words and Pictures explanations.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY18, 38% of the children served by IIS were age five and under. In SFY17 and SFY16, the percentage of children five and under was 37% and 37% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

The 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%
SFY18	20,330	7,637	38%

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, with a slight increase.

According to a point in time data effective January 31, 2019, there were 5,131 children aged five and under in the custody of the Children’s Division. Of these approximately 47% (2,414) were female and 53% (2,717) were male. For the same time period, approximately 67% (3,429) of the children were whit, and 18% (912) were black. The remaining 15% were American Indian/Alaskan Native, Asian, multi-racial, and unable to determine. In addition, 57% (2,910) 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 (SFY15 - 18) supports this endeavor. The Child Welfare Outcomes Report shows a higher

percentage of children age zero to five, achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages zero to five, six to twelve, and 13 and older.

Age Groups Exiting to Reunification (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY15	37.8%	35.7%	26.5%
SFY16	37.83%	36.56%	25.61%
SFY17	39.05%	34.89%	26.06%
SFY18	38.21%	35.74%	26.05%

Age Groups Exiting to Guardianship (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY15	40.0%	37.2%	22.8%
SFY16	34.27%	39.10%	26.63%
SFY17	36.65%	37.76%	25.59%
SFY18	36.00%	39.63%	24.37%

Age Groups Exiting to Adoption (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY15	58.0%	32.3%	9.8%
SFY16	55.61%	33.31%	11.08%
SFY17	55.19%	35.57%	9.24%
SFY18	56.91%	32.43%	10.67%

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 Children's Division already encourages service provision for children under the age of five, there are no anticipated changes or updates forthcoming.

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 traveling 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 Children's Division website. Each circuit has its own strategies for recruitment. Staff also utilizes 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 circulates profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children in the zero to five 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 the 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.

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 Children's 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.

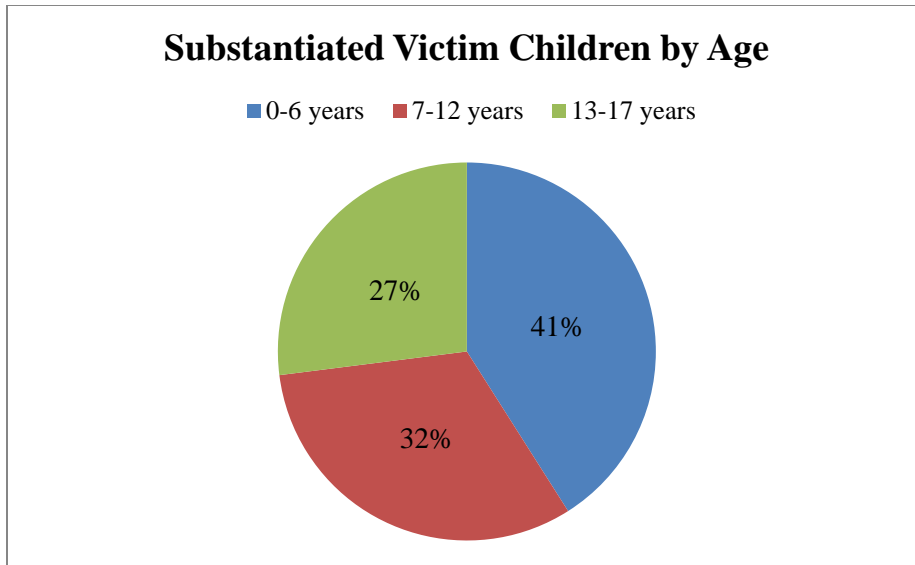
The Signs of Safety Child Protection Practice Framework is used to determine what supports are needed for families to care for their children, whether there is sufficient safety for the child to stay within the family, whether the situation is so dangerous the child must be removed, and if the child 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 CY19, 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.

The Children's Division recognizes the importance of obtaining the child's voice. One important facet of the Signs of Safety approach involves 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 have 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, SFY18

Based on the chart above, children birth through age six constituted 41% of all substantiated victims in SFY18.

Of all the children found in need of services after completion of a family assessment, approximately 39% were children birth through age six.

It is also important to note the most recent Missouri child fatality data indicates that in FY18, the majority (71.8%) were two years old or younger.

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

- Children in families with a 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, the staff is 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 years old, the Children’s Division staff will make a referral to the First Steps program. In the 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 the 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 the Department of Social Services. In the calendar year 2018, 1,161 children were referred to the First Steps program by DSS. Of the 1,161 children, 642 (55.3%) had a referral source of CAPTA and 519 children had a referral source of the 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 SFY18, 38% of the children served by IIS were age five and under. In SFY17 and SFY16, the percentage of children five and under was 38% and 39% 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 who 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 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 makes 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.

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 to 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. A workgroup of the Children’s Division staff convened on two occasions in 2018 to look at how the collaborative effort is functioning in all areas of the State of Missouri. The goal was to define Plans of Safe Care on a more consistent state level and disseminate the information to collaborating agencies once achieved on a Children’s Division level. The workgroup identified successes and challenges when working with substance exposed infants. One of the challenges for the group was to define “affected” as the law leaves it up to each state to determine what “affected” means when identifying if an infant has been affected by substance use.

The Missouri Children’s Division is defining “affected” as it relates to the CARA law in the Missouri Child Welfare Manual as:

When determining if an infant has been “affected” by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, Children’s Division staff shall assess if the child’s physical, mental, or general well-being is affected by the use of substances by the parent/caretaker and a Plan of Safe Care is needed. Examples include:

- Infant tests positive at birth for a substance but is not exhibiting withdrawal symptoms. After assessment by a physician and/or a Children’s Division staff, it is determined that this exposure will have a probable adverse effect on infant’s physical, mental, or general well-being.
- Infant is displaying withdrawal symptoms due to exposure to substances as determined by a physician.
- Infant is exhibiting Fetal Alcohol Spectrum Disorder symptoms as determined by a physician.

- The infant’s safety could be jeopardized by the continued use of substances by parent/caretaker or another household member.
- Infant tested positive for a substance at birth and did not exhibit withdrawal symptoms, but the parent/caretaker’s continued use may adversely affect the safety and well-being of the infant or other children in the home.
- Infant did not test positive for a substance at birth nor did they exhibit withdrawal symptoms, but parent/caretaker’s continued substance use may adversely affect the safety and well-being of the infant or other children in the home. This could include parent/caretaker’s inability to make coherent decisions in regards to feeding, caring, or transporting the infant or other children in the home.

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 the documentation of the record.

A Plan of Safe Care should be inclusive of the following:

- Parents’ or infant’s treatment needs
- Other identified needs which 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.

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 was 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 changed 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 June 1, 2018, with an effective date of August 28, 2018.

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 the 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. A letter explaining the statute change and Plans of Safe Care was disseminated to all of the birthing hospitals in Missouri. Children's Division staff was 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 was 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. This group will be ongoing as needed.

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, the staff is 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 the 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.

The Children’s Division has also been working with the Department of Mental Health in developing a pilot site to target children who have been drug exposed and wrap services around the mother/parent who might require assistance. In a partnership with Burrell Mental Health in Springfield, Missouri, the Children’s Division and the Department of Mental Health has developed a program that creates a “team” of wrap-around services that can include substance abuse, mental health treatment, community support, employment, childcare assistance, and other resources as identified. Though referrals can come in through other community partners, the Children’s Division identifies potential clients through the Newborn Crisis Assessment. If during the assessment process, the Children’s Division feels that a client and family might be appropriate for the program, the family is referred to Burrell Mental Health for the screening process. The program is called “IMPART” and was up and fully functioning in February 2019. The Children’s Division and the Department of Mental Health hope to expand the program based on the success of the pilot site through 2019 and 2020.

The hope for those at the greatest risk of maltreatment will be to continue to implement the practice model and expand services for the population at the greatest risk of maltreatment. This expansion is being explored through the Families First Legislation in order to enhance prevention efforts.

FY 2018 Kinship Navigator Funding

The Children’s Division was awarded funding in 2018 in the amount of \$372, 618 to be used to support kinship navigator programs. Missouri is continuing the partnership with the ParentLink/GrandFamilies program at the University of Missouri and other essential partners to further develop the Kinship Navigator program. The funding is being spent by Parentlink to establish the MO Kinship Navigator. The Missouri program will assist relative/kinship caregivers in identifying, locating, and accessing programs and services to meet the physical and emotional needs of the children they are raising as well as any needs of the relative/kinship caregiver. Missouri is accomplishing the work of assisting relative/kinship providers with experiencing successful parenting of relative/kinship children by promoting partnerships to

ensure relative/kinship caregivers and the children living in their families are supported in every way possible to ensure the stability of families when a formal court relationship is necessary as well as when foster care is not warranted, but family crisis requires relative/kinship providers to care for children temporarily to assure child and family wellbeing.

Missouri Children's Division and ParentLink, as our contractor, collaborate with a number of private and public partners including, Missouri Family Resource Centers, Missouri Community Partnerships, and Faith Partners, including the Care Portal. This collaboration allows access to services by relative/kinship providers utilizing a toll-free number; to be answered by knowledgeable and equipped partners to address and assist with the immediate needs of relative/kinship resources in real-time. The toll-free number will also be connected on the 2-1-1 network and will allow maximization of the services currently offered by 2-1-1 throughout the state. Kinship families will be screened promptly and responsively to assess their needs and inform them of services available through identified programs resulting in a referral or connection to appropriate resources. Kinship families with emergency situations will be instructed to call 911, law enforcement, Child Protective Services, or a Crisis Hotline as appropriate. When a caregiver reaches the Missouri Kinship Navigator Program, navigators will be able to provide immediate assistance and refer them to relevant service providers such as senior housing representatives, Family Support Division, Community Action Agencies, Community Mental Health providers and service providers of durable goods for the care of children. Navigators will also have the capacity to connect kin and relative caregivers to other caregivers through support groups. These groups will allow relatives/kin to establish relationships and supportive connections with other relative/kinship families.

The target population for these services will include both relative/kinship providers caring for children in both formal and informal arrangements. ParentLink is also responsible for working with the Missouri Children's Division to coordinate efforts between programs providing similar services including the Missouri Family Resource Centers. While ParentLink navigators will provide services using a phased-in approach to reach full service in ten counties in the third year: four counties in Missouri's Central region; six counties in the Bootheel region. The Family Resource Centers and navigators in those centers will provide services in the five regions currently served by these centers which include Northwest, Kansas City, Southwest, Central, and St. Louis greater metro in Missouri.

Missouri Children's Division and its partners are tasked with operating a steering committee under the leadership of the Missouri Children's Division's newly appointed Relative First Program Specialist and ParentLink representatives. The committee includes the Family Resource Center representatives, relative/kinship caregivers, youth residing with relatives/kin, community-based organizations, and contracted foster care case, management partners.

The steering committee will be informed by participant's knowledge and experiences to identify service gaps, develop relevant training and supports for relative/kinship providers' support and

success, and assure access to those identified service needs. The Missouri Family Resource Centers currently provide direct one-on-one services to relative/kinship providers in a majority of the state through their resource center contracts. Resource center partners are also working to expand their capacity for serving this population by increasing the kinship navigator positions at the centers. These additions will be accomplished by accessing funding through various grant programs.

ParentLink and the collaborative partners will serve kinship caregivers through a program modeled after the Kinship Navigator Model –Family Connections Grantee as found on the California Evidence-Based Clearinghouse (CEBC) <http://www.cebc4cw.org/program/kinship-navigator-program-family-connections-grantee-model/>. Efforts will primarily focus on connecting kinship caregivers to resources and services they need, but will also include developing support groups and local and state partnerships, especially in the arena of legal assistance, housing, and government assistance including support systems in the realm of educational advocacy, healthcare, and accessible mental health resources.

ParentLink has an established relationship with this population having served kinship caregivers since 1992, and through this project and the work of the steering committee, Missouri will enhance our capacity to serve kinship providers. Missouri kinship navigator services will allow relative/kinship providers access to resources pertaining to the challenges of raising relative children through a web site and toll-free number.

The Kinship Navigator program will include the development of a media campaign and outreach materials to direct relative/kinship providers to the toll-free number. These materials will be widely distributed as this project expands their social media presence and each of the developed materials, as well as contact numbers and websites, will be posted on a relative/kinship webpage for ease of access along with relevant articles, videos, and training calendars.

The Kinship Navigator program through ParentLink has a database available to allow data capture and tracking for future development and assessment needs.

The Kinship Navigator program will be managed by the resource licensing and prevention services units in the Missouri Children’s Division. Their duties will include co-facilitating steering committee meetings, ensuring the implementation of the media campaign, monitoring the 2-1-1 line and connection to ParentLink along with managing the publication of the brochure and checklist tool. The Kinship Navigator program will measure its success by review of relative placements, data captured by the ParentLink database, and the stability rate of those placements as well as a survey of relative placement providers for satisfaction and support outcomes.

Adoption and Legal Guardianship Incentive Payments

Missouri has received over the previous 5 years the following Adoption Incentive Payments:

FY 2013 \$1,392,000

FY 2014 \$1,799,500

FY 2015 \$1,395,500

FY 2016 \$3,312,500

FY 2017 \$1,486,000

As cited from https://www.acf.hhs.gov/sites/default/files/cb/adoption_incentive_history.pdf
Earning History by State.

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 increased 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.

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 site 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 continued to partner with Safe Generations in CY18 to assist in the implementation and in building internal capacity to fully integrate and maintain this model statewide. In CY19 focus will be on 1) Continuing to develop 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 2019 support services. Support services for 2019 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 growing 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 six 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 an 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 five-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 and will focus on applying the Signs of Safety Principles, skills, and disciplines through the lens and in the role of leadership.

Investigations Safety Planning: Each session will focus on immediate safety planning in a way that creates a foundation for long-term safety planning. The audience will be staff who complete investigations and assessments.

Senior Practice Leader Development: This workshop will prepare practice and implementation leads to take over leading practice development and implementation throughout Missouri, connect front-line practice with statewide implementation, equip the practice leaders to deal with challenges/opportunities across the state, and work statewide to lead teams and people through implementation.

CANHU Leadership/Supervisor Workshop: This workshop is to equip leaders with the skills and knowledge they need to progress CANHU Signs of Safety Practice beyond information gathering and to build consistency in analysis, judgment, and decision-making.

Team Decision Making

Team Decision Making (TDM) in Missouri dates back to the late 2000s when it 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.

In 2013 this practice was expanded to the areas of Jackson County (The Kansas City area) and St. Louis County shortly thereafter. This expansion has received support from the Annie E. Casey Foundation throughout 2018 to improve the results of this process. All of these 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 work began to expand this practice to four new circuits in the state. These circuits surround St. Louis and began having TDM meetings in the summer of 2018. Currently, there is progress being made to expand the practice to ten more circuits throughout the state.

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

CY2018 Data	State %
% of meetings mother attended	82
% of meetings father attended	47
% of children maintained in own home after meeting	35
% of children custody was requested after meeting	36
% of kids placed with relatives after meeting	39
% of children placed in a foster home after meeting	10

Reaccreditation

The Missouri Children’s Division first achieved accreditation on January 14, 2010. As part of ongoing accreditation efforts, the agency completed a reaccreditation site visit with the Council on Accreditation (COA) in December 2018.

The reaccreditation site visit included an agency self –study, surveys to community partners, staff and consumers, personnel and stakeholder interviews and a detailed review of the agency’s implementation of administration and management and service delivery administration standards.

Following the reaccreditation site visit, COA has requested the agency to provide a post-commission response with additional evidence of the agency’s implementation of the performance review process. Once COA has reviewed the agency’s post commission response, Children’s Division’s Central Office will move to the next phase of the reaccreditation process.

In April 2019, the Kansas City Region was the first of five regions to participate in the reaccreditation process with COA. In preparation for the Kansas City Site visit, the region provided a Self-Study of its implementation of the administration and management, service delivery administration and child and family service standards. During the site visit, COA reviewed case records, interviewed staff, consumers, community partners, and stakeholders. Within the next four weeks, the Kansas City Region anticipates receiving a post-commission response from COA indicating strengths and opportunities for growth.

The remaining regions are scheduled to participate in reaccreditation site visits with COA through 2020. The reaccreditation site visit for the Southwest Region is scheduled for July 14-19, 2019. The reaccreditation site visit for the Southeast Region is scheduled for September 29-October 4, 2019. The reaccreditation site visit for the St. Louis Region is scheduled for February 23- 26, 2020. The Northern Region reaccreditation site visit dates were pending approval from COA at this time and are anticipated to be completed by June 2020.

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.

In 2016, the Administration for Children & Families (ACF) published a new rule eliminating the previous SACWIS system requirements and establishing the new Comprehensive Child Welfare Information System (CCWIS). ACF granted states two years to determine if they planned to build a new CCWIS system, transition their existing system, or opt out of CCWIS funding. With the July 2018 Annual Planning Document (APD), Missouri declared its intention to transition the existing FACES system to meet the new CCWIS requirements.

A site visit was held in June 2018 by ACF to review CCWIS requirements and to determine gaps in system functionality in which Missouri needed to address. The main areas that were identified were the bi-directional interface with our Child Welfare Contributing Agencies (CWCA), incorporating Signs of Safety practice model in FACES and developing a Data Quality Plan. In the follow-up July APD, Missouri addressed all of these issues and committed to having an implementation strategy and full Data Quality Plan by the July 2019 APD submission.

In August 2018, Missouri implemented the Cabinet IT Governance Council (CITGC). The purpose of CITGC is to oversee the management of IT projects for the state of Missouri. Each department was asked to create their own IT Governance Council (ITGC) comprised of representatives from each of the divisions within that department. The Department of Social Services (DSS) began holding weekly ITGC meetings in August 2018. The group was given the task of prioritizing and ranking all current and proposed IT projects across DSS and to develop a strategic roadmap. In addition, a Workflow Approval Process was also developed for new, proposed IT projects.

The development of this new ITGC process and the ranking of all DSS IT projects took significant time and effort, therefore resulting in delays moving new projects forward. Due to reprioritization of IT projects across DSS, the Children’s Division was not able to begin many of the planned IT enhancements to FACES as planned in FY19.

Upcoming plans for FY20 include implementation of Signs of Safety in FACES and development of an interface with CWCA Agencies.

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.

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.

In the fall of 2018, Children’s Division began the process of replacing over 1400 iPads previously purchased in 2015 due to the iPads going out of compliance with Apple. In addition, funding to purchase an additional 213 new iPads for frontline supervisors became available. As of January 2019, iPads are available to all frontline workers and immediate supervisors.

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 (the 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. This shift allowed the Children's Division to increase the number of students who would work full time and attend graduate school part-time. In FY17, a cohort of seventeen students started, and by May 2019, there will have been a total of fifteen students who have earned a Masters in Social Work. In FY19, the agency was able to offer another opportunity for ten more Children's Division staff to begin graduate school with the anticipated graduation date of May 2021. There will be another cohort starting in FY20 that will replace the students who graduated from the FY17 cohort. With the fall 2016 cohort graduating the Children's Division will have 80 Masters level Social Workers serving in various leadership roles throughout the state.

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 Children's 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.

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.

As part of the recruitment and retention efforts, the following strategic plan has been developed:

- Create and maintain a presence in the community
 - Participation in career fairs
 - Building on University partnerships by guest speaking, teaching, and providing internships
 - Build a footprint and branding on social media
- Fill vacancies
 - Identify ways to reduce the time to fill vacancies
 - Expand acceptable degree types
 - Explore options for different pay structures
- Enhance the selection and support of the workforce
 - Implementation of a competency-based interview tool, Staying Power! Selection Toolkit, and incorporate job shadowing as part of this process
 - Enhance leadership skills
 - Develop a competency-based interview tool for supervisor selection
 - Roll out Staying Power! Supervisors Guide to Retention
 - Training and ongoing coaching of The Heart of Coaching
 - Enhance clinical supervision skills
- Stabilization of staff
 - Implementation of a mobile workforce
 - Pay differential for different types of shift work, weekends and/or evenings
 - Development of a consistent caseload management tool by completing a workload analysis
- Incentive opportunities
 - Continue offering IV-E Masters in Social Work
 - Develop opportunities to increase and incentivize Licensure and Licensed Clinical Social Workers
 - A pay structure that provides opportunities to incentivize for years of service

Research Initiatives

The Children's Division has an established process for the review of research applications. Persons requesting approval for research proposals involving the Children's Division staff, data, or individuals served are required to submit an Application to Conduct Research to the Children's Division 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 the 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 the 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 the Children's Division policies and procedures. The results of these studies may be used to enhance and inform the Children's Division policy and practice.

The following studies were approved in 2018. This is not a comprehensive list of approved research proposals, as some projects are approved due to the participant's role only.

1. The Role of Siblings in Emotional Regulation for Preschool-Aged Children in Foster Care
Kansas University
2. Exploring the relationship of adult health and criminal justice opioid contacts to foster care entry
Washington University
3. Widely Metastatic Choroid Plexus Carcinoma Associated with Novel TP53 Somatic Mutation
Washington University
4. The Association of Well Child Care During Early Infancy with Subsequent Risk for Child Maltreatment

Children's Mercy Hospital

5. Annette House Capstone Project
Children's Division
6. Foster Care Medical Coordination
The University of Missouri St. Louis
7. Effectiveness of a Dental Education Intervention Program on Elementary School Students
Jordan Valley Community Health Center
8. Moving to What Matters: Cornerstones of Care
University of Kansas
9. The implementation of County administered Child and Family Social Services in California
The University of California at Berkley

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 also held a shared position with the Children's Division. This initial cohort of trainers, informally referred to as trauma specialists, were provided in-person learning collaboratives every other month to promote further learning and to provide needed support during the statewide training roll out. Dr. Carter continues these learning collaboratives to date on a quarterly basis. The opportunities for continued learning and clinical support has equipped the trauma specialists to provide needed assistance and consultation to field staff as the Children's Division moves forward to becoming trauma-informed.

The second round of train-the-trainer on the Child Welfare Trauma Toolkit was provided by two of Missouri's trauma specialists in FY17. Twenty-nine people were trained from the Children's Division and FCCM partners. The third round of train-the-trainer is tentatively planned for this fall to ensure there is no shortage of trainers nor support and consultation available to the field.

The trauma specialists also serve as the Children’s Division’s Trauma Committee, reviewing proposed policies and practice guidelines through a trauma lens, while also generating trauma-specific recommendations around existing policies and practices. The committee has worked diligently over the past year to support the integration 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 after employment. Secondary trauma and its impact on frontline staff and supervisors are recognized as a priority, and the committee has elected to focus on secondary trauma in the coming year. The committee of trauma specialists will participate in the revision of an existing curriculum and complete a train-the-trainer session to, in turn, begin providing secondary trauma training to frontline staff and as well as an additional curriculum tailored to supervisors/management.

Technical Assistance and Field Support

The 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.
- Attended regional CA/N supervisory meetings to solicit feedback on what is working well, worries, and what needs to happen in Investigations/Assessments and to answer policy-related questions.
- Attended several community partner events in regard to the opioid/drug crisis to discuss Plans of Safe Care for infants affected by substance use or abuse.
- Attended the Children’s Division meetings and events to talk about Plans of Safe Care for infants affected by substance use or abuse.
- Theories of Constraint: PDS Staff assisted Circuits with the implantation of the Theories of Constraint process.
- Document Imaging training was provided to staff in over 20 circuits at their request.
- 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 participated in the expansion of this program to the nine circuits in Phase Three.

- Assisted the field by entering training hours and criminal history results in FACES and provided technical assistance to resource home licensing staff.
- Assisted with Children’s Service Worker interviews in the 13th Circuit.
- Participated in phone conferences with placement providers and family support teams as requested to educate and advocate for the implementation of Normalcy (Reasonable and Prudent Parenting Standard) to ensure that older youth in foster care are provided developmentally appropriate opportunities as similar as possible to their peers who aren’t in foster care.
- Provided technical assistance as requested to Case Workers and Supervisors to address credit fraud for youth in foster care with education and resources to address and correct credit reports for youth.

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** – In November 2017, the Capacity Building Center for States provided an ICWA Learning Experience starting in Joplin, Missouri. Additional Learning Experiences continued in Jackson County in 2018 and will roll-out in the Southeast and St. Louis regions in 2019. This two-day training provides child welfare staff with the knowledge to help them understand, engage with, and support children and families who are AI/AN through their work. The training provides a historical view of State-Tribal relations, history of ICWA, and the historical trauma experienced by AI/AN families.
- **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. In 2018, a Foster America fellow working with Missouri assumed a leadership role in developing plans for enhancing the relationships between the Children’s Division and the courts throughout the state. In early 2019, a Special Assistant to the Director was hired to continue this work. Division leadership felt too many consultants were inhibiting the progress of the initiative. At this time, the Children’s Division’s work with the Capacity Building Center around court relationships has been discontinued with the understanding that the Children’s 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, a consultant for the Center for States, and attended by over 60 staff members from all levels of the Children’s 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. The policy has been issued as well as online 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 a 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 to work with Missouri around ICWA compliance. The Center also provided support to Program Improvement Plan development and data analysis associated with strategy identification. Technical assistance in the areas of support for front-line supervisors and parent engagement are being explored in relation to PIP strategies.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

As of January 1, 2019, there were 98 foster children in Missouri who were identified as American Indian/Alaska Native or who have AI/AN 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. It 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 98 children mentioned above, 41 are from Southwest Missouri, 27 are from Southeast Missouri, 15 are from Northeast Missouri, six are from Northwest Missouri, seven are from Kansas City Missouri, and two are from St. Louis Missouri. As of July 1, 2018, Quick Facts Missouri (United States Census Bureau), the population was 6,126,452 with 0.6% being AI/AN. Southwest Missouri continues to have the highest documented population of AI/AN 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 Children's Division is fortunate to have an American Indian foster parent who is willing to help facilitate communication between the Children's Division 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 continue 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 AI/AN heritage. Early identification allows culturally competent services to be provided throughout the Children's Division 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 (AI/AN) 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, Children's Division-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, Children's Division-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 FY19 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. Missouri is also receiving technical assistance provided with the Capacity Building Center for Courts, so as to strengthen the partnership with the courts in meeting the needs of American Indian/Alaska Native children.

In November 2015, the Division began the work with help from ICWA Specialist, Willie Wolfe, a consultant with the Capacity Building Center for States. Since then, focus groups have been conducted with Missouri's Indian Centers as well as local Children's Division staff. The Children's Division 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 Children's Division 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 statewide basis.

Beginning in 2018, quarterly Roundtable meetings formed with participation from the Children's Division staff, contracted agencies, and Native American partners to increase the communication, partnership, and planning efforts, and to expand the knowledge of services available to AI/AN families and children. This has been a successful endeavor and is expected to gain more awareness and resources. This is another way Children's Division consults with tribal representatives to coordinate services for children and families in Missouri.

In November 2017, the Capacity Building Center for States provided an ICWA Learning Experience starting in Joplin, MO. Additional Learning Experiences continued in Jackson County in 2018 and will roll-out in the Southeast region and St. Louis regions in 2019. This two-day training provides child welfare staff with the knowledge to help them understand, engage with, and support children and families who are AI/AN 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 AI/AN co-trainer would be able to present to field staff on an as-needed basis. Training objectives include:

- Expand the knowledge of AI/AN children and families
- Know the requirements for serving AI/AN
- Help community partners understand their role in serving AI/AN
- Ensure staff understand the importance of AI/AN and ICWA
- Engage the courts, provide knowledge to courts
- Locate and provide resources to AI/AN families
- Remove the “fear” staff sometimes have when they hear ICWA

Other goals from 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 AI/AN, the history of ICWA and the importance of this work
- Have foster/adoptive parent recruitment events in combination with Tribal events
- Identify AI/AN homes among existing resource homes

Consistent with the federal On-Site Review Instrument, a new case review tool has been developed in FACES which captures the following for children in alternative care:

- 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 ongoing 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 31, 2019, there were 32 older youth with AI/AN heritage. Of these 32, two were designated as incapacitated and will not be referred for services, and 30 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.

STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

See the CAPTA Report submitted separately for the required data items.

Education and Training Vouchers

In 2016-2017, there were 261 youth funded from ETV. Of those 261, 139 (53%) were first time funded.

In 2017-2018, there were 229 youth funded from ETV. Of those 229, 124 (54%) were first time funded.

Final information for 2018-2019 is not available at this time. As of February 6, 2019, Missouri’s totals based on the information available at Foster Care 2 Success’s web portal are:

Total Applications	Apps In Progress	Total Funded Students	Total Funding	Unable to Fund
344	16	218	\$ 804,118.00	110

Unable to Fund 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 23/26 (age change due to H.R. 253), youth adopted prior to age 16, and exit from foster care prior to age 17.5/18 (age change due to H.R. 253).

Missouri will continue to monitor fluctuation in the number of youth funded. If there is a significant change, the Children's Division 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 (CCE) Financial Assistance Program, now providing funding for youth who would have previously accessed ETV. With the passage of H.R. 253 – Family First Prevention Services Act of 2017, Missouri anticipates fluctuation in SFY20 as youth will remain eligible for 3 years longer and will utilize CCE funds to offset the cost of expanded age services.

Inter-Country Adoptions

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. For the calendar year 2018, the Missouri Child Placing agencies reported no international adoption dissolutions or disruptions that resulted in children adopted internationally entering state custody.

Monthly Caseworker Visit Data

See the Monthly Caseworker Visit Formula Grants section for information.