

# Missouri Department of Social Services, Children's Division



## TITLE IV-B

### 2023 ANNUAL PROGRESS AND SERVICES REPORT

JUNE 30, 2022

**Submitted to:  
Department of Health and Human Services**

**Title IV-B**

**2023 Annual Progress and Services Report**

**State of Missouri**

**Department of Social Services**

**Children's Division**

**Contact Person**

**Name:** JoDene Bogart, MSW  
**Title:** Missouri State CFSR Coordinator  
**Address:** Children's Division  
PO Box 88  
Jefferson State Office Building, 10<sup>th</sup> floor  
205 Jefferson Street  
Jefferson City, MO 65103  
**Phone:** (816) 889-2594  
**Email:** [JoDene.Bogart@dss.mo.gov](mailto:JoDene.Bogart@dss.mo.gov)

Link to 2020-2024 Child and Family Services Plan found at <http://dss.mo.gov/cd/cfsplan/>

## Table of Contents

<b>Introduction</b>	<b>5</b>
<b>Collaboration</b>	<b>5</b>
<b>Assessment of Current Performance</b>	<b>74</b>
Safety Outcomes 1 and 2	75
Permanency Outcomes 1 and 2	78
Well-being Outcomes 1, 2 and 3	87
Statewide Information System	91
Case Review System	92
Quality Assurance System	99
Staff and Provider Training	99
Service Array and Resource Development	112
Agency Responsiveness to the Community	117
Foster and Adoptive Parent Licensure, Recruitment and Retention	129
<b>Update to the Plan for Enacting the Vision</b>	<b>137</b>
Revision to Goals, Objectives and Interventions	137
Implementation and Program Supports	138
<b>Update to Progress Made to Improve Outcomes</b>	<b>155</b>
<b>Quality Assurance System</b>	<b>171</b>
<b>Update on the Service Descriptions</b>	<b>178</b>
Stephanie Tubbs Jones Child Welfare Services Program	178
Services for Children Adopted from Other Countries	212
Services for Children Under the Age of Five	213
Efforts to Track and Prevent Child Maltreatment Deaths	218

Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disease 2019 (COVID-19)	222
<b>Promoting Safe and Stable Families</b>	<b>222</b>
Division X Supplemental Funding from the Supporting Foster Youth and Families through the Pandemic Act	256
Service Decision-Making Process for Family Support Services	256
Populations at Greatest Risk of Maltreatment	257
Kinship Navigator Funding	266
<b>Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits</b>	<b>272</b>
<b>Adoption and Legal Guardianship Incentive Payments</b>	<b>274</b>
<b>Adoption Savings</b>	<b>275</b>
<b>FFPSA Transition Grants</b>	<b>276</b>
<b>Chafee Foster Care Program for Successful Transition to Adulthood</b>	<b>278</b>
<b>Access to Medicaid for Former Foster Youth</b>	<b>294</b>
<b>Education and Training Vouchers Program</b>	<b>300</b>
<b>Chafee Training</b>	<b>304</b>
<b>Consultation and Coordination Between States and Tribes</b>	<b>307</b>
<b>Targeted Plans</b>	<b>310</b>
<b>Supplemental Appropriations for Disaster Relief Act</b>	<b>312</b>
<b>Statistical and Supporting Information</b>	<b>312</b>
<b>Financial Information</b>	<b>314</b>

## Introduction

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

Missouri has 114 counties and the City of St. Louis, which are grouped using pre-established judicial circuit boundaries. Each of the 46 circuits in Missouri has oversight by a Circuit Manager. The state has six regions with each governed by a Regional Director. In the Jackson County urban area, the Regional Director and the Circuit Manager positions are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri's six regions are St. Louis, Kansas City, the Southwest Region, the Southeast Region, and the Northwest Region and the Northeast Region.

## Collaboration

The Children's Division has collaborated with stakeholders in the development of policy and practice for many years. During the second round of the Child and Family Service Reviews (CFSR), 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 benefits families in improved access and service availability, and a reduction of services and funding fragmentation. Standing members include Children's Division managers, representatives of the 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. Recent additions to the committee include a front line supervisor, and an attorney who frequently represents parents and serves as GAL for children in foster care.

The CFSR Advisory Committee regularly reviews data and practice standards, and provides input and feedback. This group continues to be a part of the implementation and monitoring of the CFSP. As the Division continues to strive to meet the goals of the strategic plan, this group was consulted throughout the process. Portions of the Annual Progress and Service Report (APSR) is reviewed by this committee each year.

As the Children's Division began to identify the goals and objectives for the 2020 – 2024 Child and Family Services Plan (CFSP), a group of Children's Division personnel and community members met over a period of months to review CFSR and state-published outcome data, discuss agency strengths and areas for improvement, and develop strategies to recognize system advancements. Membership in this group included Children's Division administration and management, representatives from the judiciary and court personnel, the Office of State Court Administrator, attorneys representing children and parents in family court matters, and providers who partner with Children's Division in service provision. Several members of this group are also members of the CFSR Advisory Committee.

In addition to the group described above, the CFSR Advisory Committee, members of the Quality Assurance System team and the Supervision Advisory Committee, and Children's Division leadership discussed the goals and objectives for the 2020 – 2024 CFSP.

The Children's Division continues to collaborate with the courts through a variety of mechanisms. Two members of the Children's Division's management team as well as the CFSR Coordinator attends the Juvenile Court Improvement Project Steering Committee meetings and regularly shares relevant data. There are 19 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.

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

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

## **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.

CTF currently works with the Missouri Children's Division at the state level through collaborative efforts related to Family First Act planning and infant safe sleep initiatives.

### Background Information

For the first twenty years as the CBCAP lead, CTF 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 maltreatment prevention efforts. Designated as the Lead Agency Model, this model was based on Collective Impact and was particularly effective for families with multiple needs.

Beginning in FY 2019 CTF shifted CBCAP funding from the Lead Agency Model to support home visiting programming, including a home visiting-specific Collective Impact model.

### Home Visiting

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 Parents as Teachers (PAT) school-based program 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), a Nurturing Parenting home visiting program 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 Department of Elementary and Secondary Education- Office of Childhood leadership to align home visiting services to reduce duplication and to improve data collection and evaluation.

### Evaluation

CTF has aligned its home visiting evaluation with the MIECHV (Maternal, Infant and Early Childhood Home Visiting) program administered by the Missouri Department of Health and Senior Services (DHSS), including assessing for the MIECHV performance indicators. CTF has contracted with DHSS to collect and analyze data from CTF-funded home visiting programs.

## **Crossover Youth Initiative**

Background: 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.

The Crossover State Policy Team was formed in 2013 and includes executive leadership from several youth service agencies including the Missouri Supreme Court, Office of the State Courts Administrator, Children's Division, Division of Youth Services, Department of Mental Health, and a Circuit Chief Juvenile Officer. Through an ongoing partnership with the Center for Juvenile Justice Reform, this team led the initiative to pilot the Crossover Youth Practice Model in four Judicial Circuits, encompassing nine counties and provide technical assistance to two additional Judicial Circuits seeking to improve their practice with this population. This team also developed a shared framework to including the following guiding principles for system change and case level practice related to Crossover Youth:

1. Developmentally Appropriate Interventions as a Stepping Stone to Wellbeing
2. Trauma Informed
3. Evidence/Science Informed
4. Data Driven
5. Equitable at the Individual and System Level
6. Collective Responsibility

Progress in 2021-2022: Building on the work of Missouri's Crossover Youth State Policy Team, experiences of pilot projects, and ongoing assessment of field practice/outcomes over the last seven years, a workgroup comprised of core youth-serving agencies partnered with the Center for Juvenile Justice Reform to begin creating the Missouri Crossover Youth Toolkit. The workgroup brought together administration, regional leadership and field staff from juvenile justice, child welfare, and mental/behavioral health to contribute to the development of the Toolkit.

The Toolkit is being designed as a complete best practice guide for child welfare and juvenile justice professionals working with Crossover Youth. It includes the shared framework for approaching crossover work, steps to implement system changes, a field guide for coordinated case management and resources for cross training and enhancing front line practice. The Crossover Youth State Policy Team also coordinated to pull aggregate data from multiple systems to assess the prevalence of Crossover Youth in Missouri. These reports are provided on a quarterly basis. A Prevention Workgroup was developed to design and implement a prevention pilot and began meeting in 2019.



System-level goals include the following:

1. Ongoing operation of the Crossover Youth State Policy Team to drive the initiative forward through setting vision and providing oversight of implementation of the Toolkit.
2. Completion and roll out of the Crossover Youth Implementation Toolkit to provide training to state and circuit level leadership within juvenile justice, child welfare and mental/behavioral health on the Toolkit's purpose, content, and utility. This will include access to the System Self-Assessment which will empower circuit level teams to identify system strengths and areas where practice change should begin and a complete field guide to implement best practices for Crossover Youth.
3. Create and implement a sustainability plan to ensure ongoing efforts toward best practice. This includes ongoing technical assistance from a multi-agency team, enhancing aggregate data reports to include indicators specific to desired outcomes, annual completion of system self-assessment by circuit level leadership to track progress, and providing progress updates and ongoing training throughout the juvenile justice and child welfare systems.

There are several outcomes expected through the 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).

In March 2021 the Crossover Youth Statewide Team moved to being housed under OSCA as a subgroup of the Juvenile Court Improvement project (JCIP). It is believed this transition will allow this important work to continue to be supported in a multi-system way allowing for maximum collaboration.

In June 2021 a statewide multidisciplinary training (CJJR, CD, OSCA, DYS, DSS) was held with Children's Division staff and Juvenile Officers to introduce The Toolkit and provide information about how it can be utilized in local communities. There will be additional follow up with The Toolkit as meetings are able to be rescheduled with Circuit Managers, Juvenile Officers and Judges to look at long-term sustainability and incorporation into local practice.

## **State Youth Advisory Board**

The Children's Division recognizes the importance of and remains committed to youth involvement, development, and empowerment.

Through the State Youth Advisory Board (SYAB), youth have an opportunity to give policy and procedural input to CD administrative staff/Juvenile Court and provide meaningful leadership training and experiences for board members. Youth are invited to participate on panels, to facilitate and lead workshops, to assist with training, and to participate in workgroups.

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 a youth with leadership capabilities in foster care or who obtained adoption or guardianship after the age of sixteen. 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).

### Membership Requirements and Composition:

Members 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, even if they have turned 21 and their term expired. This allows them to finish the commitment they started. 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. Officer elections are held annually each summer. Due to an interruption in the year because of the COVID-19 pandemic, and it being a conference planning year, it was decided to postpone elections as the officers had not had a lot of opportunity to lead in a normal way. Officer re-elections will occur in June 2022. The board also may consist of three non-voting, Ex-Officio members. An Ex-Officio member must be a current or former foster care youth who served at least a one-year term as a board member or alternate within the last three years. There were no Ex-Officio members on the board in SFY22. Ex-Officio members must apply each year and can serve no more than two years upon recommendation of the Independent Living Coordinator (ILC) and approval of the Children's Division Director.

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 in attendance per meeting.

In SFY22 to date, the SYAB has had seven community members:

In June 2021, the interim Children's Division Director, Deputy Director of Permanency, and Deputy Director of Safety and Prevention came to the meeting to meet the board and answer any questions they had of Division leadership.

In August and November 2021, a representative from FosterClub participated in the meeting to assist with conference planning.

In March 2022, a Field Support Manager for the SE Region attended to learn about SYAB.

In November 2021, an MSW student and Children's Division employee came to discuss registering to vote as an advocacy opportunity with the board.

Guests are welcome as long as there is space to accommodate them, they agree to the confidentiality of the personal information shared by the youth, and there is a general connection to the group. Guests are discussed with the SYAB officers prior to the meeting.

#### Recruitment and Retention:

Contractually, each region is required to have three representatives on the board. Regions are allowed to have additional youth as well but membership overall is kept under 40 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 representatives, particularly in the more rural regions. The Transitional Living Program contract contains language for youth to participate in a local board. The Chafee contract contains language for youth to participate in a local board, the State Youth Advisory Board, the bi-annual adult and youth leadership and empowerment conference, and speaking engagements as part of a panel at conferences/seminars or participating as a youth representative in a workgroup or committee.

As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings, making a one year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and chaperone the attendance at SYAB meetings and activities.

As of March 2022, there are 23 members on the SYAB.

The SYAB met virtually and in person in SFY22 due to the COVID-19 pandemic. The June 2021, November 2021 and March 2022 meetings were in person. The August 2021 meeting was virtual. The contract for SFY23 was awarded on March 15, 2022. At this time, there are four in-person meetings scheduled.

During the pandemic, flexibility on the attendance rules was granted due to the difficulties of virtual meetings. The virtual platform was not conducive to allow youth to get to know one another and it was difficult to engage a new member. Several youth joined for the first time virtually and did not return. Some youth have technology issues and enter and re-enter a meeting while others have distractions at home. When a meeting is scheduled virtually, youth often do not mind scheduling other activities and leaving the meeting early or joining late. Some youth did not use video and participated via phone so it is hard to distinguish their presence and involvement during a meeting. Some had video capabilities but turned the camera off. Meetings must be kept shorter, as well, for attention span purposes. Youth have expressed a desire to meet in person.

Although members have busy and sometimes unpredictable lives, commitment to the SYAB is vital for its success. Members with a longstanding history reflect the importance of the board and are vital to the success of the board for historical knowledge, particularly in a conference planning year. Thirteen members have been involved with the SYAB for over one year. There is one member who has been on the board since September 2017. One youth has been a member since November 2018, and holds an officer position. Three members have been on the board since 2019 and they all hold officer positions. Even if a youth who has a longstanding history does not serve in the role of an officer, they become natural leaders of the group.

The pandemic has had an impact on Local Youth Advisory Boards as well. In February, on a call with Region 7 Administration for Children and Families partners to identify potential technical assistance needs, a youth requested assistance with getting her Local Youth Advisory Board convened. A call is scheduled for this with the young adult consultant in March 2022. As the provider responsible for the Local Youth Advisory Board convening is the provider for three other regions, it will encompass the other regional boards as well. An invitation was extended to the regions with other providers but they have not requested assistance at this time.

#### Board Policy and Written Guidance:

The SYAB developed a strategic plan to direct their work and the youth continue to value and work on the goals set out in the strategic plan. The three goals are as follows:

- Plan and facilitate a conference for youth in summer 2022, to include developing workshops and eligibility for attendance and seeking donations.
- Make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication, and completing a community project.
- Be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

Work has been done on these goals in SFY22 and will continue in SFY23. At some point, the goals will be revisited to ensure the group members want to continue to focus on these issues.

The SYAB revised its handbook in June 2021. The handbook was aligned with the practice of the board on voting for new members and added language to allow a current officer to move into a position of a vacated officer position (before a term is over) as a first option before opening it up to general members to run for the office. The Media Specialist position was added. Additional language was added on the possession of alcohol and room violations after the meeting to strengthen the expectations.

The board uses a creed to assist with conduct at meetings. Potential members must agree via signature to the conditions of the creed prior to becoming members and the creed is kept on file with the Independent Living Coordinator (ILC). The board has had minimal conduct issues but this was another step to solidifying expectations of youth leaders on the board and was modeled after 4-H. The creed is specific so when an issue arises, it is easily handled. There were no revisions to the Code of Conduct in SFY22 although it was reviewed. This will be evaluated as needed in SFY23. Many of the items in the Code of Conduct surround in person meetings.

### Youth Representation and Activities:

#### *Child Advocacy Day*

Each year the SYAB participates 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. However, due to COVID-19 and social distancing, for 2021 and 2022, it was held online as a week-long event. Consequently, there were no planned events by Children's Division and SYAB. Youth were encouraged to participate and offered the incentive in SFY21 but no youth participated. The incentive was not offered in SFY22 as the online format spread throughout the day and the week does make it more difficult to justify a school absence. It is hoped that this event can be held in person in SFY23. If possible, SYAB will develop talking points to share when they meet with legislators from their area to talk about issues important to the youth and plan to speak in an open forum at the Capital with legislators. They can then resume the normal activities associated with Child Advocacy Day such as the rally at the Capital, an educational workshop on advocacy, and lunch hosted by the State Youth Advisory Board.

#### *Youth and Adult Leadership and Empowerment Conference:*

The SYAB is hosting an Adult and Youth Leadership and Empowerment conference at the end of SFY22. This event has been rescheduled from summer 2021, to fall 2021 to June 2022 due to the pandemic. The theme of the conference is "Learn from Yesterday, Live for Today, Hope for Tomorrow". With the additional funds from the Consolidated Appropriations Act, Missouri is able to work with FosterClub to assist with the conference. Services had to be vetted for

approval. This added to difficulties in changing the dates and conference array of services. This is the first time Missouri has had another agency assist with the conference. The conference will be held in Jefferson City and is still over the course of three days. In the past, youth have been asked to share rooms and this will be dependent on a youth's comfort level. Instead of using the number of people for allocations, CD is utilizing room allocations, which will reduce the number of attendees. There are two workshops being planned by the members of SYAB as they had worked on a workshop and wanted to follow through on this. One is on the inner child and one is on post-secondary education. The remaining workshops are FosterClub workshops to be presented by FosterClub with SYAB members assisting: The Pact, See Your Success, Beat the Odds, Dreaming of Home, Family Matters and Well Being Jeopardy. SYAB members chose the workshops from FosterClub's service array. There will be a Candyland themed carnival and dance. The event is fun, educational, and allows youth to interact with other youth and supportive adults throughout the state while receiving life skills teaching.

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

The remainder of meetings for SFY22 will be spent planning for the conference. The conference often inspires youth to get involved and stay involved with the State Youth Advisory Board and Missouri looks forward to this in person event to solidify its board and recruit new members.

#### *FosterClub All-Star Program:*

Children's Division has invested in the FosterClub All-Star Program which moved to a virtual platform in SFY21. Through the program, youth are provided with intensive leadership and public speaking training. 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 advocacy skills as well as to represent Missouri in speaking engagements.

It is the philosophy of the agency by providing this type of leadership training and national exposure, one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. Missouri is sponsoring a youth participant in SFY22-23, and selection will be made in April 2022. The internship will be a combination of in person and virtual this year. Youth selected are expected to participate in Children's Division workgroups, state agency advisory boards and various speaking engagements.

The 2021 All-Star is the Co-Chair of the SYAB and will assist with facilitation of a presentation at the youth conference. She shared her experiences from her internship in order to get current members interested in the opportunity. She participated in the Division X technical assistance call with ACF in February.

*Workgroups, Speaking Engagements, and Input:*

The SYAB, as well as other foster youth and alumni youth, are active in participating in speaking engagements and workgroups to promote the needs of youth in foster care. The following are activities which occurred in SFY22.

- 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.
- Two youth are members 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.
- One youth is a member 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 looks at the agency as a whole and develops plans for improvement. The voice of youth has been added as a regular feature to the CQI InFocus Newsletter each quarter. This feature is discontinued for the remainder of SFY22 as changes are being made to the newsletter process. In SFY22, State Youth Advisory Board members shared their thoughts on experiences in residential treatment and/or TLP in one issue and challenges faced during COVID in another issue.
- Youth are members of the Psychotropic Medication Advisory Committee.

The activities represented in this section are at the state or regional level. 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 SFY23.

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 events if they are responsible for transportation. Youth attending leadership events via SYAB are reimbursed \$25. Youth attending meetings, workgroups, or committees that require most of the day, receive \$35.

## **Older Youth Summits**

Older Youth Summits are held at the community level and the focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is to develop a common vision in order for communities to be able to support older youth to transition successfully to adulthood.

To date, thirteen summits have been held throughout the state. The Kansas City Region, Southwest Region, and the Southeast Region were in the initial planning stages for summits to be held in SFY21 when the COVID-19 pandemic hit. Planning continued with events postponed through the summer and then ceased as the timeline of being able to gather in large groups became unknown and numbers for COVID-19 increased.

Although many things have moved to a virtual platform, this event does not lend itself to this very well. Older Youth Summits will continue when it is recommended to safely convene in large groups. Consideration may be possible in SFY23.

## **Missouri State Foster Care and Adoption Advisory Board**

The Children's Division meets on a quarterly basis with the Missouri State Foster Care and Adoption Board (MSFCAB). The members of this board are appointed by the Governor of Missouri. The board was organized in 1986 by the then Director of the Division of Family Services to be an advisory board which communicates between local foster parent advisory boards and central office. In 2012, state statute 210.617 RSMo. was adopted which 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.

Minutes from the Board's quarterly meetings are posted by the Children's Division at <https://dss.mo.gov/cd/foster-care/foster-care-adoption-board/index.htm> .

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 CY2021 include:

- Provided feedback on the behavioral health carve-in for Mo Medicaid
- Provided feedback on the Family First Preventive Services Act National Model Foster Family Home licensing Standards
- Provided feedback on the DocuSign project
- Provided feedback on respite training manual and introduction to foster care training
- Provided feedback on childcare/daycare problem facing Foster Parents
- Provided feedback on the Treatment Foster Care (TFC) program
- Provided feedback on camp options for Foster Youth
- Provided feedback from the Resource Parent community on policy
- Provided feedback on curriculum policy and the pilot National Training Development Curriculum
- Provided feedback on social media use with Foster Children

### **Parent Advisory Council**

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 training. They are working in their communities to bring issues facing families in their communities to a higher level to improve access to services and family engagement within programs.

The PAC was implemented with support from a collaboration of agencies which includes the Department of Health and Senior Services; the Children's Trust Fund; the Department of Mental Health and the Department of Social Services, Children's Division. In 2021, the Office of Childhood, located within The Department of Elementary and Secondary Education, was developed and continues support efforts for the PAC.

Further collaboration has occurred to obtain parental feedback regarding practices and procedures having significant impact to parents. Draft updates are sent to the PAC, when applicable, to obtain parental feedback. Providing feedback to organizations was a large goal of the PAC, so they were honored to be approached to do this. In addition, having the voice of those who have interacted with child welfare systems is vital for amplifying the parent voice and informing better practice. The Children's Division has assisted in recruiting new parents interested in leadership opportunities to apply for membership with the PAC. The Children's Division has become a more active participant with this group over the past three years and continues to attend meetings and bring information to the PAC for input and consideration.

### **Task Force on Children's Justice**

The Missouri Task Force on Children's Justice 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 Task Force on Children's Justice is tasked with providing stable, flexible, and ongoing funding to support efforts to improve the investigation and prosecution of child abuse and neglect, create changes that prevent additional trauma to child victims and to further protect their rights. Funding granted by the Task Force will assist the State in its efforts to expand training; expand services; provide better staff development opportunities and positive work environments; promote a positive image; and gain public support. The end goal is an improved ability to recruit, train, and retain staff; ultimately, it will enhance the State's ability to respond to child abuse and neglect in the most timely and effective manner.

In addition to meeting virtually and in person on a quarterly basis in 2021, the Task Force via the use of subcommittees, held web-based virtual meetings and conference calls, conducted case reviews virtually, reviewed policy, tracked and evaluated proposed legislation, 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.

The Task Force on Children's Justice is responsible for providing stable, flexible, and ongoing funding to support efforts to improve the investigative approach and response to child abuse and

neglect. Funding granted by the Task Force will assist the State in its efforts to expand training; expand services; provide better staff development opportunities and positive work environments; promote a positive image; and gain public support. The end goal is an improved ability to recruit, train, and retain staff; ultimately, it will enhance the State's ability to respond to child abuse and neglect in the most timely and effective manner.

### Recruitment Committee

The Recruitment Committee is responsible for monitoring CJA's membership to ensure it consists of a minimum of 21 members and represents the required disciplines as specified in Section 107(c)(1) of the Act. The Missouri Task Force achieved full membership in Spring 2021 and has continued to sustain into 2022.

Applications for membership will continue to be accepted and reviewed on an ongoing basis. Those interested may attend all open meetings in advance of selection to the Task Force. The membership application is posted on the Task Force's state website.

### Goal Committee

The Goal Committee was formed to assist the Task Force in maintaining focus on the three goals identified as well as reviewing the annual report to ensure that the Task Force is aligning grant funding and efforts with statutory requirements. Goals that the Task Force identified were:

- Improve Mandated Reporting
- Create High Functioning Multi-Disciplinary Teams
- Support and Collaborate with Multi-Disciplinary Teams in Response to the Substance Abuse Epidemic

The Goal Committee met several times via WebEx technology during 2021. With the focus on the upcoming Three-Year Assessment being forefront, the Goal Committee, with the approval of the full Task Force, began working with a consultant, With Insight.

### Finance Committee

The Finance Committee began to see an uptick in grant requests in 2021. Several of the grants that were approved in late 2019 and 2020 were held in 2021. The Finance Committee held discussions and scoring via e-mail and presented recommendations to the full Task Force. Through focus groups that assisted with the assessment of the Task Force in the last three years, it was a recommendation that the grant application and process could be updated and improved upon to assist in the ease of completion. The Finance Committee will be looking at improvement planning for the grant application and process throughout 2022.

At the November 2021 quarterly meeting of the Task Force, the Children's Division Fiscal Liaison gave a presentation and explanation of the CJA Grant process. A Power Point presentation was provided to the Task Force Members explaining how funding was awarded through the Federal Government. It was explained that funding comes from the Crime Victims Fund that is administered by the US Department of Justice & Office of Victims of Crime. The grants are awarded by the Administration of Children and Families. She also explained how the locally awarded grants were tracked and was able to show the Task Force funding amounts and how they were used over periods of years.

### Critical Events Committee

In early 2021, it was anticipated that the Critical Events Committee would join a second level of multi-disciplinary team (MDT) members that would collectively look at critical events and trends identified from a first level review by the Children's Division and multiple other MDT professionals. The first level review process meets monthly and looks for improvement opportunities from reviewing critical event cases that involve fatalities or near fatalities of a child that has active agency involvement, the child is in the care and custody of Children's Division, or there has been recent contact with the family. The purpose of the second level review is to dig deeper into improvement opportunities that have been identified and recommend systematic improvements. It has taken longer than anticipated to develop a system's improvement tool and a data use agreement. The data use agreement has been approved and access to the database was obtained in February 2022. There are several groups that have had involvement with critical event reviews in recent years and it is the hope to marry these groups so that there does not continue to be multiple silos doing the same thing with some of the same professionals being on multiple groups. The current Critical Events Committee has an array of professionals whose vast experience could contribute and offer insight to assist in preventing these critical events from happening in the future. The second level group would meet quarterly and it is anticipated it will commence in the summer of 2022.

### Legislative Committee

The Legislative Committee voiced concerns over the depth of understanding legislators may have about child abuse/neglect cases. It was proposed to create a short video that could walk legislators and other collaborators through the different elements of child abuse and neglect cases including the involved agencies and their respective roles. It was stressed the importance of information coming from the diverse Task Force versus other sources that might be perceived as bias. It was determined that instead of videos some may never see, to educate legislators in a different way. It was then proposed to moving the November 2022 meeting to December 2022 as December 1 is when bills are pre-filed. The Legislative Committee then would have the ability to look over the pre-filed bills and see what might affect the Children's Division and anything regarding the investigation/prosecution of child abuse and neglect. The Committee then could identify which legislators might have an interest and invite them to the February 2023

meeting and answer any questions they might have as a MDT/stakeholder group. This would give the Task Force an opportunity to educate the legislators.

### **Domestic Violence Coalition**

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 1990s to provide training and technical assistance on domestic violence for frontline staff. Domestic violence training was developed by MCADSV for all Children's Division frontline staff and supervisors. This online training was introduced in January 2021. 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. 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. A representative from MCADSV also began participating in the state level Child Fatality Review Panel (CFRP) in 2019.

### **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. Though Missouri is now in the 16th year of a performance-based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions. Issues which cannot 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.

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. Participants of this meeting have worked together to make recommendations around improving the procurement process and identifying additional outcome measures. In addition, there was partnership around revisions and improvements to the current contract which was bid in FY19.

Joint quality assurance 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 Quality Assurance System 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 details for improving data integrity. 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. Several FCCM QA designees have attended the Missouri Child Welfare Case Reviewer Training and have assisted in completing case reviews for PIP monitoring.

Since 2015, FCCM providers have partnered with Children's Division to implement practice model initiatives. This includes trauma-informed care, recognizing signs of safety, and increasing access to wellbeing for children and families. 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. FCCM providers have had representatives complete the train the trainer training for the Five Domains of Wellbeing. Upon completion of this training, FCCM providers have the capability to provide this training directly to their staff as well.

During the 2020 legislative session HB 1414 was passed. This bill directed the Children's Division to form a Research and Evaluation Team. This team is comprised of representatives from every FCCM provider, the juvenile court, two representatives from area universities, and staff from Children's Division. This team has been meeting since August of 2020 to identify case metrics that will be measured through data extraction and case reviews. These reviews will be conducted for Children's Division cases and FCCM provider's cases. The team will review the results of these reviews on an ongoing basis and provide technical assistance to those who need it to improve performance.

Implementation of phase one of the metrics will begin on October 1, 2022, with a total of seven measures. Those measures include:

- Maltreatment of children in foster care
- Worker/Child visitation
- Parent/Child visitation
- Healthy Child and Youth Exams within 30 days of custody
- Worker/Parent visitation
- Re-Entry into foster care
- Caseload sizes

The case reviews will be completed using the federal On Site Review Instrument for CFSR Round 4. Data collection will begin in the Online Monitoring System (OMS) during the fall of 2022. Results in the OMS will be able to identify the review as a Foster Care Case Management case or a case managed by Children's Division.

The overall objective is to improve and strengthen the child welfare system across all case management providers.

### **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 associate circuit family court judges, deputy family court administrator, guardian ad litem, court appointed special advocate, foster parent, tribal community representative, and child welfare agency staff. The steering committee is in the approval process of expanding the membership to include juvenile office staff, a representative from the state education department, department of mental health, community-based child abuse prevention program and an individual with lived expertise. JCIP encompasses all of the Court Improvement Project activities and the majority of services are offered statewide.

### **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 management flow 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 staff assist circuit court staff in identifying trends and developing plans for improvement.

Fostering Court Improvement was initially implemented in four judicial circuits. These circuits were among those with the highest populations of children in out-of-home placement. They received initial training in October 2006, although several circuits have requested refresher trainings as needed. Over the next several years, the project expanded to include nine additional circuits. Currently, 19 of Missouri's 46 circuits participate in the FCI project. The number of circuits joining has not grown as consistently in recent years, as staff are working with additional circuits in other ways to expand the philosophy on more of a statewide level which has been delayed due to the recent pandemic. Additional circuits have shown interest in joining as FCI sites recently. CIP staff is working on updates to the training materials. Additional CIP staff are being hired to allow for program expansion. This has been delayed through the recent pandemic.

The 10-15 member teams who attend the FCI training include the following: judges, court personnel such as juvenile officers and court administrators, juvenile clerks, attorneys who represent 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 can include 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 and to measure the progress of their initiatives. 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 Family Support Team meetings and attending court hearings.

Court and agency practices have changed to serve children better. Guardians ad litem are being appointed sooner and provided additional education. 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. Some circuits have regular guest speakers or mini trainings about different programs available to the families 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 may continue to grow as additional circuits request to participate. It may look a little different, however, the philosophy will remain the same. FCI continues to be a topic with many circuits. Staff continue to evaluate the best way to support an expansion statewide without the physical ability for monthly visits to each circuit. Utilizing the joint partnership initiatives, circuit multidisciplinary teams are coming together to review data and discuss best practices to improve circuit protocols and improve the outcomes for youth in care. These are also initiatives which are 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.

### **Missouri Court Appointed Special Advocate (CASA) Association**

The Missouri Court Appointed Special Advocate (CASA) Association's mission is to support, improve, and grow local CASA programs and lead advocacy efforts for abused and neglected

children across Missouri. Currently, the Missouri CASA Association provides support and funding to 24 local CASA programs that serve 27 judicial circuits. Volunteers for the local CASA programs are caring community individuals who are supervised and supported by local CASA staff, and appointed by a judge, to advocate for the best interests of abused and neglected children. The Missouri CASA Association is working to expand the number of local CASA programs in the state.

Missouri Children's Division is an essential partner that collaborates and communicates with both the Missouri CASA Association and local CASA programs in support of the shared goal to ensure the safety, permanency and well-being of Missouri's abused and neglected children. The Missouri CASA Association participates in statewide committees facilitated by Children's Division including the CFSR Advisory Committee. Children's Division staff provides training to CASA volunteers and staff on both a statewide and local level to improve their understanding of child welfare policy and practice. Local CASA program volunteers and staff communicate regularly with Children's Division staff to ensure that they are advocating for the best interests of the children they serve.

### **Partnership for Child Safety and Wellbeing**

The Children's Division recognizes that child welfare is a multi-disciplinary practice through which the best outcomes are achieved when Children's Division effectively collaborates with court partners. To that end, the Children's Division continues to collaborate with the Office of the State Courts Administrator (OSCA) through the Partnership for Child Safety and Wellbeing (PCSW).

Over the last year, the statewide PCSW has continued to convene on a monthly basis in a virtual format due to the COVID-19 pandemic, though some meetings have been able to be in person as restrictions are lifted. Much of the work of the PCSW has focused on maintaining system collaboration in these unique and challenging times. Representation includes General Counsel and leadership from the Department of Social Services, Children's Division Director, Deputy Director over foster care and the Division's Court Engagement Coordinator. The agenda and facilitation are the responsibilities of OSCA.

The priorities of the group, which are established jointly between OSCA and Children's Division, had to shift over the last two years due to the inability to have circuits meet together in an in-person format. There is still conversation and planning around holding another round of regional convenings to include a greater number of participants from each site when it is safe to do so. There continues to be ongoing support for court technical assistance (TA) with the Children's Division's Court Engagement Manager meeting with circuits and providing support and training as needed.

#### IV-E Legal Representation Pilot

A great deal of work has been done by the sub-group working on addressing legal representation for parents and children through Title IV-E funding. It was decided a pilot project would be implemented for interested jurisdictions around this process.

Counties are currently responsible for providing representation to parents who are deemed to be financially in need (using eligibility guidelines) and who request appointment of counsel by the court. Children entering the foster care system are required to have a guardian-ad-litem appointed by the court per statute. Each county has a different process of representation. Some counties contract with local attorneys to provide the representation, some counties utilize pro bono services, and some counties do not provide resources to parents (or provide limited representation) due to county budget constraints. Prior to 2019, the Children's Bureau (ACF) did not interpret IV-E administrative costs as including reimbursement for parent and child legal representation. In 2019, the decision was made to all states to draw down IV-E dollars for legal representation. Because CD is the IV-E administrative agent for the state, CD made the determination that we would simply contract with the county entity to pass through the IV-E eligible dollars to the county.

All counties may contract with DSS to obtain the additional IV-E dollars. However, this is not a reimbursement. The purpose of the Children's Bureau's reevaluation of the definition of allowable IV-E administrative activities was to expand legal representation to parents and children. The county must be willing to expend the dollars they are already expending on legal fees and then increase the amount of dollars spent on legal fees by the amount they would be entitled to receive based on their IV-E eligible population.

Two circuits, the 13<sup>th</sup> Circuit which is Boone County and also the 37<sup>th</sup> circuit which is Shannon, Oregon, Ripley and Howell counties are participating in the pilot. Because of the limited spending authority initially available, it was determined that CD would not have enough spending authority to open up the opportunity to all counties. For example – Greene County alone spends over \$1M dollars in legal representation. Based on their IV-E eligible population, Greene County was eligible to draw down approximately \$300,000. That was over half of the spending authority available to CD. Therefore, a pilot was proposed to those circuits that had already reached out expressing interest in expanding their legal representation. A significant amount of time and work went into creating a process, determining how to pass through funds and educating the circuits as to the ability to draw down the IV-E dollars. An invitation was sent to 5 circuits, requesting proposals. 2 circuits responded. We began working on the contract, but by the time the contract was finalized, the circuits decided to wait for a variety of reasons. Again, because this was not a reimbursement, they also had to go to their county commissions and request additional spending authority.

### Leadership Conference

On November 7-8, 2019, the PCSW hosted a leadership conference for all juvenile officers and circuit managers from each of the 46 circuits. The conference, titled “Leading Together”, provided an opportunity for the juvenile officer and circuit manager from each circuit to come together in order to collaborate around child welfare concerns. Juvenile Officers and Circuit Managers participated in leadership training, best practice discussions, and identification of goals moving forward. Each team was given data for its circuit, and was asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to discuss strategies for improvement. There were plans to host a subsequent conference in the fall of 2020, but due to COVID-19 this was not able to occur. Some circuits continued to have regular meetings throughout the majority of pandemic in virtual settings, but not all circuits were able to maintain that schedule. Quarterly data continues to be available for all circuits. Regional convenings continue to be a regular topic of discussion at the monthly Partnership meetings but no concrete plans have been established at this time

Again, there is hope that these groups will be able to come together in the next year in a conference setting to continue the encouragement of local collaboration.

### Juvenile Court Judges/Commissioners Educational Conference

On April 17, 2020, the PCSW was scheduled to host juvenile court judges and commissioners to provide training specific to several areas of concerns. The training was to include education with regard to the American Bar Association’s Judge’s Guide to Safety and Framework for Safety, crossover youth initiatives, family first initiatives, and legislative updates. This training was postponed due the national pandemic outbreak of COVID-19. A judicial conference was held in November 2021 which included some of these topics. OSCA organizes an annual Judicial College which addresses a variety of training topics.

### Regional Court Convenings

A series of regional convenings were held in the fall of 2018. The teams consisted of the judge, juvenile officer, Guardian Ad-Litem (GAL), Children’s Division staff, and contracted foster care case managers. At each court convening, participants were provided a binder/ toolkit which included information about roles and responsibilities, and information about the Family First Act. The convenings introduced the expectation that each circuit would begin or renew multidisciplinary court partnership efforts.

It was hoped that a second series of regional convenings would be held in the summer of 2020 but these had to be cancelled due to the COVID-19 pandemic and the belief from the group that this work is best completed when it is safe to meet in person. The convenings will include additional participation from local stakeholders, to include up to ten (10) members of the multi-disciplinary team and are in the process of being rescheduled for 2022.

### Court Technical Assistance (TA) Teams

Staff from the Children's Division and OSCA continue to provide support and regular data dissemination as a basis for each monthly discussion held between the juvenile officer and circuit manager. The Children's Division's data team continues producing quarterly reports for all 46 circuits, to be used as conversation starters, at court partnership meetings. Multiple trainings have been held within the circuits as requested. Several circuits have partnered to obtain training specific to legally sufficient referrals to the juvenile officer by the Children's Division when a request is made to remove a child from the home. Technical assistance has also been provided to assist circuits in electronic filing of documents by the Children's Division.

The Court Engagement Manager began work in March 2020 supporting technical assistance (TA) work around the state. The Court Engagement Manager has also assisted in the utilization of Division of Legal Services and Permanency Attorneys to help work towards permanency goals. The Court Engagement Manager continues to provide TA to individual circuits on a case-by-case basis providing support, training or linking with resources as appropriate.

### Jurist-in-Residence (JIR) Work

Children's Division has worked closely with OSCA and Casey Family Programs to assist with the Jurist-in-Residence program. The Jurist-in-Residence program pairs a retired judge with current members of the juvenile bench for mentoring and problem-solving support. Just as a 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 contact other judges for guidance about best practices and decision-making. In 2021 the previous JIR retired from that post and OSCA stated this program would be reevaluated and information shared when available. Children's Division has no updates on this at this time.

### Judicial Engagement Team (JET)

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 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 launched in the St. Louis area but it has been difficult for that group to meet virtually during the pandemic. There has been a change in judicial leadership in St. Louis and with the lifting of pandemic restrictions, it is hoped that this work will resume to support the St. Louis court and Children's Division teams.

### Staff Competency in Court

The Children's Division's Legal Aspects Trainers have created and completed a Legal Aspects 360 that all circuit managers participated in during January 2021 to refresh their knowledge of legal aspects in both investigations and alternative care. A contract attorney was obtained by the Children's Division in the summer of 2021 to assist in courtroom coaching in specific areas of the state and to assist the Legal Aspects trainers in developing courtroom skills training. The Legal Aspects trainers will collaborate with the local jurisdiction attorneys, permanency attorneys, and court personnel along with Children's Division staff.

### Other Activities

Children's Division's Data Team continues to produce quarterly data reports for all 46 circuits (to be used as a conversation starter at court partnership meetings). The information provided to circuits includes; number of children in alternative care, number of children in relative placement, the number of children exiting care, the number of children entering care, the number of children re-entering care and the number of children reaching permanency within a specific timeframe.

### **Legislative Webinar Series**

In effort to provide opportunities for members of the Missouri legislature to further understand the intricacies of the work of the Children's Division, the agency kicked off a new initiative in the fall of 2021 by hosting several "Open House" webinars. The webinars also afforded the legislative members an informal time for question and answers. The webinar series covered the following topics:

- Organizational Structure, Positions, & Responsibilities
- Child Abuse and Neglect Hotline Unit
- Investigations & Assessments
- Temporary Alternative Placement Agreement Implementation and Family-Centered Services
- Alternative Care
- Foster Care Licensing
- Children's Division Data, Budget, and FACES
- Family First Prevention and Services Act

While the series was targeted towards legislators, several partners and stakeholders attended as well, with additional follow up provided by sending the recorded sessions and presentations for later review and reference. Because of the positive feedback associated with the Open House series, Children's Division is continuing to provide this on an annual basis with overviews and updates to past participants as well as new ones. In addition, because of the interest, an electronic survey will be provided to see what attendees would like included on an annual basis.

## **Adoption Resource Centers**

Missouri adoptive parents have had the benefit of having Adoption Resource Center (ARC) services available since House Bill 11 (2007). Funding is currently being provided for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, Osage Beach, Macon and Hannibal. The motivation for these centers was the prevention of adoption disruption and support to resource families. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers in effect serve throughout Missouri and were awarded funding in the SFY22 budget totaling \$20,662,948.00. This was a significant funding increase over previous fiscal years.

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 project is launched through the Kansas City, Rolla, and Springfield centers and with a SFY22 total budget of \$900,000.

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

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

In FY21 there were 11,884 families served, 13,592 children served, and 160 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 SFY22 budget totaling \$1,748,750.00 to carry on Extreme Recruitment activities. Extreme Recruitment (ER) is a 12-20 week intensive intervention to identify relatives and kin for youth awaiting permanency in foster care. The ER staff includes family finders, as well as a private investigator, that mines the records of waiting children and identifies and then locates relatives and kin to be explored for potential placement. Five hundred (500) children were served by the ER program in the FY21. In addition to ER, the Adoption Resource Center on the eastern side of



the state is using 30 Days to Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care.

### **Faith-Based Initiative**

George W. Bush's first executive order as president created the Office of Faith-Based and Community Initiatives in the White House in 2002. The initiative sought to strengthen faith-based and community organizations and expand their capacity to provide federally funded social services, with the idea that these groups were well-situated to meet the needs of local individuals.

In 2007, then Missouri Gov. Blunt signed the “Faith-Based Organization Liaison Act” (SB 46) to strengthen existing partnerships with faith based groups. The law called on the Department of Social Services to designate Children’s Division regional liaisons to faith-based organizations. The Liaisons’ primary function is to communicate with and promote faith-based organizations as a means of providing community resources to families in need. Through time, the regional liaisons found that there was a huge interest from the faith based community to partner with CD. Circuit liaisons were then appointed to make sure the needs of the children and families were met in a timely manner.

The Statewide Faith Based Initiative is a community of Children’s Division staff and faith-based partners of all faiths across Missouri bringing hope, empowerment, encouragement and resources to strengthen and support children and families in need. Some of the circuits have a more active partnership and have introduced organized, regular local meetings to facilitate an interfaith collaboration. Other circuits collaborate only when there is a family or child need and have introduced an email calling tree. When a family or child has a need an email will be sent out to the group of what the need is and whomever can meet that need will do so.

Statewide quarterly meetings are held as an opportunity for the regional representative, circuit liaisons, and faith-based partners throughout the state to come together to share resources in the hopes that others can replicate them, ideas on how to begin and foster partnerships, share success stories, and support each other as service providers for children, youth and families in need across Missouri. The agenda highlights two different faith-based partners each quarter. They are given 20-30 minutes to share what they do, how they meet the needs of families and children, how they got started, how they partner with CD and others, what it would take to get the same program started in another part of the state, and answer any questions participants have. Regional liaisons are given opportunity to describe collaborations in their regions and to discuss new programs that may be starting. At this time, they also share success stories resulting from the partnerships. In order to inform faith-based partners of the many roles Children’s Division plays, a Children’s Division staff member is invited to highlight a program or project that is being implemented. The staff person has 20 minutes to share what the program or project is, how it meets the needs of families and children, and if there is an opportunity for faith-based partners to be involved.

As the relationships between Children’s Division and faith-based partners begin to build, it is the hope that they will see change, growth, and respect. It is also the hope that the number of foster and adoptive parents will begin to increase, the needs of families will be met more quickly, and the public will come to understand the role of Children’s Division in a better light.

The benefits of building and strengthening partnerships between Children’s Division and the faith community are beginning to show. Collaborations between CD and faith-based organizations not only benefit children and youth, but also benefit the organizations themselves. The efforts from the Southwest Region have fostered a partnership with Cherish Kids that has enhanced the numbers of foster/adopt families and provided ongoing support services to them. Many regions have facilitated partnerships between the Care Portal and local churches. Families are stronger when Children’s Division and faith-based organizations intentionally work together. Some circuits have trained faith-based partners to supervise parent-child visitations and provide support to families during visits. Each possess unique resources in carrying out their work with children and families. When working together and sharing resources, more families are served more effectively and efficiently and can reach objectives not attainable by either working alone.

At this time, each circuit has identified at least one liaison and each region has identified a regional liaison. Some circuits have a more active partnership, but every circuit has worked to connect with their faith-based partners to help meet the needs of children and families. Central office leadership for this initiative connects the more active circuits with the circuits that are just beginning to mentor and help develop a stronger partnership. The liaisons come from a variety of positions within Children’s Division and were selected because of their interest in the position and connection to faith. Each of them has assisted with moving the goals forward by having regular local meetings with their faith-based partners.

Faith-based members have also taken on a mentoring role to other members by sharing how their partnerships were started and how they have been able to continue this work. They have brought program information to the group and have shared ways the same programs could be replicated in other areas. The statewide quarterly meeting have been beneficial, because success stories of resources and programs like “adopt a worker”, Birthday Blessings, visitation resources, recruitments efforts, and Care Portal have been shared and others want to replicate them in their areas.

The participation by faith-based partners at the statewide meeting has increased each year. This is due in part to the increasing number of active circuits and the invitations by current faith-based members to new partners.

## **CarePortal**

Children’s Division strives to meet the needs of children and their families to keep children safe. One way in which Children’s Division has worked to meet the needs of children and families is

through collaboration with CarePortal. CarePortal assists with meeting physical needs of children and families by providing resources to bring stability to the child's environment. CarePortal is connected to churches and the church engagement component of the organization provides the additional opportunity to address needs across the child welfare spectrum, including relational needs (e.g., supporting children and families in time to build relationships together) and building networks to find individuals who may be available to provide natural supports.

There are 26 counties, with 2 additional counties that will be launching, in Missouri that are a part of the CarePortal Network. The Children's Division submits a de-identified request, including information free from names or addresses, to CarePortal to assist in connecting families to resources. CarePortal notifies local churches and community members of the need, giving the local community a real-time opportunity to respond and catalyze a connection between church and government to the benefit of children and families. CarePortal has helped to connect children and families with resources in their community outside of government involvement to meet the current needs of the family. CarePortal provides access, training and support to child-serving agencies and churches, so that the children and families they both serve can benefit in many ways. Partnership assists to keep children safe by providing concrete goods, services (such as professional services like exterminator, financial services, home repair) and support to families to prevent removals and strengthen families; assist relative, foster, and adoptive families; and assist youth aging out of care. In addition, the partnership helps children achieve timely and sustained permanency by supporting caseworkers; supporting families to prevent removals and in reunification efforts; and supporting relative, foster and adoptive families. Providing relational and community support and providing goods and services can improve well-being for children and families. CarePortal also aims to reduce or avoid costs to child-serving agencies by providing goods, services and support to children, families and youth aging out of care; helping to prevent children from entering or re-entering foster care; helping children to reach sustained permanency more quickly.

The first county in Missouri became active with CarePortal in 2015. CarePortal maintains a live impact report on their website. To date, 14,099 children have been served in Missouri thus far. Further specified impact identifies the following:

#### Support

- Improve a child's wellbeing: 2,633 children
- Strengthen a biological family: 4,469 children
- Support youth aging out of foster care: 84 children

#### Preserve

- Help prevent a child from entering care: 1,247 children
- Help preserve foster/kinship (relative) placement: 1,845 children

- Help preserve an adoptive placement: 92 children

#### Unite

- Help reunify a biological family: 1,930 children
- Help place a child in foster/kinship (relative) care: 619 children
- Help unite a child with an adoptive family: 19 children

Impacts to families include maintaining stability and providing supports within the child's family home often avoiding removal to foster care. Support provided to relative placements to allow children to reside in familiar surroundings with people with whom they have an existing relationship and support of the relative/kin placements results in fewer placements for children and more rapid time to permanency through reunification or adoption/guardianship.

In 2021, General Revenue funds were included in the State Fiscal Year 2022 budget by the Legislature and approved by the Governor. The purpose of funding is to support the expansion of CarePortal in Missouri.

#### **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 law enforcement, prosecutors, coroners, juvenile offices, Children's Division or other child protection agencies. STAT is also 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 has criminal investigative staff 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. STAT is a specialized law enforcement agency that averages approximately 200 criminal investigations annually which directly result in the arrest and prosecution of individuals who prey upon children. STAT also facilitates digital forensic examinations for local law enforcement investigations as a result of its partnership with the Missouri State Highway Patrol in the creation of the Missouri Digital Forensic Center. Internet and computer facilitated crimes against children continue to expand every year and the prevalence of personal electronic devices has increased exponentially. STAT can facilitate the collection of evidence from such devices.

This multidisciplinary approach has proven to be a key link in the successful investigation of children's events and the continued evaluation of child fatalities ultimately leading to meaningful

prevention strategies across the state. 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 endorse and recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, along with a variety of other types of child fatalities. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and other materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports are available on the DSS website. Additional prevention efforts in the form of PowerPoint presentations and information fact sheets are routinely presented to the various stakeholders in child protection and safety arena throughout the state.

As a result of the reviews of individual child fatality cases, local CFRP panels make other specific recommendations for prevention. 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 often notifies Central Office policy staff of identified trends, patterns and spikes of risk to children. Several Practice Alerts have been sent to CD staff addressing safety issues involving children, infants and toddlers. Practice Alerts remind staff of important policy and practice and help ensure best efforts continue 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 provided during public STAT training and presentations. Additionally, the various mandated reporters throughout the state are routinely provided training by STAT on investigating child fatalities, reports of physical and sexual abuse of children and the collection of digital evidence in child exploitation investigations. STAT is an affiliated member agency of the statewide Internet Crimes Against Children (ICAC) task force. STAT criminal investigators are embedded with task force assignments with federal and state law enforcement partners. STAT criminal investigators are present in the MSHP Digital Forensic Investigations Unit as well as the FBI's Violent Crimes Against Children task force. STAT possesses a specialized police K9, Ike, who is specifically trained with his human partner to detect electronics that are often secreted by purveyors of the illicit material often encountered in the STAT investigations. Ike is one of only a very small number of such animals in the United States and only one of two in Missouri. STAT, via Ike, routinely assists local, state and federal law enforcement partners in the execution of searches for digital child exploitation materials across the state.

## **Head Start Program**

During FY21, 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. The contract period is for March 1, 2021 through February 29, 2022. The contract was transferred to the Missouri Department of Elementary and Secondary Education (DESE) in the middle of the period March 1, 2021 through February 28, 2022. This contract has now continued between the Curators of the University of Missouri and DESE. The funding amount is a firm, fixed price of twenty-five thousand dollars and zero cents (\$25,000.00) for services provided pursuant to the contract.

MHSSCO facilitates partnerships and collaboration between the Regional Office of Head Start, Head Start agencies, and state and local entities that carry out activities designed to benefit low-income children from birth to school entry. The MHSSCO conducts an annual Missouri Head Start Needs Assessment which is designed to identify the needs of the Head Start grantees in the state. Based on these needs, the MHSSCO sets program priorities identified by the HS needs assessment and Federal Office of HS priorities. The MHSSCO works with partners to provide professional development opportunities among Head Start staff and other early childhood agencies.

## **Missouri Community Partnerships**

For over a quarter century, 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 eleven state department heads and ten leaders from the corporate and civic arenas. This 21 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](http://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 the current fiscal year, the partnerships have generated over 230,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$8.00 for every \$1 of state funding provided them in FY19. They continue to be a good return on investment, and together, they serve over a half million 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.

Across Missouri, the network of Community Partnerships has efforts 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 20 years, Missouri KidsFirst has been dedicated to protecting Missouri's children from abuse. Their mission is to empower adults to protect children from abuse and neglect through community education, professional training, and child advocacy. 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.

Missouri KidsFirst is an accredited chapter of the National Children's Alliance, serving as the official membership association of the Missouri Network of Child Advocacy Centers. The Network operates with program guidelines developed by the Child Advocacy Center 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 25 locations, serving each of Missouri's counties. Missouri KidsFirst works with the Network Directors in achieving the goals

of the Network and works with all the Child Advocacy Centers coordinating service delivery, providing support, advocacy, training, and technical assistance.

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 child abuse cases in a child-friendly manner. This training improves the effectiveness of all facets of child abuse cases from disclosure to prosecution to healing.
- **Forensic Interviewer Peer Review and Advanced Training**-Because of the critical nature of the forensic interview to the child abuse case, Forensic Interviewers are required to participate in peer review and ongoing advanced training to assure interviews are forensically sound, non-leading and representative of the latest research and best practice.
- **Victim Advocate Training**-This program teaches advocates effective techniques for serving victimized children and non-offending caregivers.
- **Multidisciplinary Team (MDT) 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 include 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 statewide lead, member of the Training Unit 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. Notable guests from the Department of Social Services, Children's Division and Community Partners are invited to each meeting to discuss current projects within Children's Division; giving SAC an opportunity to give a different point of view from the front line.

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. Through 2021, the committee has met virtually in order to continue their work. 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 developing annual supervisor conferences, addressing needs for mentoring and shadowing veteran supervisors, effectively responding to conflict at all levels (internally and externally), ethical practice in supervision, establishing effective boundaries with staff, and addressing continued education and advanced training.

#### Strategic Goal 2: Recruitment and Retention

This goal focuses on increasing the recruitment and retention of agency employees. The benchmarks include boosting moral for frontline staff and reviewing retention practices and developing an onboarding process for new supervisors.

#### Strategic Goal 3: Practice Enhancement

This goal focuses on improving the performance of frontline staff and supervisors in order to serve families more effectively. The benchmarks include exploring implementation of an on-line forum for supervisors to share information (i.e., electronic Work In Progress Boards) and

exploring ‘back to basics’ concepts for supervisors; reducing the time spent on extraneous tasks and focusing on reasonable expectations to promote meaningful interactions and support critical thinking skills with staff. Court-related topics, to include role clarification for staff and support for testimony skill-building have also been incorporated into this goal.

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.

### **Social Work Advisory Group**

The Social Work Advisory Group is a standing committee of the Children’s Division, created at the request of the Title IV-E MSW Class of 2019. While it is a standing committee, it serves at the pleasure of the Division Director and can be modified, continued, or de-commissioned by the Division’s leadership.

Vision: The Social Work Advisory Group (SWAG) envisions an agency culture that values the skills and knowledge of social workers who strive for positive outcomes for children and families while promoting ethical standards of quality practice.

Purpose and Function: The purpose the SWAG is to advise, influence, and promote ethical and culturally informed recommendations to leadership of the Children’s Division about child welfare practice. Additionally, SWAG will review and assess the implementation and outcomes of strategies adopted by the agency to improve the quality of such practice.

Group functions include:

1. Research and review developments in child welfare practice models including evidence based and promising practices.
2. Recommend to Division leadership strategies and activities to support the development and use of evidence-based practice to improve outcomes for our customers.
3. Assess and review the implementation and outcomes of the Division’s strategic plan for supporting and improving child welfare practice and reporting the results to Division leadership.
4. Serve as a planning committee participant to develop strategies around ongoing professional development.
5. Provide support and mentoring for recruitment, retention and development of social workers.

Approximately 21 members serve on the SWAG with members possessing a Bachelor’s or Master’s Degree in Social Work.

- Two representatives from each of the Regions, one Bachelor or one Master level Social Worker, nominated by the Regional Director and appointed by the Division Director.

- a. Members may invite current practicum students to attend.
- b. When possible Title IV-E students may receive membership preference.
- One representative from the Child Abuse and Neglect Unit (CANHU), one representative from the Out of Home Investigation Unit (OHI), and one person from the Field Support Team, appointed by the Division Director or designee.
- Two Central Office staff: Recruitment and Retention Specialist and a member of the Training Unit.
- Two representatives from the Quality Assurance Unit.
- A faculty member from a University within Missouri that has a professional focus on public child welfare. The University should be a school that the Children's Division collaborates with for the Title IV-E MSW program.
- Additional members may be appointed at the discretion of the senior leadership within the Children's Division.

The group is currently focusing on Internship Programming, Supporting MSW's, and Supporting and Developing Wellness and meets quarterly.

### **Regional Collaborations**

In addition to the statewide collaborations described above, there are numerous collaborations occurring locally. Following are a few examples from the regions.

#### Northeast Region:

- All circuits in the Northeast Region are expected to ensure that schools and other requesting agencies receive training on mandated reporting for child abuse/neglect reporting. This is accomplished in a variety of ways to include, but not limited to, in-person trainings and virtual presentations.
- 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 14<sup>th</sup> 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.

- The 13th Circuit Children’s Division has been working with the Child Advocacy Center, Rainbow House, in Columbia for the past few 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 41 has a supply closet for families and children in Alternative Care, which is supplied by a local church. Staff are able to take items such as cleaning supplies and other household goods to families in need. Hygiene products and a few clothing items are on hand for all children entering or residing in foster care.
- There are several free clothing and supplies options for resource parents. Macon, Audrain, St. Charles, and Lincoln County all have resources for these parents. Angels Wings is one of the larger providers and serves several Northeast circuits.
- Every Circuit in the Northeast Region has multiple organizations, volunteers and businesses that assist with Christmas and Birthday gifts for youth. The youth are given the opportunity to ask for what they want and what they need.

#### Northwest Region:

##### 3<sup>rd</sup> Circuit:

- Children’s Division and the Juvenile Office attend monthly Systems of Care Meeting with each school district in all four counties.
- Children’s Division attends quarterly Human Service Meetings in Grundy, Harrison and Putnam County to share new resources available or recent changes with established service providers.
- Local Churches in each county provides donations to include; clothes closet for foster care children, monetary assistance, gas vouchers, hygiene/cleaning products, transportation, as well other assistance to families.
- Grundy County is involved in the Peer Mentoring Program from University Extension.
- Children’s Division attends quarterly Cornerstones of Care meetings on recruitment and retention of foster parents, as well as meetings with Intensive In-home Services and Family Reunification Services providers.

#### 4<sup>th</sup> Circuit:

- The circuit recently started working with Easter Seals and the beginning of Parent Cafés.
- Monthly the Circuit Manager visits with staff from Probation and Parole, Juvenile Officer and attorneys. Monthly meetings with Cornerstones of Care are held.

#### 5<sup>th</sup> Circuit:

- The 5<sup>th</sup> Circuit meets with local stakeholders to provide an annual mandated reporter training and follows up with a general question and answer session.
- The Children's Division works with the Voices of Courage Child Advocacy Center on developing protocols for child abuse investigations.
- The 5<sup>th</sup> Circuit partners with local law enforcement, medical providers, and Juvenile Office, meeting monthly to discuss cases in the area and to try and work as a team to provide the best possible outcomes for children and families.
- Children's Division meets with members of the Juvenile Office, Law enforcement, Department of Mental Health, Easter Seals, Foster Parents, CASA, and Court Clerk's office to discuss better outcomes for children in foster care as ways to help improve processes and communication between agencies.

#### 6<sup>th</sup> Circuit:

- The 6<sup>th</sup> circuit has a Birthday Closet for children in alternative care. This is sponsored by a few different community groups including Daughters of the American Revolution and First Baptist Church in Platte City. When a child in care has a birthday, the case manager can select a gift for them along with a cake mix/tub of icing.
- A pastor from The Calling Church comes to the office the first Thursday of every month to provide support to staff members. He sits in a private room and any staff member may choose to speak with him while he is here.
- The Assistance League of Kansas City frequently provides gift cards to Aldi for families and will provide vouchers to stores if a child on an assessment or investigation is in need of clothing.

#### 7<sup>th</sup> Circuit:

- Clay County Children's Division remains very involved in the community. The Children's Division regularly participates in Systems of Care Meetings with the Juvenile Office and local Mental Health Providers and other stakeholders. This is a collaborative meeting to problem solve and work together to meet the needs of children suffering from mental health issues.

- Clay County Children’s Division participates in quarterly Child Fatality Review Meetings with several community partners including the Prosecutors Office, Juvenile Court, Mental Health Providers, Medical Providers, Health Department and Law Enforcement. Child fatality trends are reviewed and discussed on a regular basis.
- Clay County Investigation Supervisors participate in monthly Child Advocacy Center (CAC) case reviews along with representatives from CAC, Prosecuting Attorney, Law Enforcement, Medical Providers, and the Juvenile Office. Cases where children have been seen and interviewed at the CAC are reviewed and discussed as to what actions are still needed by each agency.
- Clay County Management Staff meet quarterly with the local Juvenile Office to share updates, concerns and to maintain a collaborative relationship. Juvenile Office staff include the GAL, CASA Director, Chief Juvenile Officer, the Juvenile Office Supervisor over Child Abuse and Neglect and the Juvenile Office Supervisor over Delinquency.
- Clay County Circuit Manager is a board member of the CASA Board and the Child Advocacy Board. She attends quarterly meetings to discuss community needs and trends within the agencies to better serve children and families.
- Clay County Circuit Manager also attends and participates in the KC Roundtable. This group meets every quarter and consists of Clay, Platte and Jackson County Children’s Division, numerous community social service agencies, hospitals, legislators, BACA, and other local agencies. The focus is on child welfare, legislative and budget updates, and sharing of information and resources.
- Clay County Circuit Manager participates in regular meetings and quarterly Active Community Meetings with Faith-Based Partners and the Care Portal. Children’s Division gives an update on the local office and works with faith-based leaders on how to support families in the community.
- Clay County management Team meets monthly with Synergy Services and their Permanency Advocate Program to ensure services are being provided to families in need. This position was a collaboration between Synergy, the Juvenile Court and Clay County Children’s Division to provide an advocate to parents working with the court in Clay County.
- Clay County Circuit Manager attends and participates in quarterly Community Response Team Meetings. These are facilitated by Synergy Services. The purpose of this group is to keep other community members updated on changes within local agencies, discuss trends and needs in the community and work collaboratively towards solutions. Clay County, Ray County and Platte County Children’s Division participate. Tri-County Mental Health, Probation and Parole, Juvenile Office, Easter Seals, other social service agencies all participate in this meeting.

## 8<sup>th</sup> Circuit:

- Ray County System of Care - Coordinate and set up monthly System of Care meetings with team members from Department of Mental Health, Juvenile Office, Synergy Services, Vocational Rehabilitation, IMPACT, local school districts, Resource Officer, Ray County Transit, Easter Seals and Tri-County Community Mental Health Center, to discuss programs and services available to families, and if necessary to staff situations with the individual families in need of additional resources or support;
- Ray County Coalition—serve on the board and attend monthly coalition meetings to build capacity and develop strategies to help Ray County youth reach their full potential in safe, healthy and drug-free communities by reducing substance use among youth;
- Vocational Rehabilitation Peer Mentoring—bi-monthly meeting with Vocational Rehabilitation, local school districts, Access II, IMPACT, and Full Employment Council to review process to make referrals and discuss progress toward expanding their program for 14-15 year old youth with an IEP or in the foster care system to give additional job training, placement and mentoring;
- Community Response Team—meet with Domestic Violence Shelter, Batterer’s Intervention Program, Child Advocacy Center, Probation and Parole, Law Enforcement, Legal Aid, Easter Seals and Juvenile Officers in the three county Clay/Platte/Ray area to enhance awareness of programs and keep up on current trends;
- Missouri River Crisis Intervention Team—prepare partner agencies in Carroll, Saline and Lafayette counties, including Law Enforcement, Mental Health Providers, Hospitals and Department of Health and Senior Services and Children’s Division to address barriers and advocate for policies and changes to support wellness and health within the established agencies and associations;
- Tri-CIT Crisis Intervention Team—partner with Clay, Platte and Ray counties with Law Enforcement, Mental Health Providers, Hospitals and Department of Health and Senior Services to address barriers and advocate for policies to support wellness and health within the established agencies and associations;
- Hardin Central Pre-school Oversight Committee—partner with Hardin Central School district to plan and guide policies for pre-school curriculum, attendance and out-reach;
- Health Care Collaborative of Rural America and Live Well Clinics—help to advance health care and social care in the rural communities of Carrollton, Lexington, Waverly, Concordia and Buckner as a member of the network to promote and educate health screenings, trainings, health management, low-cost medication, chronic disease prevention, health care advocacy, case management and access to numerous other programs and connections through outreach and clinics;
- Good Samaritan Round Table—meet with other Social Service Agencies in the Clay and rural Ray county area every other month for sharing information and resources for help

with budgeting, medication, infant supplies, and life skills to prevent homelessness and hunger;

- Cornerstones of Care—meet with contracted agency quarterly to discuss placement of children in alternative care, foster and relative homes, and recruitment and retention of resource homes;
- Connections with Excelsior Springs School District—meet to discuss high risk pupils within the district to eliminate gaps in services and make sure needs of the children are met;
- Richmond R-XVI Parents as Teachers—attend planning meetings and provide guidance on policy and needs;
- Hardin Central Parents as Teachers—attend planning meetings and provide guidance on policy and needs;
- Special Needs Services of Ray County—assess individual situations of youth with unique needs in Ray County and support and enhance new initiatives, including a facility to meet the needs of the community;
- Child Advocacy Center—meet individually and quarterly with Synergy Services, Child Safe and Children’s Advocacy Center as well as law enforcement, prosecuting attorney and juvenile officer to determine the best course of action on cases referred for forensic interviews;
- Kiwanis Mother’s Day Baby Shower—assist and distribute diapers and baby items collected through donations from the Richmond/Ray County Kiwanis Club;
- Easter Seals Midwest—serve as board liaison for Ray and Carroll counties to promote and implement advocacy, support and training to help children and adults learn basic functions and master skills needed to develop and thrive in all stages of life;

#### 9<sup>th</sup> Circuit:

- Children’s Division works in collaboration with the community mental health center, local foster parents and parents that have joined the planning team to coordinate and offer Parent Cafes.
- There are monthly school meetings with several schools in the Circuit. Children’s Division, Juvenile Office and school personnel participate together.
- Children’s Division participates in the Peer Mentoring Team through Vocational Rehabilitation that serves the Circuit. This team consists of Children’s Division, Juvenile Office, and Vocational Rehab.
- Presentations at Churches to discuss the need for foster parents and how they can work collaboratively to meet the needs of families and children.
- Participation in the local hospital’s community assessment of needs. Once the hospital completes their assessment, Children’s Division, Health Department, Community Mental Health providers meet to discuss and plan how to address community needs.



- Children’s Division staff participates in community activities to engage with the community and to recruit and promote the need for foster parents. For example, staff participated in a drive through Halloween event.
- Children’s Division is working in collaboration with community partners, including the Health Department, hospital, church and community member representatives to develop a community organization to meet the needs of the youth and families that are served and to connect them to community resources. Currently, work is taking place with the local parks and recreation organization to organize a prom event for foster youth in 2023. Plans are also in development for an event for local families to access Halloween costumes.

#### 15<sup>th</sup> Circuit:

- Monthly school meetings are held to discuss families.
- Mandated reporter training with schools or other agencies are provided.
- Children’s Division received love bags from the 31 bag company that have hygiene supplies in them for children in care.
- Children’s Division is a part of a Crisis Intervention Team to discuss mental health and collaboration with other agencies to bring awareness.
- Numerous people in the community reach out in the beginning of November wanting to adopt foster children for Christmas.
- Children’s Division attends Child Safe meetings, which collaborate with law enforcement and prosecutor to discuss cases.
- A local church in the circuit donates back packs full of school supplies for kids in care or those involved in Family-Centered Services.
- A local girl scout’s troop did a hygiene drive and donated the supplies to Children’s Division families.
- Some local churches offer parenting classes the Children’s Division families can attend. One church also has a foster parent support group.
- Probation and Parole allow their clients to “pay restitution or community hours” by purchasing items for foster kids, such as clothing or other needs they may have.

#### 17<sup>th</sup> Circuit:

- Collaboration is occurring with a court appointed parent attorney on “The Joseph Ministry” which identifies a need for transportation for parents. This is a transportation and mentoring service through the church. This program will help parents reunite with their children by providing rides to drug testing, therapy appointments, help parents get to children’s medical appointments and visits with their children. The mentor will assist in filling out forms and applications for housing, food stamps, job applications or Medicaid benefits. This program is to be a support to the parent regardless of their circumstances

or the outcomes of their cases. Creating open minds, open hearts, open doors by meeting parents where they are through kindness and compassion.

- Local churches provide Christmas gifts to youth in care as well as Teamsters 41 and the Swift Trucking Company. This group has been providing Christmas gifts to the 17<sup>th</sup> Circuit for several years.
- The Mobile Crisis Project: this assures that all youth entering into foster care in 17<sup>th</sup> Circuit and surrounding counties are referred for mental health services.
- Baby Grace: this is a community run organization that provides free diapers for members of the community. Diapers and wipes are kept in the office so when children come into care, baby supplies are on hand.
- Staff from the Johnson County office in collaboration with Cornerstones of Care provide and give a brief rundown of what foster families can expect when children come into care and they are being called for placement. There is a question and answer period. It also gives new foster families a point of contact within Children's Division to ask questions.

#### 18<sup>th</sup> Circuit:

- Children's Division attends the Pettis County Mental Health Coalition.
- Presentations to schools or other organizations are provided when requested.
- The circuit has a clothing closet for foster parents to utilize, with bedding, etc. for other needs.
- Groups donate "hygiene" bags for foster children for the first night in foster care. It consists of a bag, blanket, tee shirt, socks, underwear, shower gel, deodorant, feminine hygiene products as appropriate.
- Monthly meetings with the Juvenile Officer are held to discuss improvements to court processes, FST's, etc.
- Participate in monthly board meetings at the Child Advocacy Center, Child Safe, in Sedalia.
- The Circuit Manager attends child fatality meetings.
- Investigative Supervisor attends regular CAC reviews along with other multidisciplinary members.
- Birthday Blessings provides birthday gifts for foster children. They also provide graduation presents and next steps baskets for youth moving to independence. They provide a few baskets each quarter for children who do not have visiting resources or family involvement.
- The Children's Division works with Central Missouri Foster Adopt for a variety of resources for foster and bio families and for the 30 Days to Family program. This helps locate a family member for placement within 30 days of entry into foster care.
- Two organizations in the community provide Christmas to all foster children.

- The Circuit has partnered with the ministerial alliance to get lodging for some homeless families. Circuit Manager has presented to them regarding Birthday Blessings and for other needs foster children may have (hygiene bags, more foster parents).
- Quarterly meetings are held with the foster care licensing agent (Cornerstones of Care) to discuss any concerns/successes.
- Circuit Manager attends yearly meeting at the local community college (State Fair Community College) to discuss hiring trends and needs from the community college for employees.
- Circuit Manager presents to a criminal justice class regarding Children's Division.
- Alternative care Supervisor maintains contact with various service providers to discuss concerns/updates.
- Circuit Manager has presented to UCM Master's students working towards Child and Family Development degrees.
- Investigative supervisor and Circuit Manager attend a yearly Sedalia 200 Social Worker meeting along with many contacts with them throughout the school year.
- 18<sup>th</sup> Circuit has a collaboration with Early Head Start for a home visitor to meet with up to six children who have an open case with Children's Division or are in alternative care. They meet with the biological parent and/or foster parent at least weekly. This person is also a liaison with Children's Division and Early Head Start and is located in the CD office.
- System of Care meeting with CD and Department of Mental Health. This meeting occurs twice a year.

#### 43<sup>rd</sup> Circuit:

- The Community Service League donated Bombas socks for Children's Division to pass out in the community.
- Regular meetings are held with the larger school districts in the circuit. Some are monthly and some are bi-monthly. Mandated reporter training has been included in meetings this year.
- There are several fundraising and recruitment events that Foster Adopt Connect has scheduled are involved with Children's Division.
- There are monthly meetings with Trenton and St. Joseph Child Advocacy Centers in all five counties in the circuit to review the ongoing criminal cases that have Children's Division involvement.
- Children's Division participates in fatality review meetings in four of the five counties in the circuit.
- The Circuit Manager attends an annual school counselor advisory board for the Hamilton school district. This is a community based meeting to discuss what topics the school counselors will be covering with their students throughout the year. They cover

abuse/neglect, suicide/mental health, bullying, communication/decision making, appropriate peer relationships, etc.

- A community organization in Lathrop makes quilts and hygiene bags for foster children and donate to Children's Division multiple times a year.
- The ministerial alliance has donated nearly \$3,000 in supplies/gift cards.
- Crisis Intervention Teams are being introduced throughout the circuit. It is a week long course that brings together, Law Enforcement, Children's Division, mental health, and other first responders building a networking team who can be called to help with crisis.

### Southeast Region:

#### 23<sup>rd</sup> Circuit:

- The Children's Division participates in Systems of Care along with the Juvenile Office, the local mental health provider, the Department of Mental Health, school members, and other community stakeholders. Several supervisors in the office participate in Truancy Court held at several schools. Jefferson County participates in the Faith-Based Initiative, a collaborative effort between the Children's Division and the Faith- Based community intended to build relationships with and among Faith Based partners in the communities for the purpose of promoting safe and healthy children, youth, and families.
- The 23<sup>rd</sup> Judicial Circuit has developed a voluntary Drug Court program for parents with a pervasive substance abuse issue. Participants must agree to participate in the program for one year. Parents are drug tested weekly, meet with the Judge and members of their Family Support Team weekly, and gain a strong support system to prevent future relapse. This program is an asset to the circuit as it has reduced the recidivism rate and increases the likelihood of children being reunified with their parents.
- Supervisors within the circuit offer various trainings for community partners, which include presenting at the Truancy Conference, offering mandated reporter training to schools and the Sheriff's Department, and presenting information regarding foster care to stakeholder agencies. These collaborations provide an opportunity to share information regarding each agency's mission, practices, and policies which help to provide better outcomes for families.
- Jefferson County Children's Division has a representative that sits on the monthly Child Fatality Review Panel. All fatality cases of children (0 - 17) in Jefferson County are reviewed. The cases remain on the review list until the medical examiner has determined the cause and manner of death and the prosecuting attorney has made a decision if criminal charges are to be filed. Jefferson County Investigation supervisors participate in monthly Child Advocacy Center (CAC) Case Reviews along with representatives from the CAC, Prosecuting Attorney (PA), Law Enforcement agencies, and Juvenile Office. All cases where children have been interviewed at the CAC are reviewed and

discussed as to what actions are still needed. Cases remain on the review list until the PA has made a determination as to whether criminal charges will be filed.

- Jefferson County Supervisors and Workers work in collaboration with the various school districts to hold prevention meetings for at-risk students. These meetings are held for truancy, behavior issues, and educational issues in an attempt to work with the family on a voluntary basis to prevent these issues from rising to the level of abuse or neglect. Together the family, school, community members, and Children's Division offer services that everyone feels would be beneficial to the family in order to resolve the issues before a hotline is needed.
- Children's Division and ComTrea, the local mental health provider, have worked together to provide families with a working and sustainable treatment plan. Working together has provided families with more customized intensive services. For families with multiple needs the collaboration has been able to find a treatment plan that will help the family address all of their needs between the two agencies. This provides the families with a wider range of services that not only address any abuse or neglect but also any mental health issues. This allows the families to utilize all the services between agencies to help them make the changes that are needed to have a healthy family.
- Jefferson County Children's Division recently partnered with Jefferson Community Partnership, DMH, and ComTrea to draft an MOU for the Foster Youth to Independence Initiative. The purpose of this initiative is to assist young people aging out of foster care and who are at extreme risk of experiencing homelessness. Through the Foster Youth to Independence Initiative, housing vouchers are available through local public housing authorities to prevent or end homelessness among young adults under the age of 25 who are in, or have recently left, the foster care system.
- Jefferson County Children's Division has three members on the Jefferson County Foster Care Fund (JCFCF). This organization receives donations and raises funds to provide scholarships and funding for individual foster children. JCFCF also puts together yearly events that include an Easter egg hunt, Foster Parent Appreciation Picnic, and a Christmas Party for foster children and resource providers. JCFCF also offers programs for each individual foster child to include birthday buddies, infant layettes, and a necessity nook.

#### 24<sup>th</sup> Circuit:

- Children's Division in the 24<sup>th</sup> Circuit works closely with the Faith-Based partners in each of the four counties. Liaisons in all four counties reach out to many of the churches in the circuit to assist with resources for families as well as building support networks. The Faith-Based partners also work with the Children's Division throughout the year to plan and coordinate a Christmas party and provide presents for the children in alternative care. Other events include CD and Faith-Based partners coming together for recruitment activities within the community to build the pool of available resource parents.

- Children’s Division staff have also been directly involved in development of the newly implemented Family Treatment Court in the 24<sup>th</sup> Circuit. Quarterly meetings of the Steering Committee are attended. The committee is apprised of Juvenile Court Officers, local attorneys, Circuit Court Judge, Circuit Commissioner, County Health Department Director, representative of Department of Mental Health administrative agent, Law Enforcement, a community member, and a school representative. This team assists the Treatment Court team with implementation and development of protocols to design a program that is beneficial and productive for clientele. There are two dedicated Children’s Division workers and one supervisor who work directly with the team to provide the participants and families with services that promote successful intervention. This has been a huge impact to circuit success in reunifying families involved with substance abuse issues.
- Two circuit supervisors attend monthly meetings for Child Advocacy Center multi-disciplinary team staffing. This is to identify needs in the cases that will move toward prosecution through criminal charges. These meetings are to enhance practice as a multi-disciplinary team following/advocating for victims of abuse.
- At least one Children’s Division representative attends monthly Systems of Care meetings in the 24<sup>th</sup> Circuit. These are in collaboration with school personnel, DMH administrative agents, and other community stakeholders. These meetings are very successful in integrating services and best practice to those families in the community who are involved with several different agencies.
- The 24<sup>th</sup> Circuit Manger is a member of the Fatality Review Board for all the counties in the circuit. This meeting is held upon the fatalities of minor children in the area to determine need of intervention or education for the community about safety precautions.
- CASA is new to the 24<sup>th</sup> Circuit and there is one representative from Children’s Division who is part of the CASA steering committee. The committee meets quarterly.
- Children’s Division has representation with the Washington County Health Coalition. These meetings are quarterly and the group collaborates on health issues impacting the county. These concerns may include COVID-19 issues as well as Opiate use in the community. Membership of this coalition is comprised of school personnel, health department and other members of the medical field. Community members, law enforcement, and other agencies also attend these meetings.
- 24<sup>th</sup> Circuit also works locally with Juvenile Court Judges, attorneys, and Juvenile Court staff yearly to exchange feedback to best serve families. Training needs for Children’s Division workers and Juvenile Office staff are also discussed.
- 24<sup>th</sup> Circuit also represents Children’s Division in the community-based Well of Hope organization in Washington County. This group meets quarterly to educate the community and assist with resources.
- Staff continue to work towards community collaboration throughout the year by giving presentations at various teacher workshops, health fair events, and other community

events within the four counties of Washington, St. Francois, Ste. Genevieve, and Madison.

#### 25<sup>th</sup> Circuit:

- Children's Division works with The Community Partnership (TCP) in Rolla in a number of ways:
  - Contractor for the Chafee Independent Living program
  - Contractor for the Personal Responsibility Education Program for foster youth (sex education classes)
  - Co-Host and sponsor of the Annual Linking Hearts Adoption Event
  - Partnership staff serve as a regular community member for adoption staffings
  - Serves as an information and referral network to connect Children's Division workers and their clients to various resources in the 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
  - 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 (FLW) to conduct investigations and assessments on base. The Children's Division is also a part of the Case Review Committee (CRC) team. This is a multi-disciplinary team appointed by the Garrison Commander and supervised by the General Leonard Wood Army Community Hospital (GLWACH) Commander to handle cases involving a Military Family where the children have or are suspected of having been abused. The 25<sup>th</sup> Circuit Manager or designee attends these CRC meetings as well as any Child Fatality reviews.
- The 25<sup>th</sup> Circuit is also working with two different foster parent organizations, Central Missouri Foster Care and Adoption Association and Foster and Adopt Connect. Children's Division is able to refer families to receive 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.
- Starting October 2019, Meramec Regional Planning Commission (MRPC) was granted a two phase, three year project through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in an effort to rid the Meramec Region of the opioid epidemic. The target population of this project is at-risk children, youth, and families who use opioids, are at risk for using opioids, or have family members that use opioids. This includes children, youth, and families in all eight counties of the Meramec Region: Crawford, Dent, Gasconade, Maries, Osage, Phelps, Pulaski, and Washington.

- Phase 1: Planning - Dates: October 1, 2019 - September 30, 2020

Goal: Increase agency collaboration to foster a multi-systemic response to the opioid crisis.

Objectives: Develop a multi-agency consortium of stakeholders that have a regional representation of law enforcement, prosecutors, courts, probation, Division of Family Services, health care, mental health, and prevention organizations; Coordinate with OJJDP to conduct community needs assessments and SWOT analyses.

- Phase 2: Implementation - Dates: October 1, 2020 - October 1, 2022

Goal: Reduce negative outcomes for children, youth, and their families impacted by the opioid crisis.

Objective: Implement a minimum of three multi-systemic strategies to reduce youth opioid abuse and opioid-related deaths.

- Meramec Regional Planning Commission has also implemented Seeking Safety: Seeking Safety (SS) is a coping skills approach to help people attain safety from trauma and/or addiction from opioid use disorder or other substances. It is present-focused and designed to be safe, optimistic, and engaging. The treatment is highly flexible and can be conducted in group or individual format; open or closed groups; with any gender; adults and adolescents; any length of time available (using all 25 topics or fewer); any treatment setting (e.g., outpatient, inpatient, residential); and any type of trauma and/or addiction. The program can be used from the start of treatment as it is stabilization oriented. Seeking Safety has been implemented for over 20 years in diverse types of programs, including community-based, mental health, addiction, criminal justice, veteran/military, adolescent, school, and medical settings.

Throughout the program, participants will learn the following skills:

- coping skills,
- how to set and stick to boundaries, and
- grounding techniques (which will be practiced on site.)

Those who have an Opioid Use Disorder (OUD) and/or a Substance Use Disorders (SUD) will benefit from the lessons taught during this program by learning to identify triggers and how to positively cope with them and learning about community resources that will be individualized to fit their specific needs.

Classes will last approximately one hour for both the male and female participants and will be taught over the course of 10 weeks. Participants that complete at least six of the 10 classes will receive a certificate of completion.



- C-STEM collaboration between CMH, CD, and TCH: Partnership to meet as many needs of the community as possible. The collaboration shares ideas and concerns and problem-solves as much as possible.
- The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates.
- The 25<sup>th</sup> Circuit is involved with Kids Harbor II, the local Child Advocacy group. Phelps, Pulaski and Texas Counties have involvement with Multi-Disciplinary Teams. The circuit works locally with all Food and Service facilities in each county that offers assistance.
- Lunch and Learn meetings are held with CASA and joint trainings are scheduled periodically.
- System of Care with OZH Behavioral Health Center is composed of community members, families, youth, and others from a variety of backgrounds and organizations to share available resources and brainstorm solutions for families, youth, and clients in the community. Similar meetings are held with the Rolla Public School district.
- Pulaski County Community Network meets once a month with multiple agencies, religious organizations, etc., working on homelessness in the Pulaski County area.

#### 32<sup>nd</sup> Circuit:

- Workers regularly attend monthly meetings at the Caring Community Council. These meetings are held with First Call for Help, Mental Health, Housing, and Division of Youth Services (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 cleaning supplies.
- Staff attend The Children's Coalition, which includes adoptive and foster parents and other interested individuals, as well as representatives from local foster and adoption organizations, such as CASA (Court Appointed Special Advocates), Hope for One More, and Lutheran Family and Children's Services. 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.
- Children's Division is also linked with Foster, Adopt, and Connect which offers support and training to foster parents in the Southeast.
- The 32<sup>nd</sup> Circuit partners with the EPIC coalition in supporting local events to reach out to children and families in regards to substance abuse awareness and substance abuse. EPIC also provides staff to assist with supervised visits between parents and children in state's custody. Support through both the family and adult drug courts working with CD

staff have worked to promote activities and provide support for children and families. Recently EPIC has added parenting classes and parent aides for families in the 32<sup>nd</sup> Circuit.

- The 32<sup>nd</sup> Circuit staff are also able to refer to Parents as Teachers program as well as Educare services. This also includes Home Visiting and the ability for parents to attend a Parent Café' for extra support.
- Perry County in the 32<sup>nd</sup> Circuit has a System of Care 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 including the Juvenile Office. There is already an established Systems of Care meeting in Cape Girardeau which meets monthly where 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.
- The 32<sup>nd</sup> Circuit has 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.
- The 32<sup>nd</sup> Circuit currently has assistance through United Health Care in evaluating children for trauma and assisting staff with medical needs children.
- The Children's Division works with Preferred Family Healthcare's Southeast Chafee Program which has partnered with University of Missouri Extension and Vocational Rehabilitation to ensure that all youth in the southeast region who are in 9th grade and beyond with any type of diagnosis or IEP will immediately be provided employment and education services that are available to them.
- In an effort to help parents, the Children's Division partners with One City, which is a program to help adults find gainful employment in the Cape Girardeau area. One City provides support through education and employment assistance with interviews, resumes, and connections in the community.

### 33<sup>rd</sup> Circuit:

- 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 Systems of Care Program is a collaboration with the Department of Mental Health through Bootheel, the Juvenile Office, School Liaison, and Catholic Charities to provide wrap around services for families with children who have severe mental health issues and other issues.
- The circuit participates in the Fatality Review Panel which meets whenever there is a fatality in the community. This is made up of the Juvenile Office., Prosecuting Attorney, Law Enforcement, STAT team member, and medical professional. This panel discussed ways to possible reduce fatalities in our community and look for on-going trends.
- Multi-disciplinary team meetings are held quarterly. Law Enforcement, Prosecuting Attorney, CA/N Supervisor, and the Juvenile Office meet and speak about how the process is going, pending cases, and discuss any concerns as they arise.

#### 34<sup>th</sup> Circuit:

- A monthly System of Care meeting of community partners is held in the Children's Division offices to staff children or families who are referred by various sources. Participants include: Children's Division, Perry County Disabilities Determinations, local school staff, DMH staff, DYS staff, representatives from the 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 (PIN), 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.
- Children's Division collaborates with the Salvation Army in the Bell Ringing for both counties. In 2021, bell ringing occurred at Hayes' Supermarket in Caruthersville as well as Walmart in Sikeston. In turn, Salvation Army assists CD with requests for funds for families throughout the year. Salvation Army also assists CD with the annual foster care Christmas party.
- The First Baptist Church in Caruthersville assists with an annual donation of Easter baskets for foster care youth, and another church donated white boards for both offices to be used in meetings. In addition, several foster parents are members of various churches which have resulted in donations of needed items as well as one church donating the use of their church property last Christmas for the annual party for youth in foster care.
- CD staff participates in the monthly Resource Council meeting at the Family Resource Center in New Madrid. Monthly Resource Council meetings involve many participants and represents 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 CD staff who make referrals to various programs as needed. The Family

Resource Center is an invaluable resource for CD as they support the division in multiple ways throughout the year including representatives for PPRT meetings.

- Both counties in the circuit also participate in Multi-Disciplinary Team Meetings during which Child Advocacy Center, law enforcement jurisdictions, and Prosecuting Attorney's offices review all referrals to the CAC for outcome data from CD and law enforcement and to track court cases resulting from CD involvement.
- Pemiscot County Children's Division staff continues to participate in the Family Support Provider's Coalition which is a team of community representatives who meet monthly to discuss community activities, events, agency offerings, etc.
- Although the Jurist in Residence program has ended, CASA is developing a program and a Program Manager has been hired. The program manager is in the process of contacting local churches and other community organizations in order to develop a volunteer base to initiate the program.

#### 35<sup>th</sup> Circuit:

- Systems of Care Stoddard County meets monthly. The Children's Division along with local stakeholders come together to support families with children with severe mental health needs. This is a collaboration with the Department of Mental Health through Bootheel Counseling Center and with the participation of the Stoddard County Juvenile Office. These meetings wrap around services for families with children with severe mental health and other issues.
- Stoddard County Resource Council meets monthly and serves as a collaborative event with local stakeholders. Each stakeholder provides an update to the services, programs and incentives in place within their agencies. These programs include but are not limited to MERS Goodwill, Bootheel Counseling, MPACT, Parents as Teachers, and Stoddard County Case Management through the Department of Mental Health.
- Parents as Teachers hosts a semi-annual meeting and is attended along with other stakeholders to explore services, resources and additional educational options for children under age five within the county.
- SEMO College meetings are held with different stakeholders at each campus. This is a FOCUS group to try to get youth in college, planned parenting, and working for investments in the future.
- Infant Mortality Board through Bootheel Consortium-Dunklin and Stoddard meets quarterly to focus on exploring strategic ways to prevent child deaths, targeting pre/post-natal women and families struggling with mental health issues.
- Child Fatality Review Boards-Stoddard and Dunklin periodic meetings review deaths of children age 17 and under in each county.
- Superintendent 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 congruently together.

- Multi-Disciplinary Reviews-Stoddard and Dunklin meets quarterly with Child Advocacy Centers-Prosecutors and Law Enforcement. The meeting serves to advise all parties the status of pending CA/N and criminal investigations in regards to children that have completed SAFE exams.
- Children’s Home board meetings are held monthly in both Stoddard and Dunklin Counties.
- CASA-Dunklin County-The Division and CASA work together in all juvenile cases through Dunklin County.
- The Children’s Division Circuit Manager keeps Judges, Juvenile Offices, GAL, Juvenile Office and attorneys advised of changes or updates. One-on-one meetings are also held to discuss changes and develop local protocols if needed to ensure a holistic approach.
- Contacts remain with the local newspaper and online newspaper to help assist with recruitment efforts -all staffed by state office contacts.
- Local businesses in Stoddard and Dunklin have advertised scheduled foster parent classes through billboards and flyers.
- Faith-based agencies assist and provide support for foster children and foster parents 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. Several churches have “clothes closets” for any child in need.

#### 36<sup>th</sup> Circuit:

- Butler County Community Council (CRC) – This group meets monthly with various community partners including Children’s Division, Probation & Parole, Department of Mental Health, Family Counseling Center, Southeast Behavioral Health, Foster Adopt Connect, Great Circle, University of Missouri Extension, local public schools and Three Rivers College. Local CD staff attend and participate in four committees: Juvenile Crime Reduction, We Can Be Drug Free Coalition, Mental Health Sub-committee, and Domestic Violence Taskforce. With the support of the CRC, yearly conferences are hosted for various topics including Autism, Suicide Prevention, Anti-bullying, Child Abuse & Domestic Violence, and Grandparents Raising Grandchildren.
- Ripley County Community Partnership (RCCP) – This monthly meeting is held during the lunch hour with lunch catered each month by RCCP. Members consist of individuals from CD, DHSS, Probation & Parole, Salvation Army, Adult Education & Literacy, MERS Goodwill, Ozark Foothills Regional Planning Commission, Great Circle, local public schools and law enforcement. Updates are provided by each agency with a special presentation each month. The RCCP Program Director provides free parenting classes to

families as needed. Another valuable service provided by RCCP is the SkillUP Employment program and Coaching. RCCP also provided Christmas gifts to all foster children in Ripley County.

- Family Counseling Center (FCC) - Children's Division works cooperatively with the Family Counseling Center to provide Systems of Care (SOC) services. A team of community service providers meets monthly to staff a particularly difficult case in an effort to develop a good service delivery plan for the child/family. Team members can refer families of concern. If a family is selected, the team will meet with the family to gain information and discuss what services could benefit the family. The team then follows the case to monitor progress.
- Substance Use Disorder Treatment Centers – The 36<sup>th</sup> Circuit substance use disorder treatment resources consist of SEMO Behavioral Health that has both inpatient and outpatient services as well as a few different outpatient faith-based programs. Crossroads Recovery for men, Recycling Grace for women, Christ's Way Recovery for both men/women Reformers Unanimous and Fellowship of Acceptance, a family focused treatment program. CD collaborates with representatives from all of these programs to meet the specific needs of the family.
- Bread Shed - This local resource has been a tremendous support to the community through monthly food distribution in Butler County (2<sup>nd</sup> Saturday) and Ripley County (3<sup>rd</sup> Saturday). The Bread Shed also hosts a free lunch open to the public every Sunday afternoon. Support is available to provide emergency food/household items and unlimited supply of diapers for children/families in crisis. This has become a valued resource for CD staff. Bread Shed coordinators have provided unconditional support to CD over the past few years. The Bread Shed building has been made available for foster parent recruitment events and the annual Foster Parent Appreciation dinner.
- Faith Based Community – For the past 2-3 years, The Bluff Church has hosted a very successful drive within the Poplar Bluff community to raise awareness and get numerous donations of personal/household items/gift cards for foster children and intact families. Westwood Baptist Church has hosted the annual Foster Kids' Christmas party for the past several years. Several churches have hosted recruitment events in an effort to increase the numbers of resource families to take in children either through foster or respite care. Representatives from the churches (foster/adoptive parents) have done radio PSA's, paid for Facebook promotional ads, used billboards and yard signs to assist in recruitment and raising awareness. The work to engage the faith based community is an ongoing process.
- Foster Adopt Connect (FAC) – Staff at FAC have been very supportive to the local CD offices in a variety of ways. They often attend Level II CQI as community representatives. They have also assisted with the Foster Parent Appreciation Dinner. They support and advocate for resource parents and have opened their clothing store (Sammy's Window) to not only foster children but also FCS families in crisis situations.

FAC and the training team in the 36<sup>th</sup> Circuit often partner to provide resource parent pre-service and in-service training on a monthly basis. FAC manages a number of resource homes within the Circuit which is a support to the local resource team. The FAC licensing worker also attends the monthly unit meetings with CD resource unit to assure more consistent service delivery for resource families.

- Haven House - Women's domestic violence shelter – CD works closely with staff at Haven House who provide crisis support, parenting education and advocacy. Haven House staff attend FST meetings and Court and often assist with employment and housing. CD Circuit Manager serves on the Haven House Board of Directors.
- Great Circle Child Advocacy Center, Women's Center & Emergency Youth Shelter – Children's Division, law enforcement and Prosecuting Attorney attend monthly MDT meetings hosted by Great Circle CAC to review outcome data and track court cases resulting from CD involvement. Great Circle also works closely with CD to provide emergency residential treatment when children come into care as well as provide emergency crisis care for children who are not in care. Great Circle representatives provide a lot of support to CD staff through frequently attending FST's when needed. Great Circle is also a Level II CQI participant.
- Butler County Truancy Court - Children's Division, the school attendance officer and Juvenile Office have developed a very good system of collaboration on truancy cases. A lead worker in the FCS unit is the truancy specialist for cases related to educational neglect. She attends all truancy court hearings and provides input as to what CD can/cannot offer a youth or family before the FCS referral is made. By developing this rapport with the truancy court team members, it helps prevent inappropriate FCS referrals and/or requests for custody from being made.
- Child Fatality Review Board in each county meets whenever there is a fatality in the community. The team consists of CD, Juvenile Office, Coroner, law enforcement, Prosecuting Attorney, and local medical professionals. The panel reviews the fatality incident and addresses ongoing trends in an effort to reduce future fatalities.
- Quarterly Collaboration Meetings - CD, Family Counseling Center, and Juvenile Office meets for breakfast to discuss service delivery issues, improve interagency protocols and address concerns.

#### 37<sup>th</sup> Circuit:

- The 37<sup>th</sup> 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 37<sup>th</sup> Circuit also partners with Birthday Blessings 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 circuit also partners with the Diaper Resource Center, which provides diapers to those in the 37<sup>th</sup> Circuit with need. They also work with foster parents who may have children with special needs that require additional diapers that the Children's Division diaper allowance or Missouri Health Net does not cover.
- The 37<sup>th</sup> is also fortunate to partner with The Chaos Closet. This is a new not-for-profit organization that helps provide necessities for children who are in care. They help provide clothing, beds, or any necessities that are children may need.

#### 42<sup>nd</sup> Circuit:

- The 42<sup>nd</sup> Circuit has Systems of Care Meetings in Wayne County and Reynolds County. These monthly meetings coordinate services and care for families in need in the community.
- Quarterly Multi-Disciplinary meetings are held in Crawford, Dent, Iron, Reynolds, and Wayne counties with Child Advocacy Centers that service the area. A representative from CD in the Circuit, typically the CA/N supervisor, attends these meetings to provide updates and needs on cases.
- Circuit staff participate in meetings with CASA to collaborate on any case issues or concerns.
- Iron County Health Coalition meets monthly to discuss needs in the community. This coalition includes members from all of the large community organizations including CD, the schools, the health department, juvenile office, etc.
- In Dent County, Birthday Blessings provides birthday presents for all children who are in care in the county.

#### Southwest Region:

#### 26<sup>th</sup> Circuit:

- The 26th Circuit currently has collaboration with area schools in five counties including monthly meetings with the Lebanon School District and quarterly visits with Eldon School District. The Camdenton School District holds an event twice a year to discuss



Children's Division's mission, new policies and changes as well as any struggles or concerns the school may have.

- 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 meets with the Chief Juvenile Officer periodically to discuss concerns and new ideas for the Circuit.
- All Counties have MDT meetings and Leadership meetings are held with Law Enforcement, Kids Harbor, Prosecutor, Juvenile Office and Children's Division.
- Fostering Hope – Living 2 Give 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. Fostering Hope facilitates many activities for families and children in the 26<sup>th</sup> Circuit.
- Preferred Families received the Regional Partnership Grant (RPG) and partners with the 26<sup>th</sup> Circuit Children's Division to provide services to provide families with services to decrease substance abuse, increase safety and well-being and achieve permanency.
- Central Missouri Foster Care and Adoption Association is a non-profit agency that educates, supports, and advocates for foster and adoptive children, youth and families in central Missouri by offering services and partnering with community and the 26<sup>th</sup> Circuit Children's Division to develop healthy and self-sufficient individuals and families.

Services include:

- Community Connections Youth Project-provides tools and skills for transition to adulthood (social support, housing, education, employment, physical and mental health)
- 30 Days to Family- locates relatives for placement
- Kinship Navigator-provides support to relative caregivers
- Family Development- Supports to foster parents
- Begin Again Backpacks- provides items to kids entering foster care
- Odyssey- Fun events and activities for foster youth

27<sup>th</sup> Circuit:

- The 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 cases, attend home visits with Children's Division staff, etc. Children's Division holds monthly court staffings between the Juvenile Office, GAL and Children's Division staff for all four 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. 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 thriving, successful, contributing adults. 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, include 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.

#### 28<sup>th</sup> Circuit:

- 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 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.
- Collaboration occurs with The Child Advocacy Council which 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 28<sup>th</sup> Circuit has 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.

#### 29<sup>th</sup> Circuit:

- The 29<sup>th</sup> Circuit has been working closely with community partners to establish a Family Drug Treatment Court. This was envisioned and has been in the works for years, but funding and planning has been put in place and will be a reality for families in the community this year. This partnership is pulling together the court, mental health and substance abuse professionals, CD, and other partners to address this identified need and get at one of the root causes of child abuse and neglect, substance abuse.
- This year planning is underway to restart Camp Soroptimist which had been paused because of the COVID-19 pandemic. This week long overnight camp is for children in foster care and is put on with numerous partners who bring money, volunteers, food, crafts, and activities to the table. There are too many community partners to list but this 30 plus year long-standing tradition will continue and once again these children will have an incredible summer vacation story to share and remember.
- 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. 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 host the 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.

### 30<sup>th</sup> Circuit:

- 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 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.
- Grace Community Church has collaborated with Children's Division to supervise visits, help with the CD "closet," started a Foster Parent Support Group, and been a panel member for STRONG class.
- Children's Division has collaborated with the local Health Department during their 5k walk/run that had booths to utilize this opportunity for local foster parent recruitment purposes.
- The Haven provides diapers/Parenting classes for CD referred clients.
- Buffalo Reflex (local newspaper) collaborated on grant opportunities and connected with DIVAS, which is a ladies group in Dallas County willing to be a CD support.
- Market 116 is a local retailer who put an Angel Tree up at Christmas to sponsor the children of Dallas County for Christmas.
- Missouri Extension Center has partnered to do trainings for Foster Parent Support Group.
- The Webster County Children's Division Supervisor sits on the Parents as Teachers Advisory Board in partnership with the Marshfield R-1 School District.
- There are collaborative meetings between the Webster Co. Health Unit and numerous partner agencies to further provide resources and education to Webster County.
- Every year, Webster Co. partners with the Marshfield Police Department and Walmart to provide foster children gifts through the Shop with a Cop program.
- A Webster County Children's Division representative participates in drug court twice a month.
- Webster County has an AC worker, a previous foster parent, who attends Panel Night for the Regional Resource Unit when they complete a foster parent class as a resource.
- Webster CD also partners with The Forgotten Initiative, or TFI, a ministry focused on supporting the people who support children in foster care (foster parents and social workers alike). They provide a clothing closet, visit room, beds, food for workers at long

court hearings, special events for foster parent and social worker recognition, and numerous other services that are a huge benefit to the local office.

- Hickory County has a new program through OCHC called Ozarks Community Health Center Foster Care Initiative. They help foster families, foster children and youth transitioning to independent living.
- Each year individual schools have events they hold in order to assist the Hickory County foster children with backpacks, school supplies, personal hygiene items and blankets.
- Eagles/Shriners/Churches: Each year these organizations assist with the foster children Christmas by providing gifts and/or needed items. They also recognize the foster parents' needs at this time of year and acknowledge them as well.
- Local law enforcement has Shop with a Cop program and will make sure foster children are included in the program. They also do the "Angel Tree" where community members choose a star off the tree and purchase items for families and children in need.
- Hickory County Cares has a local second hand clothing shop that is available to CD at any time to get emergency clothing, shoes, etc., for children who come into care. All these supports work closely with the local CD on these projects.
- Skyline schools' FBLA club-Toy drive, quilts, stuffed animals for foster children.
- Hickory County Quilters at Hermitage First Baptist Church-pillows, pillow cases, duffle bags and quilts for foster children.
- Polk County Children's Division is a member of the Community Connections Team 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 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 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.
- The Polk County Children's Division attends meeting with the Keeling Foundation/Polk County Cares as well as being a member of the Bolivar Area Chamber of Commerce.
- CD also collaborate with CMH on their NAS/SUD Addiction Recovery Program.

#### 31<sup>st</sup> Circuit:

- The Child Abuse and Neglect Collaborative has been meeting regularly since January 2013. Membership includes representatives from many areas, including mental health, schools, child advocacy, childcare, victim's services, health/medical services, and public

and private child welfare agencies. Members partner together to prevent child abuse and neglect through the following priorities:

- Prevent child abuse and neglect through strengthening families.
  - 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.
  - All businesses, civic, and faith-based organizations in Greene County that work with children will support families through positive parenting practices.
  - Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary training, support, and services needed for successful outcomes.
  - All suspected child abuse and neglect will be reported to the Missouri Child Abuse and Neglect Hotline
- Greene County Children's Division also has representation on the following workgroups/ advisory groups/boards that meet regularly: 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, Drug Poisoning Task Force, EPICC, Faith Based, High Risk Victims Task Force, Regional Early Childhood Hub, Building Resilience, and The Family Justice Center. There are regular meetings with the court, such as Fostering Court Improvement, Family Dependency Treatment Court, and bi-monthly meetings with the Juvenile Judge.

#### 38<sup>th</sup> Circuit:

- The 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 nonprofit organization based in Ozark, Missouri at James River Church. Cherish Kids helps with the recruitment of foster families, with locating families for children who need placement, and with special requests for a foster child such as sports equipment, band instruments, and other requests. In addition to this, they hold numerous events throughout the year to support foster families and children in their home.
- Abundant Blessings is a faith-based nonprofit organization located in the Circuit. Abundant Blessing is a clothing bank which provides used clothing and shoes to foster children as well as other needy families in the Ozark and Nixa school districts.
- Another community partner in the Circuit is the Nixa Christian Church. They help with needs of Intact Families who have Family-Centered Services through the agency. This

partner provides items such as beds, mattresses, Christmas gifts, Easter baskets, as well as other various requested items needed by families.

- The Circuit attends various community-based meetings, including meetings with the Ozark School District and Nixa School District to discuss students for whom the school has concerns and locate services outside of the school's scope of service.
- Children's Division attends Christian County Homeless Alliance meetings focusing on homeless youth in Christian County and working toward solutions for these youth.
- The Circuit is part of a Sex Crimes and Child Abuse Task Force consisting of the Child Advocacy Center, Prosecuting Attorney's office, Emergency Management, Law Enforcement agencies, School Resource Officers, and Children's Division in training for/and identifying crimes for those involved in above cases to ensure consistency across the board.
- A quarterly meeting is held with the Court partners (Judge, Juvenile Officers, GAL), CD, FCCM and CASA to discuss best practice and any strengths, kudos or concerns an agency may have. Quality changes and improved partnerships have occurred through this process.

#### 39<sup>th</sup> Circuit:

- The Circuit 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 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, RPG, Juvenile Officers, medical facilities, Law Enforcement, Vocational Rehab and Division of Youth Services. Through this meeting, leaders problem solve together and often discuss individual cases to ensure the system surrounding a family is functioning well.

#### 40<sup>th</sup> Circuit:

- 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 Exchange Club also now oversees the funds previously managed by The Friends of Newton and McDonald Co. These funds can be used for children in foster care for such things as Christmas gifts and celebrations, prom expenses and other needs not met by the State.

- The Circuit also partners with Freedom Church in Neosho. This community partner has supported such activities as providing their facility and volunteers for the Christmas party for foster youth ages 12 and under. During the COVID-19 pandemic, the volunteers from Freedom Church assisted with the Drive thru dinner for Foster Parent recognition month including contributing to the dinner and other items provided. Freedom Church has developed a volunteer program that recruits and trains people to provide supervision for visits between parents and children in the foster care system.
- 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, pajamas, stuffed toy, toothbrush, toothpaste, and soap) for all children when they enter foster care.
- Cherished Kids has adopted an area in the office to create a trauma-informed/safe zone for children when they are visiting the office.
- Fostering Hope assists graduating students with their senior portraits and invites the Resource and Adoptive parents in the 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 as well as Easter Baskets, birthday cards, and any other items needed for foster children.
- The 1<sup>st</sup> Baptist Church in Anderson, MO, The Neosho United Methodist Church, Griffith Motor in Neosho and Freedom church in Neosho sponsor all the kids in foster care that are case managed by Children's Division at Christmas time with Angel Trees. This is a tremendous support and help to the resource parents.
- Newell Co (formerly known as Sunbeam) has partnered with the Children's Division for several years at Christmas time to provide gifts for kids who are residing with their families but need a little extra support.
- The Lutheran Women's Missionary League from the First Lutheran Church in Neosho is currently sponsoring the Circuit and has a monthly item they collect. These items have included backpacks and duffel bags for kids, pajamas and socks, underwear and diapers. They plan to collect cleaning items and child-friendly food baskets.

#### 44<sup>th</sup> Circuit:

- 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 Circuit works 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 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 continues to work 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 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.
- Each county in the circuit has a multi-disciplinary team that looks at child/abuse concerns with law enforcement, CAC, prosecuting attorneys, and victim advocates.
- To raise awareness for prevention of child abuse and neglect, Douglas County partners with the Chart Go Blue committee to plan committees and activities that raise community awareness in this area.
- The schools host "at risk" meetings, allowing the schools to discuss concerns and team members can share resources for family in need.
- Meetings are held with DMH's systems of care team to help better access and provide wrap around services for youth and families.
- Children's Division has participated in Opioid/Substance abuse task force in each county which resulted in a grant that now employs community navigators who help those with addiction issues navigate the system and have meaningful access to resources.

#### 46<sup>th</sup> Circuit:

- The Circuit collaborates with Bloom Church to provide Christmas gifts to children in protective custody as well as to recruit foster homes.
- The Circuit collaborates with Ambassador's For Children to provide clothing and other items for children experiencing foster care. AFC provides a mobile clothing closet two times per year to reduce the need to travel to Springfield for resources. Referrals for other special items can also be referred to AFC by the case managers.
- The Circuit has relationships with My Very Own, Suitcases for new beginnings, and Branson United Methodist Church to provide a duffel bag with comfort and hygiene items to every child that enters custody in Taney County.
- The Circuit collaborates with Women On Mission from Forsyth Baptist Church to provide children's books, games/activities, snacks and socks/underwear, and support for special activities.

- The Circuit participates in the Community Health Assessment conducted by the Taney County Health Department to determine service and initiative needs in the community.

## Assessment of Current Performance

Missouri Children’s Division is a data-informed agency and encourages all levels of staff to use data to assist in improvement planning. Missouri’s data as it relates to child and family outcomes and agency systemic factors is described below. Missouri participated in Round 3 of the Child and Family Services Review (CFSR) in July of 2017. The Program Improvement Plan (PIP) was approved on October 15, 2018, with an implementation date of November 1, 2018. All PIP activities were completed by October 31, 2020. Missouri’s non-overlapping period expired on April 30, 2022. The following outcomes were successfully completed for Round 3 of the CFSR:

- Safety Outcome 1
- Safety Outcome 2
- Permanency Outcome 2
- Wellbeing Outcome 1
- Wellbeing Outcome 2
- Wellbeing Outcome 3
- All Systemic Factors

Missouri was unable to reach the federally established benchmarks for Permanency Outcome 1. Specifically, Items 4 and 5 were not met, resulting in pending fiscal penalties. As a result, Missouri has been identified as a Year 1 state for CFSR Round 4 with the on-site review scheduled for July 24-28, 2023.

Throughout the assessment of performance section, the results of the CFSR will be compared with Missouri’s on-going case review data.

A 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. The tool closely mirrors the On-Site Review Instrument (OSRI). The case review instrument includes the 18 CFSR items based on safety, permanency, and wellbeing outcomes. Program Improvement Plan baseline data and on-going monitoring utilized the case review tool in FACES. These quarterly case reviews began in April 2018 and continued throughout the PIP non-overlapping period and will continue in preparation for Round 4.

As Missouri prepares for CFSR Round 4, the state will transition to utilize the federal Online Monitoring System (OMS) to complete these case reviews. It is anticipated that the transition will occur when the Round 4 OSRI is functional within the federal system.

## **Safety Outcomes 1 and 2**

Missouri's CFSR Round 3 Data Profile dated February 2022 indicated the Children's Division successfully meets both safety indicators. For Maltreatment in Care, Missouri's Risk-Standardized Performance (RSP) is 7.51 victimizations per 100,000 days in foster care. This is below the national standard of 9.67, but an increase from the previous data profile measurement of 7.17. In review of Missouri's context data, all ages are at or below the national standard for this measure. Children entering custody between the ages of birth to five have the lowest rate of victimization in foster care and children entering between the ages of six to ten experience the most victimization in foster care at a rate of 8.21. White children in Missouri experience a higher rate of victimization in foster care at 6.22. Black children experience victimization at a rate of 3.29. American Indian/Alaskan Native children experienced the highest rate of victimization in foster care at 25.46. However, the number of AI/AN children in Missouri is low, representing only 1.9% of total victimizations. National data indicates black children experienced victimization in foster care at a rate higher than white children, opposite of Missouri's most recent data profile.

For Recurrence of Maltreatment within 12 months, Missouri's RSP is 3.9%, which is below the national standard of 9.5% and a decrease from the previous data profile measurement of 5.0%. All age categories are well beneath the national standard, with children between the ages of one to five at the time of the first victimization experiencing the highest percentage of recurrence of maltreatment at 3.3%. For Missouri, the percentage of recurrence of maltreatment is the same for black and white children at 2.8%. Children of two or more races experienced the highest percentage of recurrence of maltreatment at 5.1%.

Missouri has consistently been below the national standard for both safety indicators.

### *Safety Outcome 1*

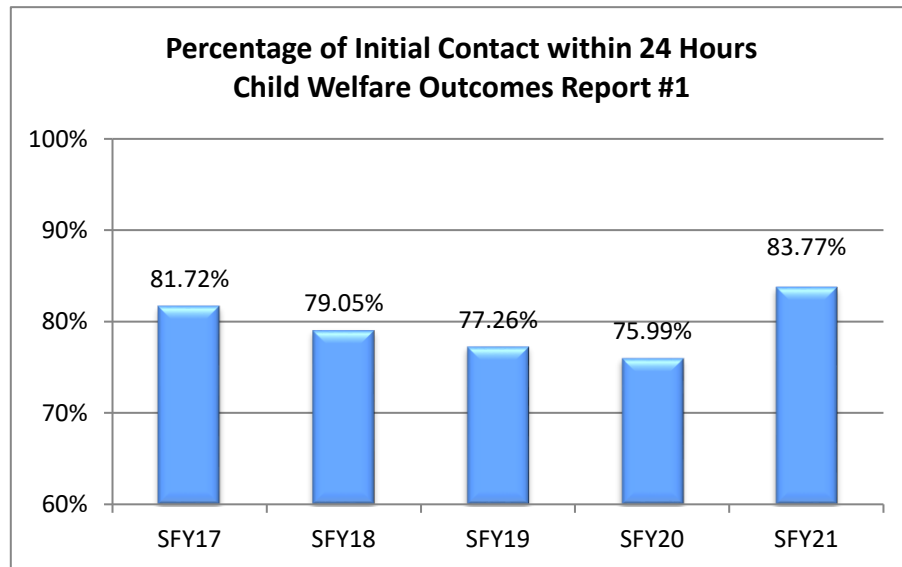
Statutorily, the Children's Division is required to notify law enforcement of all hotline calls that are identified as investigations. The Social Service Specialist provides law enforcement with a detailed description of the report received. Law enforcement may choose to assist with the investigation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

Missouri state statute requires all hotline reports to be initiated within 24 hours of receipt. 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. The Social Service Specialist will contact the multi-disciplinary team member, 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.

Missouri’s CFSR in July 2017 resulted in 93% substantially achieved for timeliness of initiating investigations of reports of abuse or neglect. Case reviews for the most recent rolling year (July 2021 – April 2022) have resulted in 81% (26/32) of cases being substantially achieved for this outcome. While this falls short of the 87% adjusted goal established through the Program Improvement Plan, Missouri was able to exceed the established benchmark in September, 2021, with 91% of cases receiving strength ratings.

The chart displays Children’s Division data from the state’s FACES Information system. A decline in timely initial contact performance is reflected for the previous four fiscal years, but indicates improvement for SFY21.



The most recent information for FY22 indicates the statewide percentage for contact within the first 24 hours was 87.33% for February, 2022 (Monthly Management Report, Table 4). The annual and monthly reports are based on completed reports and do not include expunged reports or reports where the only category is educational neglect, which requires contact within 72 hours per state policy. Due to the overall decline previously seen in performance on a critical piece of child safety, timely initial safety contact was addressed as a goal in the 2020 – 2024 CFSP. An update to the plan and steps taken to improve performance is provided within a later section of this report.

### *Safety Outcome 2*

For Safety Outcome 2, 58% of cases reviewed during the CFSR in July 2017 were found to be substantially achieved. For cases reviewed in the past year in the FACES system, 73% (53/73) have been rated as substantially achieved.

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 (FCS). Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-

Centered Services. 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. 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.

With the passage of the Family First Prevention Services Act, the Children's Division is exploring additional services which could be provided to families to safely maintain children in their homes. Missouri has submitted the Prevention Plan to the Children's Bureau and is revising the plan based on federal feedback. The programs identified within the prevention plan include Brief Strategic Family Therapy, Parent-Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy. Programs may change as more information is released on the federal Clearinghouse website. Children's Division intends to submit additional amendments to the prevention plan as the service array may expand.

Item 2, Services provided to the children to remain safely in their homes, was rated as an area needing improvement during Missouri's CFSR, with 52% of cases receiving strengths ratings. On-going case reviews in the past year have shown strength ratings for 81% (22/27) of cases. Missouri met the PIP established benchmark of 90% with the conclusion of the June, 2021 case review.

With the passage of House Bill 1414 in August, 2020, there has been increased focus on Temporary Alternative Placement Arrangements (TAPA). Policy was released in July, 2021 which requires Team Decision Making (TDM) meetings with any temporary, voluntary placement arrangement. The law also requires a Family-Centered Services case be opened with families who voluntarily place their children outside of the home and these placements last more than ten days. Tools have been created to assist staff with documentation of immediate safety concerns and identification of the services that will be offered to the family to address the safety concerns. Additional information on the implementation of TAPA policies can be found in later sections of this report.

Item 3, Risk and safety assessment and management was a significant concern for Missouri during the CFSR, with 60% of cases rated strength. Missouri was able to meet the PIP goal of 68% strength ratings following the January, 2020 case review with case review results reaching 71% (50/70) compliance. The most recent rolling year of case review data (July 2021 – April 2022) showed performance at 75% (55/73). Missouri's Round 3 PIP established quality safety and needs assessments as a cross-cutting theme.

Appropriate safety planning and on-going monitoring of the safety plans was also an area of concern during the CFSR. Additionally, there were concerns voiced by community stakeholders in regards to safety planning and monitoring. The Department of Social Services established a Taskforce on Child Safety late in SFY2018. The report from the taskforce was presented in September, 2019 with several recommendations for the Children’s Division to consider. In response to one of the recommendations, a formal risk assessment tool, whose use was discontinued several years ago, was re-introduced to staff for use during investigations and assessments. The Children’s Division plans to begin a review of the risk assessment tool to assess if revisions are needed.

A Structured Decision Making (SDM) Safety Assessment was introduced by policy in December, 2021. An initial safety assessment is required to be completed for all investigations, assessments, Newborn Crisis Assessments and Out-of-Home investigation reports. If the initial safety determination was “unsafe” or “safe with plan”, a review or update of the safety assessment is required prior to case closure. More detailed information regarding the safety assessment requirements can be found in the “Population at Greatest Risk of Maltreatment” section of this report.

### **Permanency Outcomes 1 and 2**

Missouri’s CFSR Round 3 Data Profile dated February 2022 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 (RSP) noted in the data profile is 29.2%. Performance in this area has declined over the last few reporting periods. Children who enter foster care between the ages of six to ten were most likely to leave within 12 months of entry, at 34%. Children entering under age one were the least likely to exit care within 12 months, at 25.3%. Because of the vulnerability of such a young population, Missouri is cautious when deciding to return children home. Drug courts in many jurisdictions are 12 month programs, at minimum. The percentage of children exiting within 12 months of custody for white children was 29.5% and 29.1% for black children. The foster care entry rate for black children is higher than for white children, with rates of 5.59 and 4.40, respectively.
- 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 46.1%, while the national standard is 45.9%. Performance with this standard has decreased in recent reporting periods. Children between the ages of one to five on the first day of the reporting period were most likely to exit within 12 months of that date at 55.3%. Eleven to 16 year olds were the least likely to exit within 12 months, at 38%. White children exited within 12 months 49.7% of the time, while the exit percentage for black children

was 36.2%. This represents the largest gap between the two races for any of the indicators.

- Missouri also met the national standard for permanency within 12 months for children in custody more than 24 months. The national standard is 31.8%, and the RSP for the Children's Division is 33.8%. Again, performance with this standard has decreased in the past three reporting periods. Similar to the measure above, children between the ages of one and five were most likely to achieve permanency within 12 months at 59.2% and children 11 to 16 years of age were the least likely to exit at 29.9%. White children in this category experienced permanency within 12 months 38.1% of the time and black children achieved permanency within 12 months 33.2% of the time.
- The national standard for re-entry into foster care is 8.1% or less. This measure was met as the RSP for Missouri is 5.1%. While Missouri struggles with permanency within 12 months of custody, the re-entry rate has consistently been lower than the national average. All age and race categories of children met the national standard of 8.1% or less for this indicator. Children between the ages of 11 and 16 at the time of initial entry into foster care experienced the most re-entry at 6.4%. Black children experienced re-entry at a rate of 4.6% while white children experienced re-entry 4.9% of the time. Black children represented 15.2% of the population of exits and 14.6% of the population of re-entries. White children represented 66.7% of exits and 68.5% of re-entries. This is opposite of the national data, where the larger percentage of re-entries was experienced by black children.
- 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 February 2022 data profile, Missouri's performance is 5.61, not meeting the national expectation. Placement Stability, Item 4, is also one of the Permanency outcome items that Missouri was unable to pass prior to the expiration of CFSR Round 3. Children between the ages of birth and five at the time of entry met the national expectation, with placement stability rates of 4.22 and 4.12, respectively. The rate of placement stability for children aged six to ten was 4.64. Children ages 11 to 16 at the time of entry experienced a placement stability rate of 8.02 and youth ages 17 and older at the time of entry experienced a placement stability rate of 11.44. White children had a placement stability rate of 5.5 and black children's placement stability rate was 5.9.

### *Permanency Outcome 1*

In Missouri, the Family Support Team Meeting (FST) is one practice used to engage families in making key decisions and setting goals to achieve permanency outcomes for children. Outcomes can include assured safety, decreased risk, service provision, reunification, or other avenues to permanency. 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 Social Services Specialist.

Family Support Team meetings should also be held prior to placement moves or, if not possible, within 72 hours of placement moves. The purpose of the meeting is to stabilize the current placement through additional support and services to the foster or relative care provider, preventing disruptions when possible.

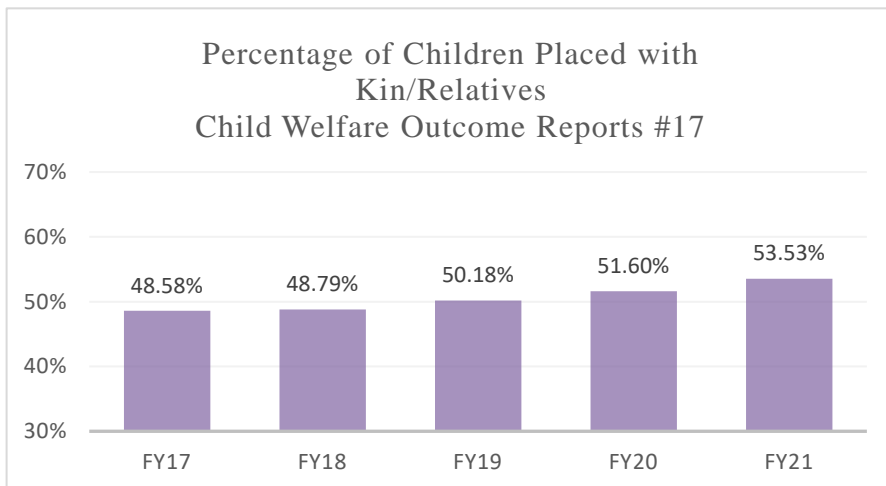
The CFSR conducted in July 2017 resulted in 23% of cases being found to be substantially achieved for Permanency Outcome 1. For the cases reviewed in the past year, 25% (17/67) are substantially achieved. The average number of placements children in Children’s Division custody experienced in FY18 was 3.72. It increased to 3.90 in FY19 and 4.0 in FY20. FY21 saw a decrease to 3.7, the lowest number in the past five years. (Children’s Division Annual Report, Table 27).

While the data indicator for placement stability was not met, Missouri’s highest performance item within Permanency Outcome 1 is the stability of foster care placements, with 88% strength ratings during the CFSR. Performance in placement stability has declined with 76% (51/67) strength ratings in case reviews completed in the past year. This falls short of the 83% goal for exiting this PIP item. Missouri is facing pending fiscal penalties for Permanency Outcome 1 as a result of Item 4 performance.

The majority of children reviewed were in stable placements at the time of the case review. The primary reason cases were rated ANI was because placement changes during the period under review were not planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child. The use of emergency placements upon the child’s entry into foster care was noted as a theme for ANI ratings. Also of concern was a lack of services provided to help stabilize the placements prior to disruption. With Missouri’s focus on limiting residential placements for children and youth, efforts to support foster and relative placement providers are especially important.

As of March 31, 2022, 52% of foster children in Missouri were placed with kin or relatives at that point in time. The percentage of children who spent any amount of time with a kinship or

relative provider during the fiscal year has increased in the past few years, as noted in the chart.



Programs supporting relative providers in efforts to increase placement stability are described in the Kinship Navigator section of this report. In addition, a pilot program through the



Department of Mental Health (DMH) which initially provided services to relative providers in a limited number of counties, has expanded geographically and has begun to offer services to foster parents, as well. Reports from the DMH program have indicated that the program has had positive results. More specific information on this program can be reviewed in the Kinship and Relative Care section of this report.

The results of the CFSR in July noted 55% of the cases reviewed for Item 5, Permanency Goal for the Child, 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 67 foster care cases reviewed utilizing the FACES case review tool in the most recent rolling year, 57% (38/67) have been determined to be strengths for this item. These results are below the benchmark of 64% established for Item 5. Missouri is facing pending fiscal penalties for Permanency Outcome 1 as a result of Item 5 performance, as well.

Analysis of case review results points to appropriateness of permanency goals and timely filing of Termination of Parental Rights (TPR) petitions as the most concerning areas in Item 5.

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 Performance and Quality Improvement staff with the Quality Assurance System (QAS), which includes a listing of children with the identified primary and concurrent goal. The notification also alerts circuit management of the children with no goal identified in FACES. As of March 31, 2022, 624 of the 13,997 children in care did not have permanency goals established. Of the 624, 222 had been in care less than 30 days, leaving 402 children without a permanency goal established in a timely manner. 97.1% (13,373/13,775) of children had permanency goals established within 30 days of custody.

Appropriateness of the primary goal is most often seen as a concern when the primary goal of reunification remains in place after the family support team feels it is no longer a realistic goal. The ASFA timeline for filing termination of parental rights, exceptions to filing TPR, and the federal expectations for timely permanence, are also considered when determining the appropriateness of the permanency goals.

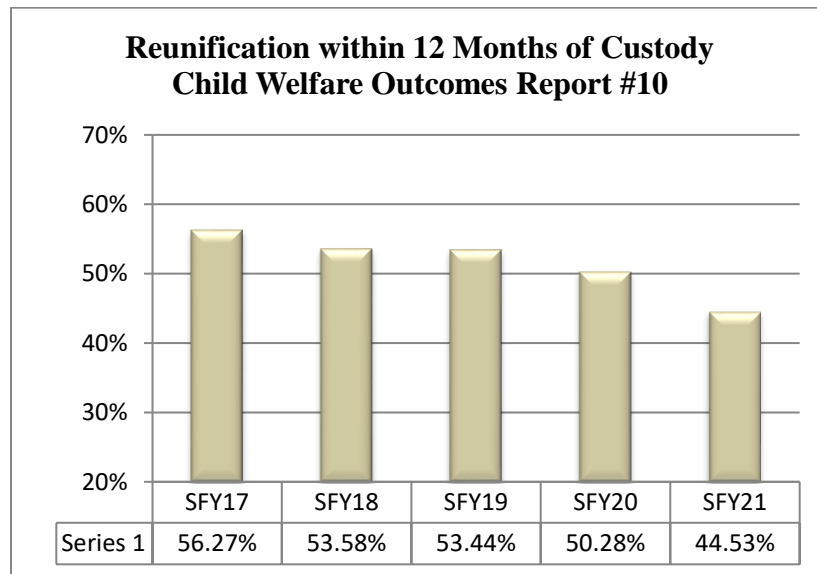
While concurrent planning was not chosen as an area of focus within the Program Improvement Plan, there were concerns regarding concurrent planning highlighted in the CFSR results. Similar findings have been seen through on-going case reviews. While CD policy requires a concurrent goal if the primary goal is reunification, there are case review examples which note concurrent

plans are established, but may not be appropriate to the child’s circumstances. For example, a concurrent goal of guardianship with no viable relatives to serve as a resource may lead to a rating of area needing improvement. To support improvements for Permanency Outcome 1, concurrent planning was identified as a goal in the 2020-2024 Child and Family Service Plan and will be described in greater detail in a later section.

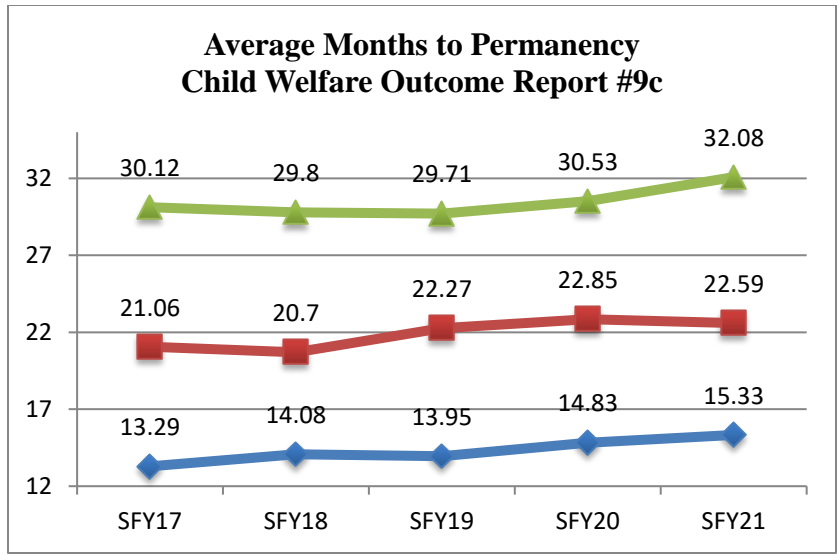
Efforts to achieve timely termination of parental rights will be discussed in the Case Review System of this section.

The most concerning area for Permanency Outcome 1 during the CFSR was the achievement of timely permanence, with 25% strength ratings. The Children’s Division met the established PIP goal of 44% following the January 2020 case review, with 20 of 45 cases receiving strength ratings. Missouri has received confirmation from Children’s Bureau that this PIP measurement goal has been achieved. The most recent rolling year of case review data indicate 42% (28/67) of cases received strength ratings.

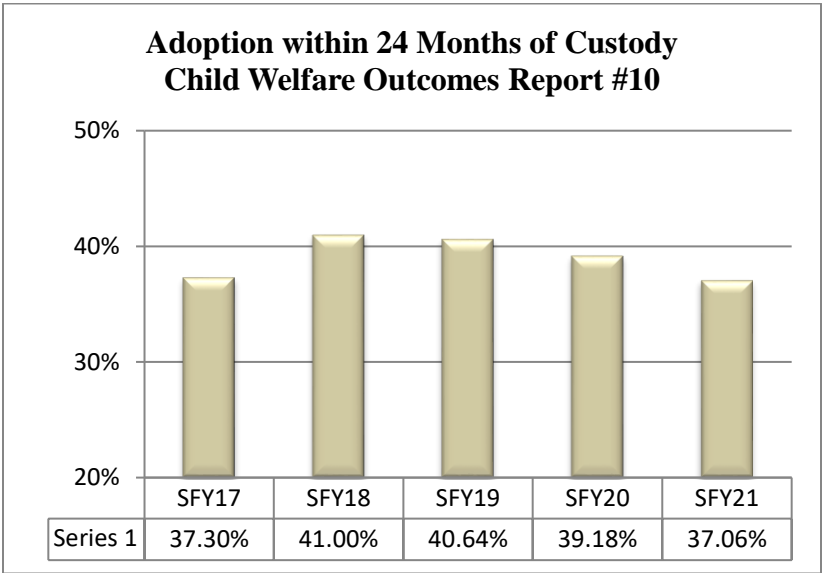
As supported by the data indicators, efforts to achieve permanency for children within the first 12 months of custody have continued to achieve less than desired outcomes. The following chart depicts the percentage of time reunification occurred within 12 months of custody for the children who have returned home. Performance in this area has continued to decrease for the past five years, supporting the federal data indicator of permanency within 12 months for the entry cohort of children.



The next chart outlines the number of months to achieve permanency through reunification, guardianship and adoption for the past five fiscal years.



The percentage of children who reach final adoption within 24 months of entering foster care is noted below. There has been a decline over the past few fiscal years.



Several strategies to improve timely permanency for all children were outlined in the PIP. One significant strategy was the implementation of the Permanency Attorney Initiative. The attorneys are based out of five locations, including the metropolitan areas of Kansas City and St. Louis, but serve multiple circuits throughout the state. They provide court representation and legal support to many Children’s Division and Foster Care Case Management staff. For more information on this program, refer to the Program Support section of this report.

Another strategy to aid in timely reunification outlined in the PIP is the development of Court Technical Assistance Teams. Children’s Division has hired a Court Engagement Coordinator to work in partnership with the Office of State Courts Administrator, juvenile officers and court

personnel to enhance communication and establish forums for problem solving in local jurisdictions across Missouri. A description of the Partnership for Child Safety and Wellbeing was provided in the Collaboration section.

The Children's Division is in the process of developing several data dashboards in Tableau. The Executive level dashboard is currently being distributed to provide Children's Division leadership a high-level overview of performance within each program line. A circuit-level dashboard has also been developed and provides circuit-level performance data for the Family-Centered Services and Alternative Care program lines. Timeliness of permanency achievement is a data piece of focus on this dashboard. In addition, the number of entries into and exits from foster care, the foster care population by age and permanency goal, and the average number of case managers per child are included on the circuit-level dashboard.

### *Permanency Outcome 2*

Permanency Outcome 2 focuses on preserving relationships and connections for children in foster care. This outcome was rated 65% substantially achieved during the CFSR in July 2017. Permanency Outcome 2 has received 52% (35/67) substantially achieved ratings for FACES case reviews completed during the past year.

Placing siblings together whenever possible is a positive practice for Missouri's child welfare system. Of the 18 case review items, this is the only item found to be in substantial conformity during Round 3 of the CFSR with 97% of the cases reviewed receiving strengths ratings. Of the foster care case reviews completed in the past year, 91% (40/44) have received strength ratings for Item 7. Placement with siblings is a strong value within the child welfare system in Missouri and is well-supported in state statute. Sibling placement is routinely discussed in Family Support Team meetings.

Preserving the connections foster children have before they enter custody was determined to be an area needing improvement during the CFSR with 70% of cases receiving strength ratings. For foster care cases reviewed during the past year in the FACES case review system, 59% (38/64) have received strength ratings. 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.

Missouri does not have any federally recognized tribes within the state, which can cause a lack of emphasis on the identification of tribal children. As of March 31, 2022, 74 children of the 13,997 in foster care (.53%) are identified as having Native American heritage. The larger metro areas have Indian centers which the Children's Division has engaged for child-specific planning, as well as systemic conversations. Missouri has worked with the Capacity Building Center for States to provide training experiences for staff in this area. For more information, please refer to the Consultation and Coordination between States and Tribes section of this report.

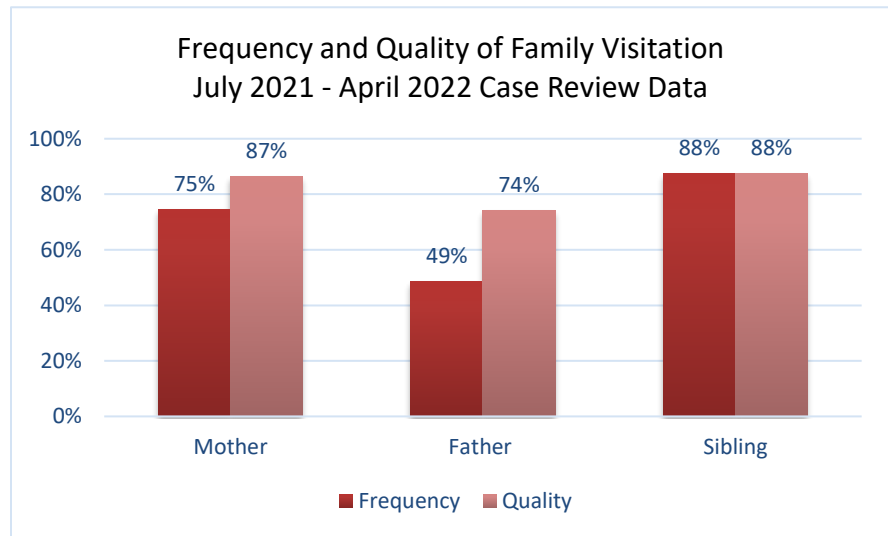
Relative placements are another priority for Missouri. Item 10, Relative Placement, received 79% strength ratings during the most recent CFSR and 66% (44/67) for the FACES case reviews completed in the past year. The case review results have declined in the past few quarters. For children not residing in stable relative placements at the time of the review, there has been a decrease in efforts to locate maternal and paternal relatives. However, as discussed in Item 4, the percentage of foster care children who have been placed with relatives at some point during the fiscal year has increased during the past five years.

A recent change in state statute adjusted the definition of relative to include non-relative kinship relationships. As such, the percentage of relative placements in SFY18 and SFY19 reflects this change. As kinship homes are re-licensed, kinship placements will become obsolete in the case management system. The FACES case management system requires the case manager to enter the degree of relationship if a relative home is selected, thus allowing the Children's Division to identify relative and non-relative placements according to the federal definition.

Children's Division policy requires case managers to conduct an immediate diligent search to locate and place the children 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.

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 to enhance learning 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.

Visitation between children and their parents (Item 8) was identified as a strength in 71% of cases reviewed during the CFSR, and 59% (38/64) of the cases reviewed within the FACES system over the past year. The chart indicates the frequency and quality of visitation between children with their mothers, fathers and siblings as noted in case reviews. A significant decrease in the frequency of visitation with fathers is noted. A lack of concerted efforts to engage non-resident/non-custodial fathers in foster care cases impacts this item's rating. Another area of concern noted in case reviews surrounds court orders for no contact between the child and parent when safety concerns could have been mitigated. Lack of visitation/contact with incarcerated parents also accounted for some of the Area Needing Improvement (ANI) ratings.



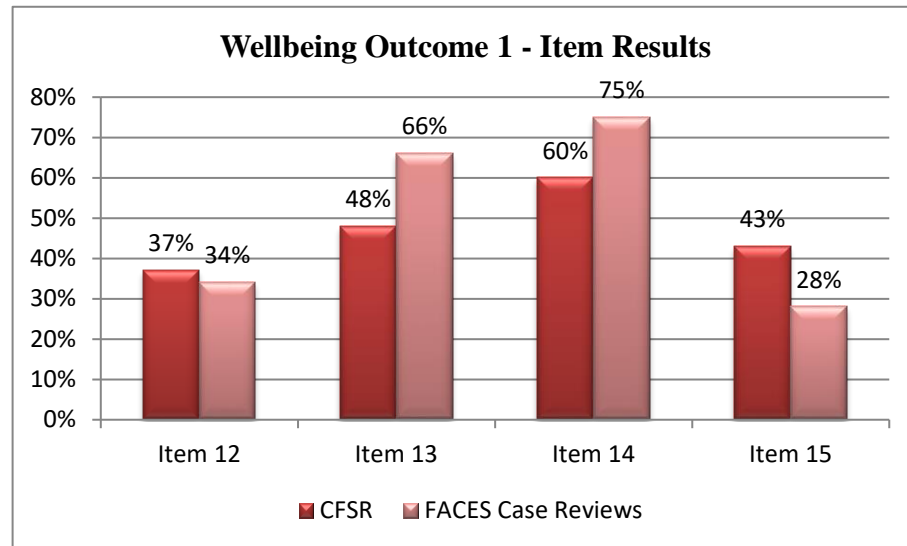
Item 11, efforts to promote and support relationships between children and their parents above and beyond regularly scheduled visitation, was found to be 58% strength during the CFSR and 49% (31/63) strength in the most recent case reviews completed in the FACES system. Agency efforts for mothers (56%) are higher than efforts for fathers (38%). These percentages are significantly lower ratings than the previous APSR. Again, the lack of concerted efforts to engage fathers impacts this item. It is important to support activities in addition to visitation 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 as well as informed consent prior to the child taking psychotropic medication.

## Wellbeing Outcomes 1, 2 and 3

### *Wellbeing Outcome 1*

Wellbeing Outcome 1, Families have enhanced capacity to provide for their children's needs, received the next to the lowest rating from the CFSR in July 2017, with 37% of cases rated as substantially achieved. The percentage for the most recent rolling year of case reviews is 32%.

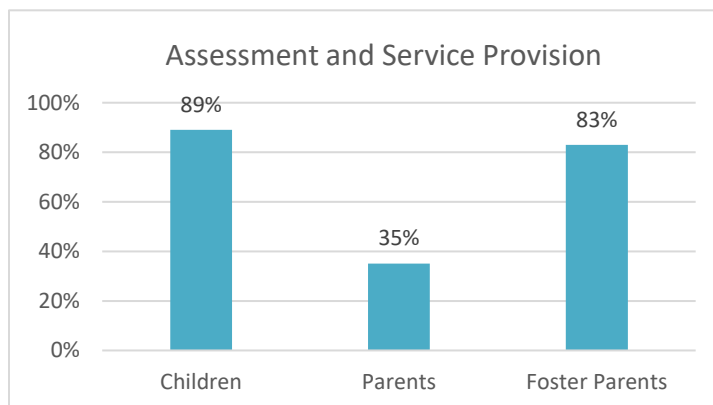
The chart to the right outlines the CFSR and most recent FACES case review results by item. The most recent outcome percentage has declined slightly from the CFSR. In addition, there has been decline in Items 12 and 15 from Round 3 CFSR results. The



Children's Division has met the individual goals for all CFSR items in Wellbeing Outcome 1.

Improving the quality of safety and needs assessments was identified as a cross-cutting theme in the Child and Family Services Review and was addressed in Missouri's Round 3 Program Improvement Plan. Item 12 was found to be 37% strength during the CFSR and 34% (25/73) strengths in case reviews completed in the FACES system in the most recent rolling year.

Missouri has met the identified PIP monitoring goal of 35% and has received confirmation of goal achievement. From the case review results of the past year, the assessment of needs and

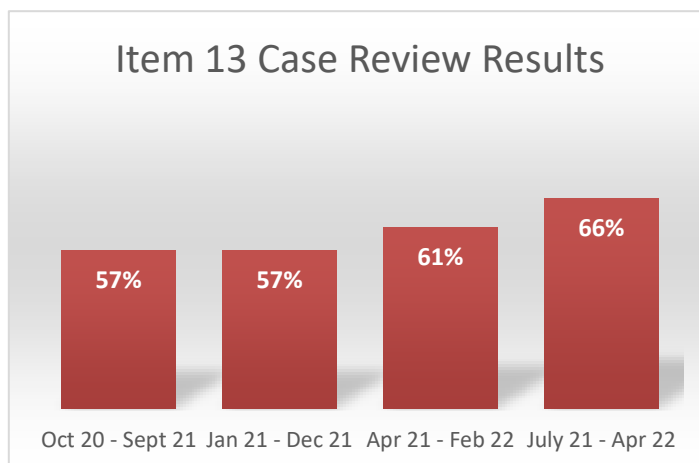


provision of services in relation to parents scored the lowest among the sub-items in Item 12, with mothers rated higher than fathers. Mothers received thorough assessments of needs in 75% of case reviews while 38% of fathers had thorough assessments. Appropriate services were provided to meet the identified needs for 77% of mothers and 36% of

fathers. As noted in the discussion for Permanency Outcome 2, there were concerns surrounding the concerted efforts to locate and engage parents throughout the period under review.

As efforts to re-envision the Missouri Practice Model continue, an Initial Family Assessment form has been developed for foster care. Also introduced in policy is the Social Service Plan to be utilized for conversations with the family and their safety network to develop the plan that will enable the family to achieve and maintain the safety goal(s) for child(ren). The focus should be on how families will be living differently to help keep the children safe after the Children’s Division case is closed. Families and their safety network should be involved in the creation of the plan, implementation through service provision, and monitoring progress in behaviorally-specific steps. The plan must be constantly evaluated, monitored, and adjusted as necessary. Families should be given opportunities to incrementally demonstrate progress towards the safety goals. The efforts to re-envision the Missouri Practice model was a goal of the 2020 – 2024 Child and Family Services Plan. An update to the plan and more information on the assessment and planning documents are found in later sections of this report.

Child and family involvement in case planning (Item 13) is another item addressed in the PIP through strategies to improve parent engagement. The 66% (47/71) strength ratings from the most recent year of case reviews exceeds the PIP monitoring goal of 54%. Confirmation of goal achievement was received from the Children’s Bureau following the April 2019 – March 2020 case review results. The Children’s Division has maintained or exceeded the benchmark since that time. The chart notes case review results for the past four rolling years.



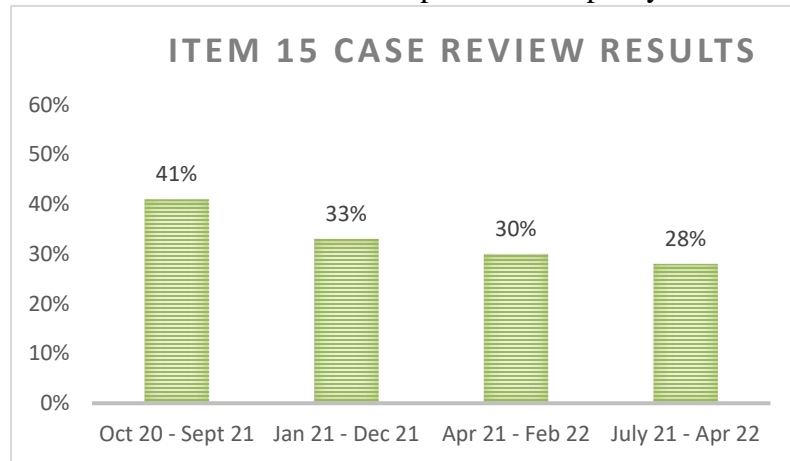
With the introduction of the Initial Family Assessment and Social Service Plan in August, 2021, weekly visitation with the parents following a child’s entry into foster care was reinforced, to begin engaging parents in planning for the reunification of their family. Regular Family Support Team meetings and court hearings also provide valuable opportunities for children and families to be a part of case planning.

Children’s Division has historically performed well in the frequency of worker with child visitation for children in alternative care, as evidenced in the Monthly Caseworker Visit Formula Grants section of this report. Monthly reports are provided to the supervisor and management staff of the Children’s Division and Foster Care Case Management (FCCM) agencies to help track visitation between case managers and foster children. Data from the most recent year of case review results notes strength ratings in Item 14 for 75% (55/73) of cases. The PIP monitoring goal of 74% was met following the July 2020 case review with 78% compliance for Item 14. Confirmation of goal achievement has been received from Children’s Bureau. Case



review results support that the frequency of visitation with children is a strength for the Children’s Division, with 97.3% rated positively. However, the quality of visitation score falls to 75.3%, primarily due to not consistently visiting with children alone for a portion of each visit. It was especially a concern for young children who may not be verbal, but older than an infant, as instructed in the case review tool.

Visitation between the case manager and the parents is also an area for improvement for the Children’s Division and is critical to parent engagement in the assessment of needs and services to resolve the issues which brought the family to the Children’s Division’s attention. Results of the CFSR indicated 43% of cases reviewed received strength ratings for worker/parent visitation. Results of the case reviews completed in the past year in the FACES system indicate only 28%



(19/68) of the cases received strength ratings. The Children’s Division exceeded the PIP measurement goal of 35% and Missouri received notification that this goal was achieved following the April 2019 – March 2020 case review. As noted in the chart, performance for Item 15 has continued to decrease in the most recent four

rolling years of data. Consistent with the CFSR, results of the most recent case review data for visitation with mothers (56% strength for both frequency and quality) is higher than the results for fathers (32% for frequency; 56% for quality). The importance of parent engagement, especially with fathers, is continually emphasized by the Performance and Quality Improvement team within the Quality Assurance System as they meet with regional field staff.

*Wellbeing Outcome 2*

The assessment of and provision of services for educational needs of children are areas which the Children’s Division cannot practice in a vacuum. It is imperative to partner with local school districts at the case level and with the Department of Elementary and Secondary Education (DESE) at the state level. While the case review outcomes have been strong with 83% strength ratings during the CFSR and 91% (49/54) strength ratings for FACES case reviews, there are continual efforts to engage school aged and early education partners. As evidenced in the Regional Collaboration section, many local Children’s Division offices partner well with the school districts within the circuit. In January 2021, the Governor of Missouri signed an Executive order to increase collaboration between most state agency programs serving pregnant women and families with children up until kindergarten entry. This has led to the establishment of the Office of Childhood (OOC) within the Department of Elementary and Secondary Education beginning in August 2021. Early education programs such as Home Visiting and Head

Start are now housed within this new office. More information about these programs can be found in the Service Array and Agency Responsiveness to the Community portions of this report.

### *Wellbeing Outcome 3*

Wellbeing Outcome 3 focuses on the physical and mental/behavioral health of children. Overall, the outcome was determined to be substantially achieved in 58% of the CFSR cases and 57% (40/70) of the cases reviewed during the past year using the FACES case review tool.

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 and behavioral health care.

Sixty-six percent (66%) of cases reviewed during the CFSR were found to be strengths in Item 17, physical health of the child. Of the cases reviewed in the FACES system during the past year, 59% (41/69) 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 (AAPD) 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. Even with the updated guidance, dental health care for young children continues to be a barrier to strength ratings for Item 17.

For Item 18, which focuses on the mental and behavioral health, CFSR results from 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 86% (36/42) of cases reviewed in the past year in the FACES system.

Missouri has many initiatives which support the physical and mental health well-being of Missouri's children. A more comprehensive policy on informed consent was recently adopted. The policy also introduced a training package for case managers and foster parents to help clarify their roles and responsibilities as medical/mental health consenters.

The Children's Division has entered into a contract with the Center for Excellence, through the University of Missouri, to provide mental health consultation. Case managers can request a consultation on a variety of topics, including psychotropic medication. For more information about the state's efforts regarding the physical and mental health wellbeing of children, please refer to the Healthcare Oversight and Coordination Plan (Attachment A).

## **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 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 reporting and best practice. Case Managers must use FACES as a case management tool; therefore, they are expected to enter assigned case information. The Social Service Specialist must record any placement changes into FACES within 24 hours of the placement. 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 can 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 from the home. 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 of Social Services, 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 allows staff to select "unable to determine" race in addition to another known race, as required for National Youth in Transition Database (NYTD) reporting. In addition, FACES allows a client to decline to report their race if they wish to do so.

All placements entered are tied to the financial and licensing system. This ensures placements are valid and licensed, and appropriate payments are 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.

Data is reviewed for errors prior to the federal AFCARS submission every six months. 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 members of 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, Quality Assurance System (QAS) staff use a monthly data file received from the Research and Evaluation Unit 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.

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

### **Case Review System**

#### **Item 20: Written Case Plan**

Permanency planning and its inherent decision-making permeate the child's placement in out-of-home care. The goal of out-of-home care is to provide each child who enters custody a safe and stable environment with nurturing caregivers. This goal implies no child should be allowed to drift or linger 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's placement 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 supports/advocate, placement provider, currently involved treatment providers and school personnel. A child must have a FST meeting even if it is anticipated the child will be reunified with parents within a short period of time. FST meetings are conducted according to the prescribed time schedule for as long as the court holds jurisdiction of the child, the Children's Division has custody, and the child is in an out-of-home care setting. This schedule is noted below. FST meetings are believed to be an effective vehicle for moving children to permanency as case planning decisions are made during these times.

#### **Family Support Team Meetings**

- 72 hour meeting (preliminary case plan and concurrent plan established)
- 30-day FST meeting (case plan and concurrent plan established)
- 60-day FST meeting (review of case progress)

- 90-day FST meeting (review of case progress)
- FST is held at least every 30 days until adjudication by the court
- 6-month FST meeting (review of the case plan; possible change of plan)
- 12-month FST meeting (review of the case plan; possible change of plan)
- 18-month FST meeting (review of the case plan; possible change of plan)
- FST is each six months as long as the case is open
- FST can be held at the request of any team member at any time

Placement Stability FSTs are held prior to any child moving from a placement or within 72 hours if the move was an emergency. During 2020, The Missouri Model combined elements of both Signs of Safety and Framework for Safety models to provide structure and common language in practice to capture the commitment to team engagement, case planning, and family safety. The revised Alternative Care Model provides consistent structure for case planning that provides the Division and courts a common language to capture and measure movement within a case. After a child enters Alternative Care, there is a 30 day assessment period. During that assessment period, the Case Manager will begin engaging the family and corresponding with the Family Support Team. The Case Manager, along with the family and support team will assess many dynamics of the family and the reason(s) the child entered Alternative Care through completion of the Initial Family Assessment. They may also utilize the Initial Family Assessment Attachment for any additional households where the child may also stay and/or where additional parents reside. This gives everyone on the team the opportunity to have a voice in assessment and planning of the case. If additional parent/caregiver or guardians are not identified or accessible within the first 30 days of the case, the Case Manager will complete the Initial Family Assessment Attachment with the additional parent/caregiver/guardian(s) at any point in the case they became known and involved. The tool “FST Guide” is available for staff and can be used as a guide for case planning during Family Support Team Meetings.

During the initial assessment period, the team is utilizing the information from the Initial Family Assessment(s) to develop the case plan through completion of the Social Service Plan (SSP) and Child Assessment and Service Plan (CS-1). As part of the ongoing development of the Social Service Plan to combine all elements of case planning and progress, the information currently captured in the CS-1 will be absorbed into the Social Service Plan to lesson redundancy and streamline capture of information into one family document. The SSP identifies the goals, services and steps the family will take to remedy the factors which caused the child to enter Alternative Care. The SSP also identifies all child’s needs, plans to meet those needs and any services provided. Both the Social Service Plan and CS-1 are documented in the FACES system. The Social Service Plan will capture all case activities from opening to closure and circumstances that drove those activities and decisions throughout the case. The CS-1 is then reviewed and updated as needed every 30 days until adjudication and every 6 months thereafter.

The SSP is designed to be a dynamic form to which information can be continuously added over the life of a case. The initial Social Service Plan is to be completed within the first 30 days of case opening and the safety goals and plan to meet those safety goals shall be submitted to the team and court at the initial Disposition hearing. Social Service Plan Reassessments will continue to occur through the life of the case, not to exceed every 90 days. When all children involved in the case are no longer in LS-1 status, a closing SSP assessment must be completed prior to closure of the case or transfer to the guardianship/adoption subsidy worker.

This item was not found to be in substantial conformity with federal requirements during the CFSR conducted in July 2017. As a result, a complete restructuring of how information is gathered, engagement and planning with families and the support team, how safety threats are identified and verbalized, and how information is presented to the family, team and court has culminated in the revised AC Missouri Model which was implemented in August 2021. Phase 1 of this model is currently being utilized and the elements within the Social Service Plan will continue to be developed to capture all case planning activities in one location. When this is accomplished, the Social Service Plan will be utilized as the court report to reduce redundancy in work and provide the team and the court an opportunity to review an all-inclusive document.

The Quality Assurance System and several practice champions throughout the state have completed three quarterly case reviews to learn about implementation of the Initial Family Assessment and the Social Service Plan. The results have indicated that completion rates are less than desired. Because of the noted concerns, staff focus groups were conducted in 14 areas of the state during the month of May, 2022 to examine the lack of completion. At this time, plans are being considered to help with implementation of the Social Service Plans.

#### Item 21: Periodic Reviews

Periodic reviews for children in foster care occur at least every six months within the court process. 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 six 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 the 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 coincides with the FST meeting schedule. In addition to the 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 describes 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 97.7% of the time during FFY21 (8,892/9,102).

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

#### 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 FY19, 96% of the required 53,395 Child Abuse and Neglect Hearings were held timely. Annual permanency awards are given to those circuits with an average 100% timeliness. In FY19, 20 circuits received the Supreme Court Permanency Award. Missouri has successfully provided timely permanency hearings for the past several years and this item was determined to be in substantial conformity during the 2017 CFSR.

There was a decrease from 20 circuits in FY19 to five circuits achieving 100% timeliness in FY20. FY21 brought a slight increase to the timeliness of hearings. Sixteen circuits achieved 100% timeliness of hearings. Of the remaining 30 circuits, 16 circuits held at least 95% of the required hearings timely despite the situations beyond their control and 5 circuits held at least 98% of hearings timely. Of the 50,763 required hearings, 93% of them were held on time.

#### 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. The Children's Division is also authorized to file a petition for termination of parental rights with the assistance of the Permanency Attorney Unit or the 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 Permanency Attorney Unit, where available, or 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.

Data from the Office of State Courts Administrator indicate that TPR had been filed for 1,996 of all children in custody as of 3/3/22. This is an increase from the previous year of 810, which was significantly lower than previous years and points to the impact of the COVID-19 pandemic. Of the 1,996 children for whom TPR had been filed, the filing occurred within 15 months of the child’s entry into Children’s Division custody for 667 children (33.4%). This also indicates a slight increase than the percentage of timely filings for last year. Filing of TPR occurred within 15 months of the child’s entry into custody 37.7% of the time as of April, 2020 and 31.1% as of April, 2021.

Several strategies within the PIP were identified to impact this area. Within the Permanency Attorney Initiative (PAI), attorneys have been hired in select areas of the state to represent the Children’s Division staff in court. Previous to these positions, all legal support was provided by the DSS Division of Legal Services (DLS) in a limited scope due to staffing restrictions. With the additional positions, the PAI attorneys can file petitions on behalf of the Children’s Division

and represent workers in court. Separate from the Permanency Attorney Initiative, Court Technical Assistance Teams were also described in the PIP and provide an opportunity for circuit court and Children's Division staff to meet together regularly to discuss data and identify processes to strengthen permanency. The statewide group which supports the local teams produced a TPR referral packet to be used throughout the state. Previous to this, each circuit had a unique packet of information which could at times become burdensome.

Missouri was not found to be in substantial conformity with the requirements for Item 23 during the July, 2017 CFSR.

#### Item 24: Caregiver Notice and Right to be Heard

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 <https://dss.mo.gov/cd/foster-care/pdf/fcresource.pdf>. The handbook informs the caregiver they are part of a team, including when in court, and that their opinion does matter and to voice their thoughts. The handbook also includes the Foster Parent Bill of Rights; RSMo 210.566. 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 page numbers 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 have 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. The survey data is collected by the Quality Assurance Unit at Central Office. One statement on the survey asks if resource parents are informed of court hearings and another statement asks if they have had the opportunity to be

heard in court hearings. The statewide survey data from 2021 showed that 88% of resource families responded that they are informed of court hearings and 82% of resource families responded that they are provided the opportunity to be heard in court hearings.

Based on stakeholder feedback, the CFSR in July 2017 indicated this item was an area which needs improvement.

**Quality Assurance System** Please see the Quality Assurance System section of this report.

### **Staff and Provider Training**

#### **Item 26: Initial Staff Training**

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 combined with on-the-job training. The formal, classroom training is provided by central office trainers and the on-the-job training is provided by local supervisors or specialist in the employee's own area. The on-the-job training has activities that are designed to help the employee see how the classroom applies to the actual work. The regions are able to provide additional activities that highlight regional differences in practice.

In August 2020, The Children's Division restructured the Professional Development and Training Unit from a regionalized structure to a centralized structure. The trainers are all centrally supervised at this time with the ability to train employees throughout the state. Each region has on-the-job training teams that facilitate the on-the-job training into their training structure and meet their individual region's training needs.

Foster care case management contractors 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. Contractors that choose to offer their own training have attended a trainer the trainer presentation on the Children's Division's training. The on-the-job training utilized by Children's Division staff has been slightly modified to meet the contractor's needs. When contractors take CWPT with Children's Division, this is tracked through the ELC. When contractors are trained through their own CWPT classes, it is tracked by the training agency. These records are available when requested by Children's Division. Children's Division is working on a better way to track contractor's completion of CWPT at this time.

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

New Employees are enrolled in a ten week on-the job and classroom curriculum. On-the-job training is provided as pre-work and post-work to the classroom. The On-the-job training will start before the classroom component begins. Often there is homework before class to assist in

the understanding of key concepts. Then there are activities after the class has completed to help the new employee apply concepts learned in the classroom to the field. The new employee is required to complete the following classes:

**OJT Foundations-** This on-the job training starts the first week of training. It provides pre-work activities involving philosophy, understanding the laws guiding the Children's Division, and becoming familiar with policy and procedures. The employee also completes a self-evaluation according to the competencies addressed in the training. The post-work activities include further exploration of the code of ethics, understanding the components of culture, practicing interaction skills, an introduction to child development and asking questions and looking for protective capacities and child vulnerabilities in the field. 14 hours of training credit

**CWPT Foundations-** This competency-based curriculum is the second week of training. It includes an overview of the Agency and the legal basis for Children's Division work. During all topics participants practice and hone their critical thinking skills. The content includes evaluation of participants' values and beliefs and how they align with the agency. The agency's mandate around child safety is introduced to participants. Included in the curriculum is a discussion around the NASW code of ethics. Participants will be introduced to the Framework for Safety concepts around threats/worries, what makes a child vulnerable, and protective capacities on the part of caregivers. 20 hours of training credit

**OJT Practice Model-** This on-the-job training starts during the third week of training. The pre-work activities include exploring how children's experiences affect their behavior, how the participant's own childhood affects how they view the families they meet, an introduction to Signs of Safety and learning child development stages. The post-work activities include awareness of bias, demonstrating an understanding of trade-offs, applying Signs of Safety learned in the practice model class, identifying trauma in the field and shadowing team decision making meetings. 16 hours of training credit

**CWPT Practice Model I-** This classroom experience is provided during the third week of training. It introduces the key concepts and elements of a wellbeing orientation including the Five Domains of Wellbeing (5DW) and the concept of tradeoffs, as a foundational framework and approach for working with families and colleagues. The course will provide an increased understanding of the primary drivers of behaviors and how and why people make decisions. A Skills practice around identifying and listening for challenges and tradeoffs in the 5DW in participant's own lives and the lives of those they will work with is included. The third day of the class introduces trauma and its effects on the families Children's Division serves. 18 hours of training credit.

**CWPT Practice Model II-** This classroom experience is provided during the fourth week of training. This course introduces participants to the Signs of Safety practice. Participants learn the

building blocks of the practice that includes engagement, harm statements, danger statements, complicating factors strengths, and existing safety. Participants will learn more about immediate safety assessment and interventions, and the use of the safety network to help keep children safe. Participants will learn three column mapping, family mapping, scaling, and assessment techniques to use with children. 18 hours of training credit.

OJT Child Abuse and Neglect- This on-the-job training starts during the fifth week of training. The pre-work activities include learning about the laws around investigations, training on being a mandated reporter, training on safe sleep, shadowing an investigation and an introduction to court. The post-work activities included additional shadowing of investigations, the use of timelines, knowing how and when to use the Child Advocacy Centers, completion of diligent searches and the referral process for developmental assessments. It also includes an e-learning on understanding protective custody. 16 hours of training credit

CWPT Child Abuse and Neglect- This classroom experience is provided during the sixth week of training. This competency-based training introduces participants to the statutory mandate to receive and respond to child abuse and neglect reports. Participants will learn state law, agency policy, and rules and regulations that govern this program area. Participants will practice interviewing skills as well as practice assessing and responding to threats of safety. Participants will learn how to engage family court and other multi-disciplinary teams that assist in the response to allegations. Participants will also become familiar with making a conclusion, notifications, and the appeal process. 25 hours of training credit.

CWPT Team Decision Making- This classroom experience is provided during the seventh week of training. The Team Decision Making CWPT classroom training supports and builds upon the On-the-Job training staff receive prior to and after the classroom experience. Participants will be able to identify the key elements of the TDM process. The content includes discussions about the important roles of parents, caregivers, youth, extended family and community partners. Content also provides for an understanding of how the TDM process can meet the child/youth's need for safety, permanence and well-being. 4 hours of training credit

CWPT CA/N Systems- This classroom experience is provided during the seventh week of training. CA/N Systems provides instruction and practice opportunities in the FACES screens that would most frequently need to be completed over the course of a Child Abuse or Neglect report. Workers also have the opportunity to familiarize themselves with the purpose of the information that is required. Workers accept a practice hotline report and enter information into the system from beginning to closure. 4 hours of training credit

OJT Intro to Case Management I- This on-the-job training starts in the seventh week of training. Pre-work activities include becoming familiar with community resources, filling out releases,

making referrals to court, court preparedness, and helping parents work on child development skills. Post-work activities include understanding the role of team meetings and how teams work, shadowing the beginning of the case and the tools used for assessment, shadowing the end of a case and testing the safety plan, use of safety network meetings, conflict resolution, testifying and use of appreciative inquiry with families. 12.5 hours of training credit.

CWPT FCS/Prevention- This classroom experience is provided during the eighth week of training. This competency based curriculum introduces new team members to case management with an intact family. Participants will study the Generalist Intervention Process and the activities needed to engage, assess, plan, intervene, evaluate, and terminate through the life of a case. Participants will look at creating immediate safety interventions as well as plan and create long-term safety. 20 hours of training credit

CWPT Case Management Systems I- This classroom experience is provided in the ninth week of training. Case Management Systems, Part 1 provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of a Family-Centered Services case. Staff members open a practice case and enter information into the system from opening to closing. 4 hours of training credit

OJT Intro to Case Management II- This on-the-job training starts in the ninth week of training. Pre-work activities include information on Multi-Ethnic Placement Act, training on the Indian Child Welfare Act, training on permanency planning/concurrent planning, information on foster care and rights, how to facilitate meetings, shadowing court hearings, understanding relative and other placements, older youth and shadowing of worker visits for children, parents and placements. Post-work activities include information on Interstate Compact for the Placement of Children, demonstrating 24 hour contacts, demonstrating meeting facilitation, use of timelines, understanding child behaviors, writing court reports, and referring subsidy. The self-evaluation from week one is again completed by the worker and their supervisor. 23 hours of training credit

CWPT Alternative Care- This classroom experience is provided during the tenth week of training. This competency-based curriculum provides participants with the knowledge of the impact of out-of-home placement on children and families. Participants explore the family-centered out-of-home care process which includes: Adoption and Safe Families Act (ASFA), reasonable efforts, permanency goals, developing and utilizing permanency planning, and an understanding of permanency time frames. Participants discuss placement planning and selecting a home for a child, including planning for Older Youth in placement. Specific attention is placed on facilitating family support team meetings, court testimony, and ongoing responsibilities of staff including the continuous work of ensuring the safety and well-being for those children/youth who are in the care and custody of the agency. 20 hours of training credit

CWPT Case Management Systems II- This classroom experience is provided during the tenth week of training. Case Management Systems, Part 2 provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of an Alternative Care case. Staff members open a practice case and enter information into the system from opening to closing. 4 hours of training credit

### Child Abuse and Neglect Hotline Unit

The Hotline offers four weeks of training for new employees. A new session is determined when new staff are hired to the hotline. The classes can be very small (one to two employees) or can be larger. Staff start training in the classroom and then the training is moved to a section of the floor. After the training is completed employees are assessed to see if additional one on one training is needed before the employee is allowed to take calls. The calls are monitored in several ways after the employee leaves training. Calls may be listened to live or on a recorded option. The employees also need to have manager approval for a determined amount of time between trainers and supervisors before their training is considered complete.

Hotline training consists of:

- Week one- policy/procedure/philosophy- 40 hours
- Week two- Referrals and Call procedure- 40 hours
- Week three- Assessments and taking calls- 40 hours
- Week four- Investigations and taking calls- 40 hours

From April 1, 2021 - March 21, 2022, 20 cohorts (361 team members) have started or are currently engaged in the standard CWPT, Child Welfare and Practice Training. 274 team members have completed the training with an additional 31 team members currently completing training. Team Members starting training from April 1, 2021 to present have completed, or are in the process of completing, training at an 84% completion rate with 16% of the team members leaving their position. One team member that is currently still employed by the Children's Division did not complete the training within timeframes. Surveys are conducted at the end of each of the courses as to how the team members perceived the training in the following areas- Objectives being met, Relevance to the job, knowledge of the instructors, and effectiveness of the instructors. The survey scale is from zero to ten. The following survey results have been obtained:

- Foundations:
  - Objectives- 300 responses, average scaling 9
  - Relevance- 300 responses, average scaling 9
  - Knowledge- 300 responses, average scaling 10
  - Effectiveness- 300 responses, average scaling 9

- Practice Model I:
  - Objectives- 298 responses, average scaling 9
  - Relevance- 298 responses, average scaling 9
  - Knowledge- 298 responses, average scaling 9
  - Effectiveness- 298 responses, average scaling 9
- Practice Model II:
  - Objectives- 280 responses, average scaling 9
  - Relevance- 280responses, average scaling 9
  - Knowledge- 280 responses, average scaling 9
  - Effectiveness- 280 responses, average scaling 9
- Child Abuse and Neglect:
  - Objectives- 252 responses, average scaling 9
  - Relevance- 252 responses, average scaling 9
  - Knowledge- 252 responses, average scaling 9
  - Effectiveness- 252 responses, average scaling 9
- Facilitating Team Meetings:
  - Objectives- 130 responses, average scaling 9
  - Relevance- 130 responses, average scaling 9
  - Knowledge- 130 responses, average scaling 9
  - Effectiveness- 130 responses, average scaling 9
- Child Abuse and Neglect Systems:
  - Objectives- 298 responses, average scaling 9
  - Relevance- 298 responses, average scaling 9
  - Knowledge- 298 responses, average scaling 9
  - Effectiveness- 298 responses, average scaling 9
- Prevention/FCS (Case Management I):
  - Objectives- 242 responses, average scaling 9
  - Relevance- 242 responses, average scaling 8
  - Knowledge- 242 responses, average scaling 9
  - Effectiveness- 242 responses, average scaling 9
- Prevention/FCS Systems:
  - Objectives- 195 responses, average scaling 9
  - Relevance- 195 responses, average scaling 9
  - Knowledge- 195 responses, average scaling 9
  - Effectiveness- 195 responses, average scaling 9
- Case Management II (AC):
  - Objectives- 224 responses, average scaling 9
  - Relevance- 224 responses, average scaling 9
  - Knowledge- 224 responses, average scaling 9
  - Effectiveness- 224 responses, average scaling 9



- Case Management Systems II (AC Systems):
  - Objectives- 173 responses, average scaling 9
  - Relevance- 173 responses, average scaling 9
  - Knowledge- 173 responses, average scaling 9
  - Effectiveness- 173 responses, average scaling 9

Currently, CWPT is being restructured and will be implemented for FY2023. The new structure is a combination of e-learnings and virtual trainings taught by the Staff Development Training Team. The new structure consists of a preservice model including the following components: Basic Knowledge of Children’s Division, Communication Skills, Professionalism, Abuse and Neglect Understanding and Tools. After the preservice training is completed, staff will enter into modules specific to their program line, either investigations or case management. The new training is structured around skills practice to allow for a seamless transition from primary training to the field. A variety of modalities will be used including e-learnings, virtual classroom, simulations and on the job experiences.

On-the-Job Training (OJT) will continue to be utilized to support connecting training objectives with the field experience. While On-the-Job Training will continue, there will be changes to OJT including utilizing a journaling approach for the learner. A determination on what OJT will look like will be made once the CWPT rewrite is completed.

In December 2021, the regions asked if the training unit would consider a three week CWPT that would focus on foundation learning and the specific program area for circuits where the staffing was under 45% capacity. This gave the training unit opportunities to pilot some of the new ideas for the rewrite. This class began on January 18, 2022 with five team members enrolled. The second class started on March 14, 2022 with an enrollment of eight people. These training classes are designed in a manner in which the team members begin with an understanding of the principles of the Social Service field, the Missouri Model, the new Structured Decision Making Safety Assessment and Facilitating Team Meetings, and the ethics involved in working with the families served by the Children’s Division. The second and third weeks of the training focus on the legal requirements, policies and practice, and the skills of conducting an assessment. During the three weeks the team members will continue with On-the-Job Training which is led by a Staff Development team member. Once the team members have completed the first three weeks they will be assigned assessment reports for their circuits. In six to eight weeks, they receive another week of investigations training so they are then able to take investigations. In the beginning of April, a new three week class for case management will be held. The first week will be exactly like the investigations but then week two and three will be focused on case management skills.

The Professional Development unit has created a case review in order to evaluate the effectiveness of CWPT. This is in the testing phase currently and will be utilized to compare the three and ten week classes to see if further training is needed for new employees in the future.

Missouri was not found to be in substantial conformity with the requirements for Item 26 during the July, 2017 CFSR.

#### Item 27: Ongoing Staff Training

The Professional Development and Training Unit was centralized in August 2020. The first centralized training began on September 5, 2020. The need for specific regional training is addressed by the regions and the Professional Development and Training Unit.

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. This training occurs after the pre-service training is completed. The Manager Center for the Employee Learning Center allows 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. Gap analyses are run for a number of required classes on the training plan. These are run quarterly to see what staff still need to complete them. Professional Development has been working on ensuring that all required classes are run regularly.

Chapter 210.180 RSMo states that Children's Division employees who are responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive no 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 no less than twenty hours of ongoing training each year on the subject of the identification and treatment of child abuse and neglect.

This 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 Trauma Toolkit, Safe Sleep and Legal Aspects, as well as external conferences, workshops, seminars and certain local community trainings. In FY2022, 90% of required staff have completed 52 hours of leadership training. The hours were completed by June 30, 2022. There is a greater increase from the previous year for staff completing their required trainings due to changes in COVID requirements. Many of the conferences and other events staff would attend for the required Chapter 210 hours have been reinstated and there have been more opportunities to meet the need for training than in the previous fiscal year. Professional Development staff continually evaluates how to help staff meet these requirements.

The Children's Division continues to focus training priorities in FY2022 on implementation and integration of the practice model. This training focuses on the foundational practice initiatives of Five Domains of Wellbeing, trauma-informed care, and Framework for Safety along with engagement skills from Signs of Safety. The Children's Division has also begun implementing a Structured Decision Making Process. A new safety assessment was formulated in conjunction

with Evident Change. The Safety Assessment tool was introduced to the Children Division Staff on October 1, 2021 by way of an introductory e-learning curricula with 92% of the required staff completing. In December, 2021, a virtual companion training was launched. As of March 18, 2022 there have been 32 sessions trained providing 827 team members instruction in the utilization of the tool. The evaluations for the class are overall high. The average score for the relevance of the class is at 9 out of 10, trainer effectiveness averaged 10 out of 10 and the application of knowledge and skills averages 9 out of 10.

Human Trafficking is another class that is required to be completed within the first year of employment. This class was previously taught by a contractor and each region set up their classes with the contractor. Children's Division decided to bring training for this class in-house in 2021. A new e-learning was designed alongside a follow-up instructor led class. There are three parts to the Human Trafficking training. First, there is an e-learning on how to use the evaluation tool. Second, there is an e-learning for introduction to human trafficking. Last, there is a virtually led class for the Advanced Human Trafficking. One hundred sixty-one (161) staff have been trained since October 2021.

Trauma toolkit is required to be completed within the first year of employment. This class is taught by the Professional Development Team. The evaluations for the class are overall high. The average score for the relevance of the class is at 9 out of 10, trainer effectiveness averaged 9 out of 10, objectives met is 9 out of 10 and the application of knowledge and skills averages 9 out of 10. The Professional Development Team continues to offer classes for staff as needed to be trained in the Trauma Toolkit. One hundred eighty-nine (189) staff were trained on this curriculum during the year.

The Children's Division is developing a new evaluation system for training in FY2022 utilizing the Kirkpatrick 4-Level Model of training evaluation. The training will be evaluated by surveys, test of knowledge, application in the field, and targeted outcomes. This is scheduled to roll out in FY2023.

The Leadership and Professional Development Team are teaming with the University of Missouri St. Louis (UMSL) to provide simulations. UMSL is scheduling a train the trainer for the Professional Development trainers. This training will allow the trainers to facilitate simulations built by FORECAST. Additionally, a new simulation will be built with a case management focus. The Children's Division is also researching virtual reality. The Accenture VR tool will allow safety assessment interventions by the trainee assessing for safety and risk factors. The evaluation team will be developing a program to evaluate the effectiveness of these training tools.

The Children's Division continues to utilize The Manager Center in Employee Learning Center to 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 or in cases of specific identified needs.

Supervisors are required to obtain 52 hours of LDR, Leadership Development Rule, per year. With the addition of Missouri Learning, supervisors will be expected to spend an average of one hour per week on their professional development. The new program offers all state employees a variety of topics through an online source. As of March 21, 2022, 26% of supervisors and managers have completed their LDR hours with over 77 % having over half of their hours completed. All Missouri Learning (Linked-In Learning) classes will be considered Leadership Development Rule. During the current fiscal year supervisors have completed 5,238 hours of approved supervisory classes/seminars considered Leadership Development Rule.

A newly formed Supervisor Training is in the final stages of development and will be initiated with a goal of late spring or early summer. This training will focus on the roles of child welfare supervisors: educational, supportive, administrative, and clinical supervision.

Missouri was not found to be in substantial conformity with the requirements for Item 27 during the July, 2017 CFSR.

#### Item 28: Foster/Adoptive Parent and Facility Staff Training

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.

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.

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, and seven hours of Importance of Sibling Placement. A new training, Resource Provider Curriculum for Trauma will add another 12 to 16 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. Another required training introduced in July 2019 is Psychotropic Medication Management. It is a required pre-service training for licensure. In the survey results for 2021, 92% of resource parents responded that they think the training they have received is convenient to meet their needs and 94% responded that they have been provided training which has been helpful in their role as a resource parent.

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 2021, there were 2,641 licensed foster homes. Of those, 1,236 were in the initial licensure period. For 93% of the homes (1,236/1,325), all required household members had completed 30 hours of pre-service training prior to the home being licensed. The remaining homes were in a subsequent re-licensure status. Eighty-four (84%) percent of homes were re-licensed with all household members receiving at least 30 hours of in-service training (1,110/1,316).

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 2021, 1,594 adoptive homes were in the initial approval period. Of those homes, ninety two (92%) percent received the required training prior to initial approval.

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.

As of February 2022, 198 resource parents have completed the outcome baseline, the pretest, and the first self-assessment for the NTDC training, exceeding the goal of 160 parents. In addition, those Resource Parents have access to Right Time Trainings. Right Time Trainings are trainings that are available on the internet and can be completed in real time as needed.

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 Northeast and St. Louis Regions continue to use the STARS training.

In response to concerns reported to Department of Social Services regarding how long it takes to complete the licensure process of a new resource home applicant, a taskforce was developed in late spring of 2019 to explore the barriers and how to expedite the process. The result was a project to develop a pre-service training that takes less in-class training time. The Southern regional training units worked together during the summer of 2019 to create STRONG (Supportive Team Relations for Ongoing Nurturing and Growth of Children and Families). The STRONG pre-service training incorporates the required competencies as identified in licensing regulations and the Children's Division's practice model topics of Trauma Informed, Signs of Safety and Five Domains of Well Being initiatives. The Southwest Region and Southeast Region began a pre-service pilot of the new pre-service in September 2019. Initial responses of trainers and trainees is very positive.

The Children's Division will have outcome data from the NTDC, STRONG, and STARS pre-service training to determine which training is most beneficial for children and resource parents by September of 2022. One pre-service curriculum will then be selected for the entire state, based on the data and outcomes.

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). As a general rule, the agency has 30 days from the date of the supervisory visit to submit the corrective action, but variations can occur.

RPU Licensing staff conduct supervisory visits during the two (2) year licensing period for all licensed residential agencies. Supervisory visits may include but are not limited to; review of a random sample of personnel records, review of a random sample of resident records, inspection of the building and grounds, review of program and/or policy changes, review of non-compliances found on a previous supervisory visit. Training is reviewed in the personnel records. Licensing staff will review a random sample of personnel records for compliance with licensing regulations. At least three personnel records from each licensed agency are reviewed in-depth each year. In addition, 10 or 10%, whichever is greater, of the agency's personnel records are reviewed for compliance with background checks each year. Licensing staff verify that the personnel have received their 40 hours of training annually and that they have received all of the required trainings per licensing regulations. Licensing staff will verify that direct care staff and supervisors are current with CPR/First Aid, Medication Management, and Restraint/De-escalation, if applicable.

Item 28 was not found to be in substantial conformity during Round 3 of the CFSR.

### **Service Array and Resource Development**

#### Item 29: Service Array

##### Services Assessing the Strengths and Needs of Children and Families

The Children's Division primarily becomes aware of children and families who might need services through referral to the Child Abuse/Neglect Hotline. The Children's Division assesses the strengths and needs, to include service needs, of children and families through the investigation/ assessment process. Investigation/assessment services reach all jurisdictions throughout the state of Missouri and are provided by Children's Division staff. If it is determined families need 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. First Steps is another early childhood program 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 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.

In January 2021, the Governor of Missouri signed an Executive order to increase collaboration between most state agency programs serving pregnant women and families with children up until kindergarten entry. This has led to the establishment of the Office of Childhood (OOC) within the Department of Elementary and Secondary Education (DESE) beginning in August 2021, providing the opportunity for home visitation programs from DESE, DHSS, and DSS to become the Home Visiting Section within the OOC. In this newly formed office, the DSS Home Visiting Program (now titled Child Abuse and Neglect (CA/N) Prevention Home Visiting), has the opportunity for direct collaboration with the DESE Home Visiting Program, which currently implements the Parents as Teachers model in all Missouri school districts. The program provides various opportunities for parents to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of Home Visiting, they are referred to a Head Start or another early learning program to maintain educational services with the family.

#### 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 aim to prevent child maltreatment and promote healthy and appropriate parenting skills. FCS programming is available in all areas of the state and is provided by Children's Division staff.

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. An initial referral and intake meeting with the family

occurs to assess the family's need and commitment to participating in the program. Cases typically remain open for four to six weeks.

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.

Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS program is provided through purchased services by vendors contracted with the state. In July 2019, the IFRS program and the IIS program were combined into one contract to allow for services statewide. Previously, the IFRS program was only available to eight sites in the state. By combining the two programs it allows for more families to be served and loosens 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 referral requirements for both programs remain the same.

#### Services Helping Children in Foster and Adoptive Placements Achieve Permanency

Case management services for children in foster care are also provided statewide by the Children's Division staff or Foster Care Case Management contracted partners. Foster care is intended to be short term until permanency may be achieved. The goal for most children in foster care is to return to their caregiver(s) when circumstances which led to out-of-home placement have been resolved. However, sometimes, children are not able to return home, and another avenue to permanency is pursued.

The Older Youth Program (OYP) provides services to youth age 14 and older, regardless of the case plan, through life skills teaching and 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 was 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 come. 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 provide a mentoring program to help youth transition from care in DYS, they provide Youth Mental Health First Aid and continue to offer the curriculum Building Strong Families.
- At the heart of The St. Francois County Community Partnership efforts is a program called Project Sunshine. It strives to end the cycle of child abuse and neglect in that region of Missouri. It uses a multipronged approach to raise awareness of abuse and neglect, facilitate community initiatives targeting prevention, and coordinates resources, so assistance is readily accessible for those who need it.
- The Alliance of Southwest Missouri 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 is called "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.

Children's Division funds a variety of therapeutic and adjunct treatment services 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 has been revised and the following services have been added in an effort to provide more evidence-based services to facilitate better outcomes for children and families: behavioral health services, speech and vision therapy, Domestic Violence Batterer's Intervention Program, nursing services, personal assistance

(behavioral and medical), pervasive development services coordinator, and substance abuse treatment services. The contract revisions create a more streamlined contracting process and better define services and provider qualifications.

While many areas of Missouri are very rich in resources to help families maintain safety, permanency, and well-being, some rural areas face challenges in providing families with services they may need. Substance abuse treatment facilities, services for domestic violence victims and perpetrators, and mental health/counseling providers are commonly identified as service gaps in some areas of the state. The COVID-19 pandemic provided opportunity for service providers to be creative in the ways they met needs of clients throughout the state. Virtual options for therapies and counseling have expanded service provision for some families.

Service Array was found to be an area needing improvement during the CFSR held in July 2017. The Children's Division has partnered with the Department of Mental Health to pilot a program serving pregnant and post-partum women who have co-occurrence of mental health challenges and substance use concerns (IMPART). The Children's Division is exploring how the passage of the Family First Prevention Services Act (FFPSA) will aid the expansion of services available to children and families in Missouri. More information on prevention efforts in conjunction with FFPSA can be found in later sections of this report.

#### Item 30: Individualized Services

The 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 engagement tools. Mapping the worries, what is going well, and the 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 court hearings as well.

The introduction of the Social Service Plan provides the opportunity for families to have a voice in their service plan, including the chance to express preferences in service providers.

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.

### **Agency Responsiveness to the Community**

#### **Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR**

Missouri continues to consult with a broad array of stakeholders, soliciting their input about the Children's Division's overall goals and objectives, and is responsive to their recommendations. The Children's Division benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the central office and circuit levels through advisory groups, Family Support Team meetings, case reviews, program improvement planning meetings, Fostering Court Improvement meetings, and other collaboration meetings. Some examples include:

- CFSR Advisory Committee – Initially created in 2005 to provide feedback for the Program Improvement Plan, the committee continues to meet and assists in the evaluation of practice and outcomes and the development of the CFSP. 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 in the past year, to include placement stability, service array and permanency planning for children.
- State Youth Advisory Board - 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 to the Children's Division administrative staff with input on policy and procedures. The SYAB determines the goals and activities to pursue upcoming meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to their local boards.

- Missouri State Foster Care and Adoption Board – Established by statute in the 2011 legislative session, the purpose of the board is to provide consultation and assistance to the department; the board’s authority exists to provide an independent review of the Children’s Division’s policies and procedures related to the provision of foster care and adoption in Missouri.
- Healthcare Coordination Committee - This multidisciplinary team is 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 group meets quarterly to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care. Several members formed a sub-committee to dedicate more time and focus on the goal to examine children’s access to quality and meaningful behavioral health care.

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 19 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.

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 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.”

Since 2018, the Missouri Parent Advisory Council continued to meet on a regular basis via phone calls/virtual meetings and in person retreats to address issues families face in their communities to address systems that serve families. The PAC continued to work on defining roles within their group and established bylaws. The PAC was coordinated and supported by the Department of Health and Senior Services through an Early Childhood program. The Office of Childhood, housed within the Department of Elementary and Secondary Education, was established on August 28, 2021 to combine all of the state entities that involve early childhood to be under one roof for better alignment and coordination of services and support for parents and families at the state level. Due to this move, state level coordination and support of PAC moved to The Office of Childhood. Current work is occurring on expanding the reach and impact of the PAC through development of Regional Parent Advisory Councils. There will continue to be a State PAC. Regional PAC sites will use the World Café model to compile feedback, and State PAC representative will act as a liaison between state and local groups.

The Children’s Division is actively seeking to engage parents with past experience in Missouri’s child welfare system to apply for membership on the Parent Advisory Council and will be utilizing the council for feedback regarding practices and procedures which may have direct impact on parents served by the Children’s Division.

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.

**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 the 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 liaison appointed to 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 DHS 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.

In response to an executive order signed on January 28, 2021 by Governor Mike Parson, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This re-alignment of programs within one state agency would allow for greater opportunity for improved coordination of services, resulting in early childhood work across state government to become more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

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

These housing vouchers are designated for families known to the child welfare agency and are designed to keep families together, reunify families, and provide safe, stable housing for youth transitioning out of foster care. The Children's Division is 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. In SFY22, this recruitment program expanded to the St. Louis region, as well.

**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. 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.

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. 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 Subsection 8 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 226 relative homes approved for a foster home license in CY21 using one of the non-safety licensing standards. The standards that were waived to license the 226 homes were:

- Over the maximum number, 28
- Age of resource parent, 3
- Over maximum number of ages under five, 2
- Over the maximum number of children with elevated needs, 2
- Physician statement of immunizations up-to-date for all household members, 170
- Physician statement that all household members are in good physical and mental health, 71
- Required 30 hours of in-service training for license renewal, 6
- Location of the home, 2
- Size and floor plan of the home, 7
- Children of the opposite sex in the same room, 9
- 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, 3
- Drawer and closet space, 1

The 226 relative homes licensed using a non-safety standard represents 6.7% of the 3,331 relative homes licensed during CY21.

#### 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. Signs of Safety tools, such as 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 2021 there were a total of 12,944 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 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.

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 contedere* 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 above) 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 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 Home Please refer to Attachment B for the Diligent Recruitment Plan

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

Missouri has a strong Interstate Compact Unit to assure cross-jurisdictional placements for children are made to support children and youth. The ICPC Unit of two child placement coordinators, one hourly staff person and one manager process referrals within five days of receipt through the National Electronic Interstate Compact Enterprise (NEICE). Completion of home assessments by staff in Missouri are completed as quickly as possible so as not to delay potential placements into the state. The Missouri ICPC unit works collaboratively with other state ICPC offices to assure cases are processed in those states to allow Missouri children to be placed into receiving states when appropriate and safe. Internally, the Children’s Division assures, through an inter-county placement request, 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 to ICPC in the same manner as Children’s Division staff when the child under consideration for out of state placement is being managed by their agency. This management may be on behalf of the Division or of a child/ren who is in the agency’s 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.

Children served fiscal year 2021	3183
• Total placed out of MO	323
• Total placed into MO	533
• Requests from other states	701
• Requests to other states from MO	921

**Update to the Plan for Enacting the Vision**

**Revisions to Goals, Objectives, and Interventions**

The goals outlined in the 2020-2024 Child and Family Services Plan (CFSP) remain consistent with the findings of the Round 3 CFSR and efforts outlined in Missouri’s Program Improvement

Plan. Specific interventions may have been adjusted and, if applicable, will be identified within the discussion of each goal. Please refer to the Update on Progress Made to Improve Outcomes section of this report.

## **Implementation and Program Supports**

### Accenture

Beginning in spring of 2021, Children’s Division leadership began seeking out opportunities to partner with change management consultants in order to provide an overall assessment of the state’s child welfare structure, utilization of resources, and appraisal of roles/responsibilities. After a tumultuous year that included a pandemic, budget cuts, leadership changes, and increased workload leading to instability, the new leadership team sought to gain expert knowledge to assist in moving forward in the most efficient and effective manner.

In May of 2021, a scope of work was released to identify key areas of recommendation from professional consultants. The Children’s Division was seeking quick turnaround solutions to implement a streamlined, efficient, and effective state government management practice. Guidance was sought in the areas of staff distribution, role clarity, equitable workload distribution, streamlined structure, and references to better equip and train front line staff for workload, roles, and responsibilities. Accenture was the only vendor responsive to the request and a contract was finalized June 15, 2021. The kick off meeting took place on July 2, 2021.

While not all inclusive, the largest components of the work with Accenture included:

- Interviews with team members
- Organizational Health Assessment
- Communication strategies
- Resources and tools to provide ongoing analysis and support
- Assessment of needs through data driven processes
- Point in time assessment of caseloads and staffing
- More efficient structure through role clarity and responsibilities

Accenture also completed an in-depth, point in time data dive to include all information in the FACES system of record. According to the system of record, key data points included within the report show the following statewide averages based upon the data accessed in August of 2021:

- 16% of staff with case carrying titles are not carrying cases
- 56% of supervisors are carrying cases
- 1:4 average ratio of supervisors to caseworkers
- 1:15 average caseload ratio

The data demonstrated that there was much to learn about the way the work is distributed. It offered only a snapshot in time but demonstrated that the workload is not evenly distributed, nor is all work captured in the FACES system of record to adequately assess workload or time. The data analysis showed that there are many staff members who are underutilized while others are overloaded. In addition, the Children’s Division was able to identify that the statewide average is heavily skewed as a result of disparity in staffing between circuits as well as opportunities that were identified to better track and assess the information in the system of record.

The Accenture partnership provided the Children’s Division with tools for more ongoing, consistent evaluation to better know, assess, and utilize resources. This project has also resulted in actionable work plans, developed regionally on an ongoing basis, to distribute work equitably (template provided below) and identified structural changes needed to alleviate work from the field and build collaboration on a statewide level.

## EQUITABLE CASELOAD DISTRIBUTION

**REGION:** \_\_\_\_\_ **DIRECTOR:** \_\_\_\_\_

**CURRENT STATE & OPTION:** Insert screen shot of current and selected option

Program	Cases	Current			Option A				
		Caseworkers	Ratio	Target	Distance from target	Caseworkers A	Ratio A	Change A	Distance from Target A
CA/N	2	2	1	10	-1	2	1	0	-1
FCS	90	20	5	10	-10	20	10	-10	0
AC	144	11	13	200		8	14	-9	-2
Referrals	14	6	2	2		6	3	-1	2
Subsidy	7	6	1	200	-5	11	1	7	-12
Mixed	4011	63	49	25	78	68	46	5	73
<b>TOTAL</b>	<b>4236</b>	<b>118</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>ERROR: Row 2 Caseworkers</b>	<b>-</b>	<b>-</b>	<b>-</b>

S A M P L E

**PLAN:** Explain the steps that will be taken and the timing.

PROGRAM-SPECIFIC	PLAN/ACTIONS	TIMING
CA/N		
FCS		
AC		
Referrals		
Subsidy		
Mixed		
Additional Planning Steps		
Additional Planning Steps		
Additional Planning Steps		

The work with Accenture has also verified the need for an updated case management system. As technology has evolved and advanced, the FACES system of record has remained unchanged at Children’s Division. The Accenture analysis helped realize the many areas of the work that are

missing from the existing system of record, and how it does not adequately capture or demonstrate the work that is completed. This analysis helped to demonstrate how much of the work that employees complete, but receive no “credit” for within the documentation system. Additionally, measuring and managing caseloads for distribution has long been a very tedious and manual process that requires many hours of knowledge and labor to produce the necessary reports. A new case management system will allow the Children’s Division to create more data-rich reports in less time. It is clearer than ever that the FACES system is in need of replacement to ensure that existing resources are used in the best possible way.

The Accenture work also challenged a way of thinking within the Division. It is not how the work is different, but how is it the same. Replacement of the FACES system will not happen overnight and the Children’s Division wants to work to ensure consistency in its utilization across the workforce until it is replaced. If everyone uses FACES the same way, work can be distributed more evenly to help balance caseloads while also identifying constraints.

In summary, the Accenture work offered tremendous value to Children’s Division leadership to learn how to use tools and technology to their advantage, and how to more accurately use data to drive management decisions.

### Change and Innovations

In spring of 2021, it was recognized that Children’s Division was not only facing capacity issues, but a staffing crisis. While it is not possible to change the federal and statutory requirements of staff in regards to case management, leadership recognized there were opportunities to improve practice and processes to alleviate the overwhelming work load and take some of the stresses off. To that extent, work was initiated with Change and Innovations.

This consulting group has and continues to work with Children’s Division leadership to make recommendations as they critically and analytically look at processes from the time a hotline is made, through the life of the investigation and, if opened, the alternative case, and completing at permanency. While strides have been with this work, it still continues with the scope and timeline being intense and purposeful to be able to provide streamlined recommendations to make processes more efficient, less time consuming, and give staff more time working with children and families.

Recommendations have been made for intake and CA/N, with planning and/or implementation planning taking place, as follows:

- Modify the Intake Report to Match the Needs of Assessment and CANHU
- Simplify/Reduce Codes and Pathways from 30 to 10 or Fewer and Update CA/N Conditions

- Move DCN Research and School/Daycare Information Gathered Upfront
- Consolidate or Eliminate and Standardize Special Circumstances
- Maximize Availability of Supervisors for Staffings by Developing Group Communication Utilizing Existing Technology
- Attach an Audio Copy of Each Call to the Intake Report for the Assessment Worker to Provide Maximum Information
- Transfer Non-Caretaker Referral Calls to Law Enforcement and Transfer Educational Neglect Only Reports to the Juvenile Office
- Transfer Reports Missing Address and 3-hour Call-outs to Clerical for Additional Research (Eliminate 24-hour or 72-hour Call-outs)
- Open Up Online System for Child abuse/neglect Reporting (OSCR) to Permissive Reporters
- Broadcast Demographic Needs in Queue
- Update Sexual Behavior Chart
- Centralized Staffing Model

Recommendations are being presented, currently, for Family Centered Services and Alternative Care with the next program look being Resource and Subsidy.

### Casey Family Programs

Missouri Children's Division has received ongoing support from Casey Family Programs for many years, both through financial means and professional expertise. The support has increased the positive impact the Children's Division has been able to provide to children and families in Missouri.

Recent projects have included Judicial Engagement Team work in Kansas City and St. Louis, assistance in evaluation of the Child Abuse and Neglect hotline, support in development of the SDM Safety Assessment, and implementation of Family First legislation.

Projects for 2022 include a review and update of the SDM Risk Assessment; support in the area of placement stability to focus on needs of children entering foster care and partnerships with state and local mental health facilities to meet the needs of children with elevated behaviors, mental health concerns and substance abuse; and support for building therapeutic foster homes.

### Permanency Attorney Initiative

As noted earlier, the achievement of timely permanency for children was identified as an area needing improvement during Missouri's CFSR in July 2017. One of the Program Improvement Plan strategies to address this issue developed the Permanency Attorney Initiative (PAI). Until work on this PIP strategy began, Children's Division staff were legally represented in court hearings in very limited scope. A referral was provided to the Division of Legal Services for

specific, time-limited concerns which required legal action/advice. The introduction of permanency attorneys afforded staff in certain areas of the state the opportunity to have readily accessible legal advice and representation.

There are full-time equivalent (FTE) permanency attorneys housed in the Kansas City, St. Louis and Springfield metropolitan areas. An FTE attorney is also located in the 18<sup>th</sup> Circuit and contract attorneys take a significant role in the 39<sup>th</sup> and 46<sup>th</sup> circuits in the Southwest region and the 42<sup>nd</sup> circuit in the Southeast region. Additionally, contracted permanency attorneys provide legal support to Children's Division staff in numerous other areas. In total, Children's Division has 13 FTE and 25 contracted attorneys as of April, 2022. The attorneys serve 97 counties (39 circuits) in Missouri in some capacity.

The offices of the FTE attorneys are located with Children's Division staff and the attorneys have an open door policy, encouraging case managers to ask for help and informal advice. The attorneys are staffing all cases when the children have been in care for 5 months to determine if measures can be taken to reunify the children with their parents or otherwise achieve permanency. The attorneys bring a different perspective to the case that can expedite permanency.

The attorneys give legal advice on Children's Division strategy and objectives in addition to specific cases. They attend office-wide meetings and participate as part of the team. Although they are not making specific policy decisions, they have the opportunity to make suggestions from a legal viewpoint.

There is agreement in every office statewide that the attorneys make a major difference due to the support they provide Children's Division staff. All agree that Children's Division has a voice where permanency attorneys represent them. There is a culture change in that workers report feeling respected and valued in court. Even in cases that Children's Division is not represented by a full-time attorney, workers believe they are treated as equal partners in the juvenile court process.

Focus groups have been conducted and feedback was very complimentary of the program. The consensus of Children's Division workers is that the PAI program is the best thing that has happened to Children's Division in years. The overall theme of workers' comments is that they value and appreciate having an attorney and strongly desire to continue to receive representation.

### Health Information Specialists

The [Joint Settlement Agreement \(Agreement\)](#) requires the Children's Division (CD) to maintain a full-time employee to be solely responsible for overseeing the implementation of policies and procedures concerning the use of psychotropic medications for children in foster care.

In addition, the Agreement requires Children's Division to maintain an adequate number of full time staff members statewide for the purpose of gathering and maintaining full and accurate medical information and history for each child. Children's Division is required to have at least twelve (12) staff members and may adjust the number of staff depending on needs and circumstances.

Children's Division has established a central office representative to be the employee responsible for overseeing the Agreement requirements. The Central Office representative manages the Health Information Specialist (HIS) Unit. The primary responsibility of the HIS Unit is to ensure that all elements of the Agreement are reviewed, monitored, tracked, and documented. The HIS Unit has twelve Health Information Specialists and has been separated into two teams. The HIS teams are under the supervision of two HIS Unit managers. Each team member has been assigned specific circuits/regions within the State to assist staff with Agreement questions and concerns. The HIS Unit has a Program Specialist assigned to create/maintain reports and contracts.

The elements in the Agreement are contained in the following topics:

- Training for case management and contracted case management staff
- Psychotropic medication monitoring
- Medical records
- Reviews for the prescription and administration of psychotropic medications
- Informed consent/assent
- Compliance with specific Exit Criteria
- Establish and maintain a Psychotropic Medication Advisory Committee

Each year a focus within the HIS Unit is revising current and developing new trainings. The trainings include information on psychotropic medications, informed consent and interactive webinars with varying subjects. The importance of providing consistent up-to-date trainings for Children's Division and contracted case management staff is essential to the delivery of quality services.

A prominent emphasis of the Agreement is the review and improvement of services related to the prescription and administration of psychotropic medication for children in foster care. The HIS Unit has concentrated efforts on psychotropic medication monitoring through the collection of current and historical medical records and the procurement of a specific contract with an agency of qualified medical professionals to perform various reviews/recommendations related to psychotropic medication use. These recommendations are utilized by Children's Division and contracted case management staff to assist in the decision making process for informed consent/assent.

The Agreement requires Children's Division to meet specific standards related to several elements within the Agreement. A HIS team conducts performance reviews each quarter to assess compliance with the Exit Criteria contained in Exhibit B in the Agreement. Children's Division has retained the services of a Data Validator for purposes of verifying and reporting on a semi-annual basis Children's Division's compliance with the Exit Criteria.

Children's Division established a Psychotropic Medication Advisory Committee (PMAC) in September 2019. The Agreement requires the PMAC to meet quarterly and develop the [Excessive Dosage Guideline \(EDG\)](#). The EDG is a tool to identify the maximum recommended dosages for psychotropic medications. The EDG has been available for review since 2020 and has received positive comments from various community professionals. The EDG is scheduled to be reviewed each year to incorporate any new advancements in medical science, the development of new medications, changing clinical practice, and other considerations.

Children's Division has been collaborating with many divisions/units within the Department of Social Services, other Missouri State Departments, and community partners from the medical, legal, and business industry to implement and maintain the requirements within the Agreement. The HIS Unit staff continue to work towards providing the best possible services to children in foster care.

#### Council on Accreditation

The Missouri Children's Division first achieved accreditation through the Council on Accreditation (COA) on January 14, 2010. In an effort to maintain accreditation, the agency participates in an ongoing reaccreditation process approximately every four years.

COA reaccreditation requires that Children's Division implement standards of best practice related to COA's Public Agency Administration and Management Standards, Service Delivery Administration Standards and Service Standards. To demonstrate compliance with the standards, the reaccreditation process includes the submission of agency and regional self-studies and on-site evidence, as well as surveys to community partners, staff and consumers. The agency's Central Office and each region participates in a site visit process which includes a detailed review of the agency's implementation of the COA standards through review of policies and procedures, case reviews, and personnel and stakeholder interviews.

The agency's most recent cycle of site visits began in December 2018 when CD's Central Office participated in a COA reaccreditation site visit. Following the site visit, COA requested the agency provide a response to a Pre-Commission Report (PCR) requesting additional evidence related to the agency's implementation of the performance review process. Additional evidence



was provided to COA in March 2019, COA accepted the agency's PCR response and Central Office was found in compliance with COA's Public Agency Standards.

In April 2019, the Kansas City Region was the first of five regions to participate in the reaccreditation process with COA. After the reaccreditation site visit, COA requested the region provide a PCR response with additional evidence requested related to staff turnover and personnel satisfaction; supervisory responsibilities, supports and professional development; pre-adoptive services including information and support for birth parents; caseload sizes; and recruitment of personnel. Additional evidence was provided to COA in July 2019 and October 2019. In November 2019, the Kansas City Region was found in compliance with COA's Public Agency Standards.

In July 2019, the Southwest Region participated in the reaccreditation site visit process. COA did not request a PCR response and the Southwest Region was found in compliance with COA's Public Agency Standards in August 2019.

In September 2019, the Southeast Region participated in the reaccreditation site visit process. COA did not request a PCR response and the Southeast Region was found in compliance with COA's Public Agency Standards in October 2019.

In February 2020, the St. Louis Region participated in the reaccreditation site visit process. COA did not request a PCR response and the St. Louis Region was found to be in compliance with COA's Public Agency Standards in March 2020.

In September 2020, the Northern Region participated in a reaccreditation site visit process. The site visit was delayed from June 2020 due to concerns related to COVID-19 and additional time needed to prepare for a virtual site visit. COA requested a PCR response with additional evidence related to documentation of release of information forms in case files. Additional evidence was provided to COA in December 2020. In January 2021, the Northern Region was found in compliance with COA's Public Agency Standards.

As of January 2021, the Missouri Children's Division completed the site visit process and became eligible to apply for reaccreditation through COA. In January 2022, Children's Division applied for statewide COA reaccreditation. It is anticipated that Children's Division will enter into a reaccreditation agreement with COA in early 2022, which will include a timeline for future site visits.

In addition, the Central Office and each region are required to submit annual Maintenance of Accreditation (MOA) evidence in between reaccreditation site-visits. This documentation allows the agency to demonstrate continued implementation of key COA standards related to aspects of risk management, performance quality improvement and service standards. In 2020, the Central Office, Kansas City Region, Southwest Region, and Southeast Region provided COA with MOA evidence. COA reviewed the MOA evidence submitted and indicated that sufficient evidence

was provided to demonstrate continued implementation of the standards. The St. Louis Region submitted the 2020 MOA evidence to COA in February 2021. COA reviewed the MOA evidence submitted and indicated that sufficient evidence was provided as well. The Northern Region was not required to submit MOA evidence in 2020 due to their site visit in September 2020. In 2021, the Central Office and each region submitted annual MOA evidence to COA. COA reviewed the MOA evidence submitted and indicated that sufficient evidence was provided to demonstrate continued implementation of the standards. In 2022, the Central Office and each region will again submit annual MOA evidence to COA.

## 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 component, Resource Management and Financial Management.

In 2016, 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 determine gaps in system functionality which Missouri needed to address. The main areas that were identified were the bi-directional interface with 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 included a comprehensive Data Quality Plan.

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 developed their own IT Governance Council (ITGC) comprised of representatives from each of the divisions within that department. 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 Safety Taskforce was developed to look at the current practice and policies of Children's Division surrounding investigations and safety planning. The decision was made to delay the development of Signs of Safety in FACES until the recommendations from this committee had been received. The final report was received in September 2019 and based on the recommendations, additional tools to assess safety needed to be considered.

In March 2020, in response to the COVID-19 pandemic, Children's Division put many development projects on hold. The new priority became developing temporary policies to support the safety of children, families and the workforce in response to the pandemic.

With the new recommendations from the Safety Taskforce and then the pause during the COVID-19 emergency, Children's Division was not able to begin many of the IT enhancements to FACES as planned in FY20.

In FY21, FACES implemented new functionality to track Diversions from out of home care and referrals to the Juvenile Office. This was in direct response to findings from the 2019 Safety Task Force report. Staff are now able to enter all Diversion information directly in FACES and produce local, regional or statewide reports.

Since the Diversion implementation date, the State's legislature passed RSMo Section 210.123 which includes Temporary Alternative Placement Agreement (TAPA). TAPA formally structures the process previously referred to as "Diversion." After system enhancements were complete to allow functionality, TAPA was implemented in August 2021.

In January 2021, development work began on several projects: Family First Qualified Residential Treatment Program (QRTP) and the Alternative Care Social Service Plan (SSP). The QRTP Project will allow staff to make referrals to residential care, track Independent Assessment progress/completion and court decisions regarding placement. It will also involve significant changes to the IV-E Eligibility System to be able to ensure that proper determinations are made as youth move in and out of residential care. The QRTP Project was implemented in October 2021 with additional pieces implemented in March 2022.

The Social Service Plan project involves the development of a comprehensive tool that will document the work with the families of children placed in Alternative care. This includes threats to child safety, safety goals, and progress assessments. This project was initially implemented November 2020.

During FY22, projects to develop a new Safety Assessment tool and analysis of AFCARS 2.0 changes have been completed. The Family First Prevention, Missouri FCS Model Project has been put on hold and will be revisited in FY23. Revisions to the SSP were completed and implemented into FACES in February 2022.

FACES priorities for FY23 include development and implementation of AFCARS 2.0 changes, combining the Child Assessment and Service Plan to the SSP, and making changes to the Foster Care Case Management (FCCM) Expenditure Report from the QRTP changes.

Following discussions between the Missouri State Legislature and Department of Social Services Executive Staff in 2021, it was determined a priority that a new Comprehensive Child Welfare System should be planned. As exploration began, a revised APD was submitted to ACF with the

state's intention. Funding from Budget Stabilization funds has been included in the SFY 23 budget with an expedited timeframe of eighteen to twenty-four months. During this time, FACES system enhancement projects will be reduced to critical system update needs.

### 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 had an iPad available to them for use in their work in the field. By the spring of 2018, all Children's Division offices have WiFi installed and most frontline staff were 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 1,400 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.

During the 2020 COVID-19 Pandemic, staff relied heavily on the iPads to be able to work remotely. Beginning in March 2021, ITSD began transitioning frontline staff to laptops as it provides a more user friendly option for working remotely in the long term. Staff will still retain their iPads for mobile work with families while in the field.

During the fall of 2021, Children's Division started the exploration of having field staff use RocketBook. This electronic tablet allows users to write on the tablet directly then submit their notes, to be converted to typed text, back to their office desktop or laptop computers. In February 2022, Children's Division began purchasing this device to be provided to all case carrying staff. Funding was provided by using CAN Grant funds and other Administrative funds.

Additionally, included in the SFY23 budget is a new decision item (NDI) for satellite phones. The intent is to provide mobility as well as a safety mechanism for our staff servicing the most rural locations without cell phone service.

### Staff Recruitment and 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 drive this work. This work includes but is not limited to, completing research, analysis, and data interpretation related to staff recruitment, using recruitment resources to acquire talent, and networking with various talent pools.

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.

In 2022, selection, recruitment, and retention handbooks and trainings were released, increasing the knowledge base of staff at all levels. The materials are created using research and best practices. The Children's Division has partnered with Annie E. Casey and various states to increase success recruiting and retaining competent employees. The handbooks and guides which will be delivered in 2022 include, A Leaders Guide to Successful Recruitment and Retention, a critical incident stress management/debriefing guide, and an internship guide to strengthen the school-to-work pipeline.

The recruitment and retention specialist also provides oversight of the Title IV-E education program. This program provides funding for Children's Division employees who seek to pursue higher education by obtaining a Master of Social Work degree. In doing this, Children's Division partners with four major universities: University of Missouri-Columbia, University of Missouri-Kansas City, University of Missouri-St. Louis, and Missouri State University. Further effort has

been expended in collaboration with the universities to promote strong mutually advantageous internships.

The recruitment and retention specialist receives direct support and supervision from the Children's Division Deputy Director for Operations and Administration. This promotes direct communication to Division leadership regarding to the strategic planning of ongoing recruitment and retention efforts statewide. By the intentional structuring of the specialist, including all duties assigned, recruitment and retention is at the forefront of agency initiatives and strategic planning. Lastly, due to the elevated nature of the position, this work touches many aspects of Children's Division including policy, procedure, and client outcomes.

As part of the recruitment and retention efforts, the following strategies have continued alongside implementation of new efforts:

- Create and maintain a presence in the community
  - A best practice guide surrounding recruitment and retention has been sent to frontline staff. This is a micro-level approach.
  - This best practice guide has been promulgated and trained to frontline Circuit Managers
  - The mezzo practice of career fairs and university partnership and collaboration has been implemented to engage stakeholders.
  - A macro approach of employing Master of Social Work students in the Title IV-E program enhances and builds upon the mezzo university partnership. This increases the knowledge base and social work skill of the agency as a whole.
  - Build a footprint brand on social media. The new MoCareers website has increased Children's Division's presence on social media. It is easy to share jobs on Facebook and LinkedIn.
- Fill vacancies
  - Identify ways to reduce the time to fill vacancies. This is an ongoing effort and with the new hiring platform to expedite the hiring process with a goal of 45 days. In March 2021 the average time to fill a Children's Service worker I/II job was 89 days. From 01/18/2021 to 01/18/2022, the average time to fill a Children's Service Worker I/II was reduced from 89 days to 26.8 days.
  - The Children's Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types. The minimum qualification is a bachelor's degree, with a degree in social work or comparable human services degree holding preference.
  - An emergency supplemental bill was submitted by the governor to increase staff pay by 5.5%. Additionally there was a 2% salary increase in January, 2022. This is in an effort to be more competitive in today's tight labor market.

- Missouri Children’s Division has created a new position called a “case aide.” This new position is used to support frontline staff in administrative duties and lessen the demands placed on frontline staff. This position does not require a degree and is not used for safety verification.
- Collaboration with public child welfare states to learn of emerging strategies to fill vacancies.
- Enhance the support of the workforce
  - Trained the Staying Power! Recruitment and Retention Handbook to hiring managers.
  - Reviewing financial feasibility state funded social work licensure to increase competence and retention efforts.
  - Began a process of paid internships strengthening the school-to-work pipeline.
  - Ongoing Title IV-E incentive offered to staff wishing to obtain their Master of Social Work degree.

### Children’s Division Trauma Committee

The Children’s Division Trauma Committee, comprised of staff volunteers with increased clinical capacity around trauma, dissolved in September 2021. Although no longer meeting formally as a group, the staff trauma specialists continue to support their respective regions by providing case or staff well-being consultations, conducting in-service trainings for staff around trauma, creating trauma-informed care newsletters, planning self-care activities, and supporting local circuit efforts around improving practice with a trauma-informed approach.

Trauma specialists in the Southwest Region initiated a pilot last year around the agency’s critical event process - when a critical event occurs, the trauma specialist is notified and makes contact with the assigned frontline practitioner and supervisor within 24 hours to triage the response. The goal was to assess immediately staff’s well-being needs and to support them in next-step activities required during a critical event. If staff was interested in a secondary trauma consultation, the trauma specialist would ensure the referral was made immediately to the contracted provider. The secondary trauma consultant can be available within 72 hours for an in-person consultation, or more immediately if a phone or video consultation is preferred.

Although participation in the pilot was minimal, the value it offers in supporting staff well-being is evident and meaningful. A trauma specialist participating in the pilot has assumed oversight of the first responder process with plans to engage other trauma specialists across the state for widespread expansion.

### Research Initiatives

The Children’s Division has an established process for the review of research applications. Persons requesting approval for research proposals involving Children’s Division 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. If requesting data, applicants must describe the specific data requested. When applicable, research applicants must explain why identifying information is essential to their research and provide a detailed plan of how they will maintain the confidentiality of identifying information.

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.

The research applicant 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.

In late summer 2021, the leadership and responsibility for the Children's Division Research Committee shifted from the Constituent Services Unit to the Quality Assurance System.

In March 2022, the committee oversight was combined with the unit that completes legislative fiscal notes and works with the Divisional and Department Privacy Officer. It was felt this arrangement would be a better fit to address committee priorities and provide more stringent oversight of the process.

The Research Committee continues to receive and evaluate many requests each year. Members of the committee include:

- Legal representation
- Constituent Services Manager
- Court Technical Assistance Coordinator/Permanency Unit
- Specialist from Prevention Unit
- Quality Assurance Unit Representative

In 2021, the committee approved requests ranging from medical studies for pediatric patients to ongoing support for the St. Louis region and the PACT-STL study. PACT-STL is an Administration for Children, Youth and Families funded project that aims to develop, implement, and evaluate strategies that prevent child maltreatment, reduce entry into the child welfare system, and enhance overall well-being of children and families.

Vision of Children at Risk (grantee), and the Brown School at Washington University (evaluator) will work closely with Missouri Children's Division to achieve project goals. The project



involves the use of administrative data from Children's Division to inform the projects' understanding of child maltreatment trends at the local, regional, and state levels.

### Training and In-House Technical Assistance

The Children's Division Central Office staff provided the following support and technical assistance to field work:

- Completed 72 hour Chief Investigator reviews for the Northeast region
- Read and approved CA/N reports for the Northeast and St. Louis regions
- Attended regional meetings to answer questions and provide guidance regarding the new SDM Safety Assessment
- Provided SDM Safety Assessment coaching sessions with circuits, as requested
- Attended regional meetings to answer questions and provide guidance regarding the Temporary Alternative Placement Agreement (TAPA) legislation implementation
- Assisted with entry of supervisor case consultation notes for St. Louis
- Attended the local Child Fatality Review Panel in St. Louis for support and technical assistance
- Provided informational training to the Kansas City region on Medicaid basics
- Attended regional FCS supervisor meetings to solicit feedback on what is working well, worries, and what needs to happen in Family-Centered Services and to answer policy-related questions
- Critical Event Reviews: Central Office staff continued assisting in the completion of critical event reviews
- Provided virtual training to individuals, teams and entire regions on development of quality Social Service Plans
- Worked with specific circuits struggling with implementation of the MO AC Model to develop plans and resources to assist
- Provided targeted feedback on cases with difficult scenarios to move toward permanency
- Carried AC cases to assist a very understaffed circuit
- Completed all Youth with Elevated Needs staffings for the Northwest region until the Specialist position could be filled
- Provided training to field staff regarding the Independent Assessor process
- Provided technical assistance to Department of Elementary and Secondary Education staff regarding daycare authorizations
- Missouri Automated Criminal History System (MACHS) access training to circuits and contractors, process audits of compliance with MACHS access
- Criminal Justice Information Services (CJIS) access and training to see and discuss fingerprint results

- Set up trainings for Train the Trainer sessions for workers and current resource parents to learn how to train Resource Parents in Trauma
- Assisted field staff with interpretation of policy and procedures
- Provided support to Circuit Managers with yearly Resource Parent Recruitment Plan
- Provided staff with adoption recruitment training to maneuver through the adoption websites
- Assisted in licensing foster homes for a circuit that was short staffed
- Assisted the 24th circuit by participating in Family Support Team meetings by providing ICPC information for an out of state relative placement
- Created a centralized intake for foster parent inquiries to help support circuits screen inquiries
- Developed a Foster Parent Newsletter and Ambassador program to assist circuits in sharing information and increase foster parent recruitment/support
- Coordinated quarterly adoption recruitment events for children who have not been successfully matched through traditional recruitment efforts
- Coordinated a statewide foster/adoptive parent recruitment event and orientation
- Facilitated weekly TA support calls to regions to increase Treatment Foster Care referrals
- Develop quarterly subsidy newsletters to provide support/education to subsidy team members statewide
- Conducted Adoption Staffing Reviews centrally due to circuit staffing needs

### Capacity Building Center

The Capacity Building Center for States assisted Children's Division in a data dive into CFSR Items which remain unmet. Beginning in the fall of 2020, data consultants were provided with CFSR case review information and administrative data to gain a picture of practice strengths and challenges within Children's Division. Several opportunities for discussion with the CFSR Coordinator took place and a final report outlining data observations and recommendations for next steps was provided to the Children's Division in March of 2021. No additional formal projects were initiated during 2021.

Discussions have been initiated with the Children's Bureau to begin work with the Capacity Building Center for Courts to enhance partnerships with the courts in Missouri. CFSR Round 4 emphasizes collaboration with court partners and it is anticipated that work with the Capacity Building Center for Courts could assist in these efforts.

## Update on Progress Made to Improve Outcomes

1. Increase the prevention of child abuse and neglect through the development of community/government partnerships.

### Measures of Progress:

- Decrease in the rate of entry into foster care (CD Annual Report, table 16)
- Decrease in the rate of substantiated child victims per thousand (CD Annual Report, table 2)

With the passage of the Family First Prevention and Services Act (FFPSA), states are encouraged to place a greater emphasis on preventative services to protect children from child abuse and neglect. Public child welfare agencies are not able to and should not shoulder the responsibility for prevention without the partnership of local communities and statewide stakeholders. When FFPSA was initially enacted Missouri intended to be early implementers of the act, beginning to plan and work with stakeholders towards implementation. However, after learning the many intricacies of the legislation, Missouri chose to delay implementation until October 2021 to ensure a well-researched, thoughtful, and intentional plan for implementation. Children's Division (CD) has continued to make progress towards FFPSA implementation by actively engaging stakeholders and state partner agencies. To review, absorb, and plan for the many components of FFPSA, Missouri has developed an internal planning team and a Statewide Advisory Team.

To focus on the expansion of preventative services, Missouri has taken steps to solicit input from community service agencies who currently serve families at risk for child abuse and neglect. Proposals for varying preventative service programs have been submitted and will be compared to those approved on the Prevention Services Clearinghouse. During SFY19, the Children's Division began work with the New York Foundling Implementation Support Center to assist with data and needs assessment of evidence-based models which may fit well into the Missouri integrated practice model. The assessment of implementation readiness included a discussion of the following: Financial Analysis, Budgeting, Data Collection System, Performance Measures, and Preventive Standard Alignment, Continuous Quality Improvement Process, IT Readiness, Human Resource Implications, Worksite Expectations, and State Training Requirements. Work with the New York Foundling Implementation Support Center ceased due to Missouri's decision to delay implementation until October 1, 2021. The Children's Division has also worked with Public Knowledge to inform decision involving Quality Residential Treatment Programs (QRTS), the Independent Assessor workgroup, prevention service implementation planning, therapeutic foster care capacity, and kinship navigator.

In FFY2019, delayed implementation of FFPSA until October 1, 2021 was approved at the state and federal level. In FFY2020, it was identified through leadership direction that focus surrounding FFPSA would first be to ensure a strong and properly working foundation of

meeting the requirements for FFPSA surrounding Independent Assessor (IA) and Qualified Residential Treatment Program (QRTP) by building appropriate infrastructure. This continued as a priority to ensure proper implementation by October 1, 2021 for the aforementioned pieces. Further implementation efforts surrounding FFPSA will build as a progression. Work surrounding the development of the IA process, which assesses the child's strengths and needs to determine the least restrictive placement type that can best meet the child's needs when they are referred for residential placement, included pilot sites beginning in three areas in July 2020 and August 2020. The pilot sites utilized two assessment tools, the CANS tool and DLA-20. The pilot sites were intended to help identify the best fit for the independent assessor, the most appropriate assessment tool to utilize, and any service and placement gaps related to the needs of children assessed. From the pilot sites, a process was established to utilize the CANS tool and work with Behavioral Health Service Providers through collaboration with the Department of Mental Health occurred to establish the independent assessors throughout Missouri.

Work surrounding QRTP included information sharing and identification of residential facilities interested in becoming a QRTP; facilities transforming the way they support children and families by becoming trauma-informed, including an organizational assessment and site visits; an approved budget proposal related to FFPSA Transitional Grant including scholarship opportunities to assist facility readiness; and draft QRTP regulations with inclusion of licensing designation. Court engagement and education efforts to highlight and provide information on the changes resulting from FFPSA legislation will continue.

Children's Division has revised the Children's Treatment Services (CTS) contract in order to assess current service provider array and the models they are implementing. The purpose of the revision, in part, is to determine service availability and need based on the prevention services clearinghouse-approved models.

Missouri currently has three Regional Partnership Grants around the state addressing substance abuse needs and Children's Division is a strong collaborator with this project. The Regional Partnership Grant program is a federal grant aimed to improve the well-being of children and families affected by parental substance use disorders and to enhance the safety of children who are at risk of, or are in, out-of-home placements due to the parent's substance use disorder. The partnerships provide a number of services to include, but not limited to, family strengthening programs, medication assisted treatment, in-home parenting support, peer recovery coaching, and family centered substance use disorder treatment.

*Progress Measures:* Enhanced focus on prevention services in the next five years in Missouri as outlined in the objectives below should increase the availability of resources/services across the state and assist in CFSR Item 29, Array of Services. With continued partnering with the judiciary in Missouri to increase their level of comfort and confidence in prevention services, it is anticipated the rate at which children enter foster care in Missouri will decline. The rate of entry per thousand for SFY2021 was 4.84 children, a slight decrease from the previous state fiscal

year's rate of 4.85. The rate of substantiation of child victims in Missouri was 3.40 children per thousand for SFY2021, an increase from 3.32 in SFY2020. While CD will use this as a measure of progress, it is unclear if the rate of substantiations will drop significantly with the increase of prevention services, as Missouri's rate of substantiation has traditionally been low.

*Progress Benchmarks:* To date, the following outlines the steps taken to implement the interventions described in the 2020-2024 CFSP:

- Research prevention programs submitted by community agencies. Community agencies submitted some proposals for review. The Statewide Advisory Group has looked at service needs and gaps to determine the service array for Missouri's prevention plan.
- Conduct an inventory of services provided through agencies receiving tax funds. Review of their websites occurred, with the purpose to identify what services they provide.
- Family First Statewide Advisory Group will meet regularly to learn what other agencies offer and how Children's Division can partner with them to expand service array. The Statewide Advisory Group met for a few quarters and due to leadership changes it was put on hold. This group reconvened in April 2020. This group has looked at service needs and gaps to determine the service array for the prevention plan. This group assisted in the development of the definition for a candidate for foster care in respect to FFPSA and target population for intervention. Data elements were identified by the group as important pieces to understand when identifying target populations and finalizing the candidacy definition. The requested information was presented to the group to better inform input. This group is also informed on updates surrounding QRTP and the Independent Assessor process.
- Develop and disseminate a Request for Information to be sent to service providers in Missouri to determine prevention service provision availability and interest in partnership with Children's Division. The measure previously addressed contracting with the NY Implementation Support Center to assess Missouri data and needs around evidence-based models under the Family First Prevention Services Act, and review recommendations made by the support center. Work with the NY Implementation Support Center resulted in a production by the center of an analytical report including a financial analysis on the different models that were under review of the Clearinghouse at that time, based upon Children's Division data and cost analysis for the models that was completed. When Children's Division chose to delay implementation, work with the NY Implementation Support Center ceased. To garner a better understanding of services available throughout Missouri, a Request for Information was distributed to the provider network, service providers who are contracted with Children's Division, and entities not currently contracted but who may have interest in partnership for meeting the goals of FFPSA. Dissemination of the request for information occurred in collaboration with the Statewide Advisory Group as they were asked to share the opportunity with service

providers of whom they were aware. The Request for Information yielded 38 responses identifying what services entities offered, location of service provision, alignment of service provision with the Title IV-E Prevention Services Clearinghouse (Clearinghouse), capacity for service provision, and potential program evaluations to explore programs provided but not yet on the Clearinghouse. In 2021, a second Request for Information was distributed to gain a better perspective surrounding fidelity monitoring. There were 31 responses to the 2021 Request for Information, 11 of which were also respondents to the 2020 Request for Information. In addition to the release of the Request for Information in 2021, email correspondence was sent to respondents of the 2020 Request for Information who did not respond in 2021 to inquire about delivery of programs in fidelity to the practice model and practices in place to ensure fidelity to the practice model. Results from responses will be utilized to identify opportunities for partnership to expand service array.

- Develop a judicial education plan around prevention services. Children's Division's court liaison is completing goals and plans for court education and engagement. With the priority of focus for the Independent Assessor and Qualified Residential Treatment Programs during years two and three, these were the area of focus with court engagement and education. Additional work is occurring to notify and educate the court regarding substance abuse facilities. The intention is to also work with Casey Family Programs to support court engagement.
- Coordinate prevention service efforts with local agencies who receive tax funds. Collaboration with the local county tax boards has never occurred in the past and with delays due to the pandemic as well as the shift in focus for beginning implementation pieces, these meetings did not occur.
- Explore at least three recommendations from the FFPSA Statewide Advisory Group. The Statewide Advisory Group will focus on planning and development of the statewide prevention plan. This group reconvened in April 2020 and meets monthly to advise Children's Division on state proposals and regulatory tactics developed to meet federal requirements, as well as to strategically address service gaps and needs within the state. To gather input and information for the statewide prevention plan, members of the Statewide Advisory Group were asked to share their vision of what they want to see prevention look like for Missouri, including what services they want to see in the regions, targeted population, and plan to implement. This group will work together to develop strategies to determine how to expand the service array for the state.
- Develop a heat map to determine service array, service gaps, identify providers and provider locations utilizing information derived from the Request for Information and align strategies for service provision opportunities. While this was not an intervention listed in the 2020-2024 CFSP, it was added as a step to assess the needs throughout the state. This activity was to occur after the 2020 Request for Information was disseminated and responses received. A heat map did not occur due to current staff capacity and

resources throughout the pandemic, but a list of services and locations was compiled to aid in assessment. A heat map is currently being explored again to incorporate response information from both the 2020 Request for Information and the 2021 Request for Information.

- Pilot IA and QRTP process with Court Partners. The pilot for the Independent Assessor process included pilot sites beginning in three sites in July 2020 and August 2020, utilizing both a Federally Qualified Health Center and Certified Community Behavioral Health Organizations for the assessors. The pilot sites utilized two assessment tools, the CANS tool and DLA-20, as described above. These pilots were intended to identify gaps in the court processes related to IA and QRTP. An internal tracking mechanism was developed to capture referrals, how long it took to get assessments completed, time frame for assessments to get back to CD, and time frame for the assessment to be submitted to the court. From the pilot sites, a process was established to utilize the CANS tool and work with Behavioral Health Service Providers through collaboration with the Department of Mental Health occurred to establish the independent assessors throughout Missouri. In Missouri, any youth referred to residential placement or being placed in residential placements, not exclusive to QRTPs, are referred for the Independent Assessor process. Missouri utilized FFPSA requirements as a catalyst to assure appropriate assessment of needs of children for congregate care placements. Trainings were developed for Children's Division staff surrounding the Independent Assessment process, and a training was also provided by the Office of State Courts Administrators (OSCA).
- Implement judicial education plan around prevention services. As prevention efforts in Missouri are moving forward, planning around judicial education for prevention services will be a part of the monthly Partnership for Child Safety and Well-Being meetings facilitated between Children's Division and OSCA. Children's Division will need to work closely with OSCA and their Judicial Education Committee to understand priorities of that committee and innovative ways to bring this information to the judiciary.
- Following the implementation of PIP strategy 4.3 (SUD Assertive Community Treatment Teams hereafter referenced as SUD Coordinated Specialty Care Teams), assess for expansion into other areas of the state. The Department of Mental Health expanded Coordinated Special Care teams to two additional areas in 2021, through Women's and Children's Specialty Teams.
- Monitor newly awarded contracts of prevention programs for successful outcomes. Contracts have not occurred for prevention programs as of yet. An initial draft of the Missouri five-year Title IV-E prevention program plan was submitted in 2021. Feedback for amendments and further information was received from Administration for Children and Families, Children's Bureau. Updates and amendments are being made to the plan for resubmission in 2022. In addition, Children's Division and Public Knowledge engaged in conversation with model purveyors of some initial program selections in 2021 to learn additional information about their prevention program and model.

Current and upcoming focus will surround further prevention program planning. The State of Missouri's 16 Cabinet Departments are committed to providing a state government that is more focused, more efficient, and delivers better results for its citizens. The State of Missouri Cabinet team has developed a management change agenda to improve how Missouri government operates. Each of the State's 16 Cabinet Departments have developed strategic management priorities. Placemats are utilized to summarize these priorities through identifying aspiration: a department's overall goal for the next five or more years; themes: a department's main chapters or lines of effort to achieve the overall aspiration; and initiatives: a department's high priority initiative to advance its themes and aspirations. The aspiration for the Missouri Department of Social Service's 2022 placemat is "empower Missourians to live safe, health, and productive lives". One of four themes on the placemat identifies safety and well-being for children and youth, and an initiative within this theme is to identify prevention programs that can be funded now or show future promise for use of Family First funding. There is an identified lead for each initiative and the lead establishes a team to work with them to address the initiative. The internal FFPSA planning team within Children's Division has identified a plan to approach implementation of prevention services in Missouri in phases, with the first phase occurring in pilot site locations. The team working on the placemat initiative has identified key activities and milestones to support delivery of the initiative, which include development of a strategic work plan to guide through phases of implementation; identification of pilot site locations for implementation of prevention services; work surrounding a communication plan; development of a prevention task force; and beginning of pilot sites for preventions services. Additional focus will also surround collaboration and contracting with model purveyors and service providers.

In addition to focus on prevention services, Children's Division is also working in collaboration with the Missouri Department of Mental Health, Division of Behavioral Health (DBH) on expansion of opportunity for foster care maintenance payments for a child placed with a parent in a licensed residential family based treatment facility for substance abuse in accordance with requirements in sections 472(j) and 472(a)2(C) of the Family First Prevention Services Act (FFPSA). DBH provides substance use treatment services through a network of community-based providers. These contracted services include Comprehensive Substance Treatment and Rehabilitation (CSTAR) which encompasses an array of services designed to promote independence, maximize functioning in the community, and promote the ability to achieve and maintain recovery. CSTAR services funded by the Department of Mental Health and Missouri Medicaid include specialized programs for women and children, adolescents, the general population and opiate dependent individuals. Presently, there is one CSTAR facility in which the provision of foster care maintenance payments for a child placed with a parent in a licensed residential family based treatment facility for substance abuse is occurring. Efforts are underway with DBH for expansion to other interested CSTAR facilities, including work surrounding meeting the requirements as established in FFPSA, sharing of lessons learned through the initial pilot location, and planning of education for stakeholders in future areas of expansion.



*Feedback Loops:* The statewide FFPSA Statewide Advisory Group as well as an internal FFPSA Initiative Contract Team are regularly provided information on the implementation status of FFPSA. The statewide group includes membership from community partners throughout the state. In addition, the CFSR Advisory Committee receives periodic updates on progress towards FFPSA implementation and is afforded the opportunity to provide feedback.

2. Increase timely initial contact in child abuse/neglect reports.
Measures of Progress:
Increase percentage of strength ratings for Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment
Improve Timeliness of Initial Contact (Child Welfare Outcome Report #1)

As discussed earlier in the assessment of Safety Outcome 1, timeliness of initial safety contact of children identified as victims on child abuse and neglect hotline reports was declining steadily in the five years prior to developing the current Child and Family Services Plan (CFSP). While this safety outcome scored well in the CFSR for Round 3 at 93% substantially achieved, the decline in performance was concerning, especially given the critical piece it plays in assuring the safety of children.

*Progress Measures:* The Program Improvement Plan baseline performance for Item 1 was established as 81.5% with the adjusted goal of 87%. With the rolling year of case reviews dated October 2020 – September 2021, Missouri was able to meet and exceed the 87% benchmark, with 91% of case reviews receiving strength ratings. In subsequent case reviews, the rolling year rating for Item 1 has been 94%, 85% and 81%, respectively. From the Child Welfare Outcome Report #1, the timeliness of initial safety contact was 77.26% in FY 2019, 75.99% in FY2020, and 83.77% in FY2021. The first quarter’s performance in FY2022 was 86.14% and performance in the second quarter was 87.86%.

*Progress Benchmarks:* The following steps have been taken to date in relation to this CFSP goal:

- Develop case review tool and process for ongoing CA/N reviews to include questions regarding initial contact. A case review tool specific to the investigation/assessment program line was developed in 2019 with the initial sample of cases reviewed in November of that year. The tool was revised slightly based on feedback from the initial review and includes questions regarding initial safety contact, both in process measure and in the quality of documentation of safety assurance. The Central Office Program Development Specialists with CA/N responsibilities were also included in tool revisions to ensure the questions accurately captured required policy.

- Begin case reviews and compile data at least semi-annually. Two of the members of the statewide Quality Assurance System were initially responsible for completing 40-50 hotline reviews on a quarterly basis beginning in the Fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it was comprehensive and adequately assessed for quality of child welfare practice. The tool was shared with regional quality assurance specialists in a QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. In January of 2021, all Quality Assurance System staff were moved to receive supervision and direction from central office. Since that time, the investigation/assessment reviews have continued and have expanded to include a review of Newborn Crisis Assessments, as well.
- Conduct a review of published reports to ensure consistency of data. The Quality Assurance System staff meets regularly with members of the Department of Social Services Research and Evaluation unit and the FACES unit. During these meetings, published reports are being reviewed systematically. To date, the Monthly Management Reports (MMR), which include a table of initial safety contact within 24 hours, have been reviewed. Changes in publication have been delayed due to increased data needs. Due to this delay and the introduction of data visualization tools through the use of Tableau, the review of published reports will continue into 2022.
- Conduct root cause analysis to determine barriers to completing timely initial contact. The analysis will include data review and surveys or focus groups with front-line staff and supervisors. A meeting was held in early March, 2020 to begin discussions around the root cause analysis of the declining performance in timely initial contact. Conversations have continued at the state, regional and local level over the past two years. Some practice concerns that have been noted include data entry when multi-disciplinary team members assure initial safety, not beginning the process to locate victim children immediately upon receipt of report which can lead to delayed contact, and incorrectly combining reports which then do not trigger initial contact requirements in the FACES system. The Quality Assurance System has also begun quarterly reviews of all reports that indicate the initial safety contact was completed, but did not meet the 24-hour requirement, as indicated on Table 4 of the Monthly Management Reports. It has been common to see between 10%-12% of investigations/assessments fall into this category. The most common trends noticed from the reviews include limited attempts (two or fewer) to contact prior to the 24-hour expiration, no attempts to contact prior to the 24-hour expiration, and data entry errors most often related to multi-disciplinary team members' assurance of safety. Information from these reviews is detailed by region and provided to Children's Division administration and regional directors for follow-up with front-line staff and supervisors.
- Add timely initial contact measure to the Children's Division data dashboard. The Department of Social Services has identified Tableau as the preferred method for data visualization and distribution. As such, a CA/N data dashboard has been developed and

is provided to circuit managers, regional leadership, and central office staff on a weekly basis. Timely initial safety contact data is included on this dashboard but is only captured if data entry is completed within the week prior on open reports. A monthly CA/N dashboard is also produced and distributed which captures timely initial safety contact data for reports that have been concluded.

- Utilize a multi-pronged approach to review data and results of root cause analysis (i.e., regional supervisor meetings, CA/N workgroup, CD Executive Team meeting, etc.). The information learned about the data and trends of timely initial contact have been discussed in a variety of forums to include:
  - Supervision Advisory Committee discussed barriers to TIC and comments provided to Central Office Leadership;
  - Program Specialist met with regions to discussion regional barriers and plans;
  - Root cause analysis worksheet provided by Quality Assurance Unit for use in executive team discussion;
  - Regional and circuit improvement plans developed with Quality Assurance System staff;
  - CFSR Coordinator provided a virtual workshop session focusing on Safety Outcomes 1 and 2;
  - CFSR Coordinator attended regional management team meetings to discuss PIP items that remain unmet, to include timely initial contact.
- Develop and initiate strategies to improve timely initial contact, which could include: Regional QA System team members work with circuits falling below the identified threshold; on-line information sharing and training; support from Field Support Teams if needed. There are ongoing conversations about the importance of assuring the safety of children within the priority timeframes outlined in state policy. As the Quality Assurance System staff have meetings with individual circuits, timely initial safety contact is a consistent agenda topic and plans for improvement are developed as a result. The Central Office Program Development Specialist over CA/N will be attending regional CAN supervisor meetings to discuss barriers to timely initial safety contact, as well as brainstorming strategies for improvement. Data visualizations and recognition for meeting the statewide goal continue to be distributed by the Quality Assurance System staff.

*Feedback Loops:* There are regular phone calls with regional and executive leadership and central office staff who oversee the investigation/assessment program line to review the CA/N data dashboard and to problem-solve areas of concern. The CA/N dashboard is provided on a weekly and monthly basis to all circuit management staff. The dashboards provide circuit-level data for the program line. Following the completion of semi-annual CA/N case reviews and quarterly CFSR case reviews, updated data is provided to Children’s Division executive leadership and Quality Assurance System staff for review and discussion.

Administration has the authority to place individual Children’s Service Workers, Supervisors, Specialists, Circuit Managers, etc. on a Performance Improvement Plan based on performance, which would include Timely Initial Contact. Each level of leadership is responsible for supporting those that report to them and for accountability. Regional Directors hold circuits accountable for seeing children timely as required in statute. Utilizing support strategies for workload is important. A few strategies include utilizing a multi-disciplinary team member to meet timely initial contact when appropriate, shifting resources within the region when needed, and the Central Consult Unit (CCU). Calls to consult qualifying cases must be made within seven (7) days to CCU. When determining whether a Performance Improvement Plan is needed, staffing levels and consistency of performance will be taken into consideration. Consistency of performance will encompass determining if the individual meets the measure on a consistent basis.

3. Fully implement Missouri’s integrated practice model to enhance the quality of safety and needs assessments and parent engagement.
Measures of Progress: Increase the percentage of strength ratings Item 3: Risk and Safety Assessment and Management Increase the percentage of strength ratings Item 12: Needs and Services of Child, Parent and Foster Parents

During Round 3 of the CFSR, it was noted that Missouri’s integrated practice model, while new and not yet fully introduced in all areas of the state, held significant promise in improving practice with children and families. As such, many of the strategies in the Program Improvement Plan focused on elements of the practice model, such as using Signs of Safety tools to more accurately and thoroughly assess children and families.

Implementation of the practice model was somewhat fragmented as the practice was introduced in pieces and prior to incorporation into the Children’s Division policy. Integrating the various elements of the practice model in a manner true to each model and approved by the consultants involved was identified as important, but was a tedious process. An unfortunate consequence of implementation was manifested in the community’s perspective of the practice model. Informational meetings were held throughout the state to introduce aspects of the practice model so community stakeholders could recognize and anticipate changes. Anecdotally, the community expressed disconnect between the theories introduced and work they saw in the field, leading to a lack of confidence in the work the Children’s Division performed.

In an effort to address the disconnect identified by the community stakeholders Children’s Division formed a group in calendar year 2020 to look at the Missouri Model. The group was made up of a diverse group of Children’s Division staff and they were tasked with taking the

relevant elements from the different practice models to construct a model that makes sense for Missouri and can be effectively and efficiently implemented by staff.

Training for the revised Alternative Care practice model described below, to include elements of Signs of Safety and Framework for Safety, began in July 2021. Training on the Five Domains of Wellbeing and Trauma informed practice continues for all new staff who begin work with the Children's Division through Child Welfare Practice Training and further develop their practice skills through On The Job Training.

In August 2021, the implementation of a revised Alternative Care practice model began. The revised model combined elements from the previously practiced Framework for Safety and Signs of Safety models. These changes allow for a significant reduction in the number of forms used while capturing the narrative and actions of a case more accurately. The implementation of this model leans further into streamlining work and creating consistency in practice across the state. It also allows the language of the Children's Division to align more closely with the language used by the Juvenile Courts. The first steps of this model implementation was presented through a Monthly Contact Form, Initial Family Assessment, Verification of Receipt of Documents and the Social Service Plan. Additional phases are planned to strengthen the Social Service Plan to become an all-encompassing document of all family plans, activities, and actions from case opening through case closure. Ultimately, the course for the Social Service Plan is to be utilized as the court report.

*Progress Measures:* The Program Improvement Plan baseline performance for Item 3 was established as 63.1% with the adjusted goal of 68%. The rolling year performance for the subsequent three quarters was 62%, 60% and 71%, respectively. Missouri received confirmation on May 8, 2020 that the benchmark for Item 3 was met. The most recent rolling year case review performance was 75% strength ratings for Item 3.

The Program Improvement Plan baseline performance for Item 12 was established as 30.5% with the adjusted goal of 35%. The rolling year performance for the subsequent three quarters was 26%, 30% and 39%, respectively. Again, Missouri received confirmation on May 8, 2020 that the benchmark for Item 12 was met. The most recent rolling year case review performance was 34% strength ratings for Item 12.

Despite reaching the PIP measurement goals for these two items, Children's Division recognizes the need for continued improvement.

*Progress Benchmarks:* To date, the following outlines the steps taken to implement the interventions described in the 2020-2024 CFSP.

- Conduct self-assessment of CD's implementation of integrated practice model. In the spring of 2019, the Department of Social Services formed a Task Force for Child Safety to examine safety practices of the child welfare system. This included an assessment of

Signs of Safety implementation and training opportunities give to Children's Division staff. Recommendations from the task force were provided to the Division in September, 2019, requiring Children's Division leadership to examine current implementation of the practice model. The actions decided upon are discussed later in this section.

- Identify and hire three FTE as dedicated case reviewers. The Quality Assurance System includes three specialist-level staff whose primary responsibilities include the completion of case reviews. The reviewers were hired in May and June of 2019. They received training in the spring of 2019 and began reviewing cases with the July, 2019 quarter. An additional case reviewer position was identified when the regional Quality Assurance Specialists were re-allocated and absorbed within the statewide Quality Assurance System (see the Quality Assurance System section of this report). The four dedicated case reviewers currently review or provide 1<sup>st</sup> level approval for approximately 75% of the reviews completed each period.
- Develop case review tool and process for ongoing CA/N reviews to include quality of mapping documents (implementation to fidelity). As previously discussed, a case review tool for CA/N investigations and assessments was developed with the initial review occurring in November, 2019. An additional case review tool was developed for Family-Centered Services (FCS) and Alternative Care cases to primarily assess and measure the quantity and quality of Signs of Safety practice implementation. This tool also included scaling questions in regards to the use of Trauma-Informed practice and the Five Domains of Wellbeing. Both tools followed policy outlined in the Child Welfare Manual, including questions of not only presence of the tools in the case record, but also the quality of completion and use with the family.
- Begin case reviews and compile data at least semi-annually. Two of the members of the statewide Quality Assurance System were initially responsible for completing 40-50 hotline reviews on a quarterly basis beginning in the Fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it was comprehensive and adequately assessed for quality of child welfare practice. The tool was shared with regional quality assurance specialists in a QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. The data from the reviews has been compiled and provided to Children's Division executive leadership and Quality Assurance System staff. The FCS and AC case review process began in the summer of 2020, in accordance to PIP renegotiation timelines. With the implementation of the revised Alternative Care practice model discussed above, use of these FCS and AC tools has been stopped. In its place, a case review tool specific to the new tools/forms introduced with the implementation of the Alternative Care practice model was developed. Cases are being reviewed on a quarterly basis through the first year of implementation. To date, two reviews have occurred.
- Explore recommendations from the implementation of practice model self-assessment. Include an opportunity for community feedback. Recommendations from the Task Force

for Child Safety have been reviewed by Children's Division executive leadership. While the task force recognized the value of Signs of Safety as an engagement model, there were concerns that not all Children's Division staff were utilizing the tools in the model to accurately identify and assess risk and safety concerns. As such, the Family Risk Assessment Tool (CD-14E) which staff has used in years past was re-instated as a requirement during the initial assessment of child safety for all hotline reports. The Family Risk Assessment Tool is to be completed and discussed at the 72-hour supervisory consultation to help guide staff in making safety decisions for children. In addition, in 2021, the new Structured Decision Making (SDM) Safety Assessment was introduced to staff.

- Select recommendations for improved practice model implementation. The vision for the Missouri Practice Model is to take the best, most valuable aspects from the models staff are currently working with and integrate them into one model that best ensures safety and well-being for children. Plans to include aspects of Signs of Safety, Framework for Safety, and Five Domains of Wellbeing, and the development or creation of an assessment piece, to create a holistic model that transitions easily through the life of a case, are in development. The practice model was fully implemented in 2021 across the state. The structure below highlights the pieces of the new Missouri Practice Model:
  - Five Domains: how we see our families;
  - Signs of Safety: how we engage and communicate with our families;
  - Framework for Safety: how we articulate safety to courts and partners; and
  - A Structured Decision-Making assessment that measures risk and safety and can transition throughout the life of a case.
- Based on case review results, develop strategies to improve the fidelity of implementation. Following the completion of the Missouri Practice Model pilot, which concluded May, 31, 2021, was a review of key case work practices introduced during the pilot. Information gleaned from this review and follow-up feedback from pilot participants were reviewed and changes were made prior to statewide roll-out. Implementation for the revised Missouri Alternative Care practice model began August 2, 2021. Based on information from the two quarterly case reviews specific to the Alternative Care practice model, listening sessions with front-line staff and supervisors in select circuits are planned to help determine if implementation tweaks are needed.

*Feedback Loops:* The results of the Task Force for Child Safety were reviewed with the CFSR Advisory Committee in November, 2019 and provided the membership opportunities to ask questions and provide feedback on the recommendations and plans for implementation. Case review results are shared with Children's Division executive leadership and with Quality Assurance System staff for review, discussion, and practice improvements.

4. Support worker level retention through the exploration of the “Staying Power” resources and tools.

Measure of Progress:

Decrease turnover rate for Children’s Services Worker I and II positions

Workforce concerns within the Children’s Division were identified as a cross-cutting theme to be addressed in the Program Improvement Plan. Worker turnover within the cases reviewed during the CFSR was seen to negatively impact progress toward permanency for children as well as accurate assessments of children and parents’ needs. One of the PIP strategies focuses on recruiting potential case managers who demonstrate competencies which mesh well with child welfare work. As the quality of newly hired employees improves, it becomes more imperative to retain those staff members. The interventions identified within this goal strive to provide supervisory staff with more resources and tools to retain case managers, specifically at the Children’s Service Worker I and II positions, which traditionally has the highest turnover rates within the agency.

*Progress Measures:* Turnover rates for FY2019 were 32.56% and 46.74% for Children’s Service Workers I and II. Turnover rates for FY2020 were 37.29%, 46.49% and 16.22% for Children’s Service Workers I, II, and III, with an overall turnover rate of 33.87%. Turnover rates for Associate Social Service Specialists I-III in FY2021 totaled 37.84%.

*Progress Benchmarks:*

- Explore “Staying Power” toolbox/training for staff retention. The Workforce Recruitment and Retention Specialist has reviewed the Staying Power! Supervisors Guide to Retention materials and has developed a training package for presentation. After meeting with leadership it was decided to reduce the five-module series, into a one-hour session. This session covered selection, recruitment, retention, and tools to aid hiring managers. Due to COVID, this training was delivered virtually on WebEx and recorded so new managers could complete the training.
- Assess SAC member’s experience with retention training and explore expansion. Include an assessment of turnover rates in SAC members’ circuits. The SAC committee was no longer identified as the pilot group for this retention effort. The Kansas City region identified retention as an area for improvement and has included the Staying Power retention training in its staff retention plan. Using the Staying Power! interview toolkit it was found that those interviewed with the competency-based questions were +23% more likely to stay based on the available data. Due to the cannon and implementation of this interview tool, the tenure of those interviewed using the Staying Power! selection toolkit has not been a long enough sample, nevertheless, the initial data is encouraging.
- Conduct survey/focus groups with workers in pilot sites to gain thoughts on the effectiveness of retention efforts. Due to staffing changes and budget restrictions, the



Recruitment and Retention Specialist position was vacant for much of FY21. Once filled, focus groups were completed in several areas of the state to get an accurate representation of retention efforts. Among the most cited reasons for leaving Children’s Division were pay, stress, and work-life balance. Children’s Division has made an effort to address each one of these top concerns. A data pull collected 123 names of individuals who could be promoted based on tenure to raise their pay. The partnership with Accenture targeted stress related to caseload size. Workflow was examined and changes made to case assignment to ensure a healthy bell curve of work distribution. Lastly, regarding work-life balance; Children’s Division has partnered with Casey Foundations to obtain quantitative data surrounding work-life balance. This coupled with qualitative data garnered from focus groups has led to recommendations for increased work flexibility. The Department of Social Services is currently piloting distributed work throughout the department to include Children’s Division. Reducing windshield time is also being explored by using technology the way it was intended.

*Feedback Loops:* As this project moves forward, the supervisory staff in the pilot that receive the training and use the techniques with their staff, will be asked to provide feedback regarding their experiences using the retention resources. Their feedback will be used to make any necessary adjustments to the training prior to statewide roll-out.

5. Increase timely permanency through an emphasis on (a) concurrent planning and (b) case plan development.
Measures of Progress: Increase the percentage of strength ratings Item 5: Permanency Goal for Child

Permanency Outcome 1 was the lowest rated outcome of Round 3 CFSR in Missouri with 25% of the cases rated as substantially achieved. While the PIP addresses the timeliness of permanence and concerns with the timely filing of petitions for termination of parental rights, there were also issues around concurrent planning and written case plans. In discussion with stakeholder groups, it was determined to address these areas within the CFSP.

*Progress Measures:* The Program Improvement Plan baseline performance for Item 5 was established as 57.5% with the adjusted goal of 64%. The rolling year performance for the most recent three quarters has been 46%, 56% and 57%, respectively. As noted earlier, Missouri did not meet the benchmark for Item 5 prior to the expiration of CFSR Round 3.

*Progress Benchmarks:*

- Explore technical assistance from Capacity Building Center for States in the areas of concurrent planning and written case plans. Include challenges and barriers from the

Children's Division Case Planning Workgroup in the discussion. The Children's Division met with Missouri's Capacity Building Center for States liaison on February 10, 2020 to discuss the status of current projects and identify any new projects moving forward. It was determined that the Children's Division would not pursue technical assistance in the areas of concurrent planning or written case plans at this time. There were other areas of interest which were priority. With the assistance of in-house legal counsel, central office staff will research the information needed for concurrent planning and there is an internal workgroup discussed ideas which resulted in the development of the Social Service Plan which contains mandatory input of permanency and concurrent plans during each assessment period. To further strengthen this area, additional trainings and communication around selection of appropriate permanency and concurrent plans continues to be developed.

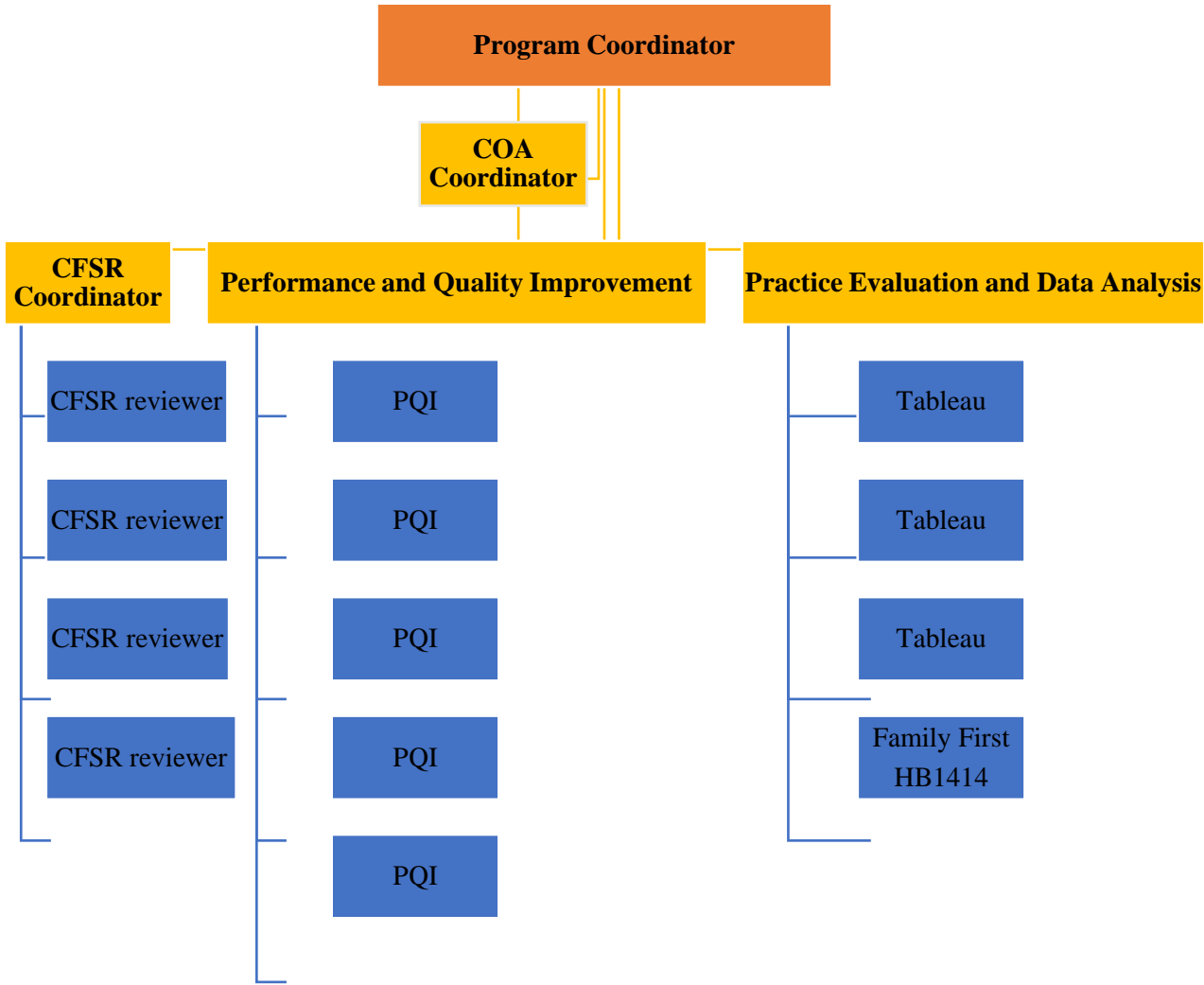
- Hire Special assistant position to continue court TA work. The special assistant position was filled by Teri Armistead in the spring of 2019. Ms. Armistead has subsequently accepted the position of Deputy Director for the Children's Division. Her replacement, Kate Watson, began employment with the Children's Division in March, 2020.
- Review federal expectations regarding concurrent planning and written case plans. Concurrent planning has been identified as a priority issue and received attention through the Children's Division's Placemat for 2020 and 2021. The placemat group was identified and met four times from June, 2020 to January, 2021. The group work included a review of federal guidelines, state statute, and Children's Division policy in the assessment to determine if policy changes were needed. The workgroup made recommendations to changes in policy and practice and to include additional trainings surrounding what is need for a permanency plan to be successful. The internal workgroup for a comprehensive service plan met last in the summer of 2020 to discuss federal requirements and state statute surrounding written case plans. Conversations have since transitioned to the development of the new Social Service Plan (see discussion of practice model above).
- Conduct a review of the Children's Division policy and state statute regarding concurrent planning and written case plans. See above.
- Conduct an assessment of regional training in regards to concurrent planning and written case plans. Include an assessment of consistency among initial training packages. The Children's Division training program has transitioned from regionally-based to a consolidated central training unit. One of the first projects the consolidated unit undertook was developing a pre-service training package for use throughout the state. The placemat workgroup was given the opportunity to review the training prior to implementation and made suggestions for modifications in relation to concurrent planning instruction. In addition, the material for the Legal Aspects training series was reviewed to ensure the policy recommendations were consistent with this training, as well.

- Develop training/WebEx to inform staff and FCCM partners of any changes to policies or practice. As policy change recommendations moved through the approval process, a learning circle curriculum was developed for Children’s Division and FCCM staff to review concurrent planning philosophies and practices.
- Provide training on updated policy/practice to the Children’s Division staff. Include consistent training material in initial frontline staff training. A Children’s Division Memorandum was distributed to all staff on August 8, 2021 introducing the learning circles, with the expectation all offices complete the learning circle by the end of September, 2021. In addition, the Legal Aspects training team introduced foundational trainings for all staff in September, 2021, complementing the learning circle with an on-line course dedicated to concurrent planning.

*Feedback Loops:* Children’s Division executive leadership is represented on both the Children’s Division placemat workgroup and the internal social service plan workgroup. As recommendations are made, there is the capacity to keep regional and central office leadership apprised of the groups’ progress and decision-making outcomes. The placemat workgroup will provide updates to the Department of Social Services through group membership, as well.

## Quality Assurance System

The Quality Assurance System in Missouri is a centralized team with eighteen staff total consisting of one Program Coordinator, three Supervisors, and four teams (fourteen staff). Staff are not centrally located and have office bases across the state.



The mission of the Missouri Children’s Division Quality Assurance System (QAS) is to:

- promote the use of best practice standards across the State of Missouri
- use data analysis to identify trends and areas of focus
- monitor the quality of case work practice through case review
- review and publish data reports
- provide oversight of federal requirements
- provide support to staff regarding use of data and data governance
- identify measures to meet the Children’s Division definition of quality expectation of case work practice
- develop quality measures that include structural, process, and outcome measures
- focus on data accuracy and quality within electronic reporting system by analyzing logic and making adjustments based on policy and procedure to data sets
- collaborate with research and evaluation, as well as staff across the division to provide quality data needed for work groups or management strategies
- support Council on Accreditation activities
- support continuous quality improvement system, statewide and regional improvement planning strategies
- support statewide and regional practice improvement activities and initiatives

### **Analysis and Quality Data Collection:**

Collections and analysis 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 handles data requests and dissemination; support for CFSR, APSR, NCANDS, and AFCARS; as well as continuous quality improvement strategies including COA re-accreditation site visits and maintenance. In addition, the unit works in collaboration with the Children’s Division practice and policy units and regional management teams to be involved in discussions around implementation of practice models and the commitment to use data in improvement planning, community partnerships, and initiatives.

Some forms of data dissemination include:

- Quarterly “In Focus” newsletter. This newsletter directs staff on issues of focus for quarterly CQI meetings. In addition, the newsletter provides updates on key areas such as Council on Accreditation, CFSR and practice-related outcomes.
- Department and Division Dashboards -- Children’s Division has dedicated time and staff to learn to use Tableau software and create data management dashboards. Currently, the Department of Social Services, as well as the Children’s Division uses the dashboards to

examine practice trends and drive practice enhancements. Children’s Division has developed and implemented internal dashboards related to Child Abuse and Neglect, Family Centered Services, Older Youth and Foster Care. In April 2022, the Dashboard for HB1414 (legislative action) will come online. In addition, work is being done on a public facing interactive dashboard and the creation of additional dashboards to support the psychotropic medication lawsuit settlement and the upcoming implementation of Family First Prevention Services. The Children’s Division dashboards cover four levels of management teams with data to use in evaluation and improvement planning.

- Published reports – Children’s Division maintains published reports on both the intra and internet for staff, stakeholders and community partners, including Children’s Division Annual report, APSR updates, CFSR information, and Monthly Management Reports.
- Missouri 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 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
- Quality Assurance Technical Bulletins—Technical bulletins are a way to bring management and QAS attention and provide more detailed information to educate staff on items of focus, such as progress in the Program Improvement Plan or how and why Council on Accreditation standards are important.

The Children’s Division Quality Assurance unit participates in many projects, including but not limited to:

- Child Abuse and Neglect targeted case reviews
- Federal CFSR case reviews and reviewer training
- Planning and creation of quarterly Continuous Quality Improvement publication In Focus newsletter
- Evaluation of practice enhancements, such as the Missouri Practice Model
- Compilation and evaluation of Consumer Surveys
- Statewide data reports to include dissemination to field staff, education, and evaluation of best practice
- Regional support— Practice and Quality Improvement (PQI) staff may be direct or indirect support for targeted regional improvement projects.
- Quarterly meetings with regional staff to look at PQI topics and monitor plans for practice change.

- Tableau dashboard development
- Data logic – reviewed to ensure report logic is accurate and consistent
- Public report review and approval for publication
- NCANDS reporting
- General Assembly Report review
- AFCARS – provides updates to staff through training
- Permanency Attorney Initiative (PAI) reports developed in collaboration with PAI management
- REDCap
- Data Governance and data requests, to include legislative needs
- CFSR-statewide coordination activities, includes PIP, CFSP and APSR
- Worker w/ child federal reporting
- Psychotropic medication lawsuit support
- Children’s Division Research Committee support
- Council on Accreditation statewide coordination
- Coordination of Personnel, Vendor, and periodic COA case file reviews
- Assist circuits in building capacity in staff to use data in decision-making, including becoming comfortable with data terminology and basic statistics.

Missouri continues to use the case review process began in April 2018 to monitor PIP activities and to strengthen practice. The case review tool mirrors the federal On-Site Review Instrument (OSRI) and is housed within the FACES case management system. Within the FACES system, case review reports can be generated for analysis of trends by case type and location. Item-specific reports are available as well and can be exported to Excel for more in-depth evaluation. Quarterly results are shared via technical bulletins to show areas of success and continued challenges.

Due to the development of a new case management system that will eventually replaces FACES, the intent is for Missouri to begin using the OSRI in 2022 which will also aid in the preparation for Round 4 CFSR.

In addition to the case review process that is used for Program Improvement Plan monitoring and to continue to strengthen casework practice around the state, Missouri has other review 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 quickly identify trends in practice and will be used as a support to the case review process. Results of the targeted reviews are shared with the county or circuit leadership for any needed improvement planning.

- Intensive In Home Services Peer Record Reviews - Intensive In-Home Service contractors participate in a Peer Record Review process, which are used to measure program outcomes. The reviews are completed quarterly and a sample of cases is reviewed in each region. Children’s Division and contract staff partner to review cases, ensure contract compliance, and help identify strengths and challenges to providing quality services.
- Child Abuse/Neglect program line reviews - The development of this process began in 2019 to establish a standardized review tool. Staff in the Quality Assurance unit collaborated with State Child Abuse/Neglect Program and Policy staff to develop and test a review tool focused on policy and best practice standards. The tool was implemented in 2020 and reviews continue at regularly scheduled intervals. Results are shared with QAS staff, executive management teams and program and policy staff.
- Resource home reviews are being developed as part of ongoing quality improvement work. The recruitment and retention unit had conducted reviews prior and developed a standardized tool that is available for use.
- Evaluation of Missouri Model with focus on implementation of social services plans.

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 Quality Assurance System structure that continues to drive the use of data within the organization and is dedicated to the Continuous Quality Improvement process. Missouri Children’s Division Quality Assurance System Structure:

The Quality Assurance unit evaluates trends and outcomes on an ongoing basis:

- To determine service delivery and program effectiveness, and
- To provide guidance to state, regional and circuit staff, such as one on one coaching, presentations, involvement in strategic planning meetings, and implementing change through a variety of methods.

In collaboration with all levels of staff, QAS teams employ a process founded on the framework of data collection and monitoring. By doing this, the system as a whole promotes the CQI process and strides to provide high quality, sustainable child welfare services.

To assist with the measuring, monitoring and improvement of high quality, sustainable child welfare service provision, the following data reports are available to all staff:



- Monthly Management reports,
- Child Welfare Outcome reports,
- Children’s Division Annual report,
- Child Abuse and Neglect Annual report,
- Tableau dashboards that enable data to be visualized differently. Currently Children’s Division has dashboards that are at the Department, Executive, Regional and Circuit level
- In addition, the Division has internal reports made available to all levels of management. Supervisors are able to use the information in consultation with staff to assist in decision-making. Many of these reports provide child level, case specific data for use in evaluation and planning.

Another piece of Missouri’s QAS structure is the ongoing involvement of stakeholders and community partners. Stakeholders and partners participate in a variety of structured collaborative meetings such as the Child and Family Services Review advisory committee, Juvenile Court Improvement Project, Fostering Court Improvement, Youth Advisory Board, Supervision Advisory Committee, Healthcare Advisory Committee or through a number of implementation projects. Through these efforts, the structure exists for staff, stakeholders and partners to be a part of data review with subsequent strategizing, revising and implementing changes to policy and practice.

### **Quality Assurance System Training:**

The Quality Assurance System Team staff for Children’s Division have participated in various training opportunities over the past year.

- Case review training and ongoing learning from completing reviews and 1st level oversight
- Performance Measures, Targets and Dashboards training
- Tableau on-line training, as well as on-going instruction and support by Department of Social Services staff
- Webinar opportunities through Children’s Bureau and Capacity Building Center for States, to include NCANDS and CFSR topics

The Quality Assurance System Unit Manager shares training opportunities with all QAS staff members as they become available and QAS leadership supports individual training needs through monthly supervision meetings.

## Update on the Service Descriptions

### 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 Associate/Social Service Specialists, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY18 – SFY21:

<b>Fiscal Year</b>	<b>Total Calls</b>	<b>Admin. Functions*</b>	<b>Remaining Calls</b>	<b>Classified CA/N</b>	<b>Classified Non-CA/N Referral</b>	<b>Documented Calls</b>
<b>2018</b>	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)
<b>2019</b>	153,155	19,762	133,393	54% (72,418)	18% (23,943)	28% (37,032)
<b>2020</b>	142,791	17,597	125,194	51% (64,231)	23% (28,236)	26% (32,727)
<b>2021</b>	144,080	15,279	128,801	50% (64,817)	30% (37,806)	20% (26,178)

Source: FACES Report for FY18-FY21

\*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)

In FY20, there was a significant decrease in total calls, due to the COVID-19 pandemic. The percentage of CA/N decreased to 51% in FY20 and 50% in FY21. Additionally, there was an increase of non-CA/N referrals sent and a decrease of documented calls. Two notable temporary changes in call classification were implemented during FY 20, impacting this change.

Temporary COVID-19 Non-CA/N Referrals: On March 27<sup>th</sup>, 2020, CANHU implemented a temporary non-CA/N referral due to the COVID-19 pandemic. Calls that did not rise to the level of a report but contained concerns for children with decreased visibility in their communities,

and were at significant risk of abuse or neglect, due to their vulnerabilities, parent's protective capacity or extensive history with Children's Division, were classified as a non-CA/N referral. Additionally, concerns for a family not able to meet basic needs of children due to a lack of available resources, as a result of COVID-19, were classified as a non-CA/N referral. This non-CAN referral was utilized until March 1<sup>st</sup>, 2021.

Due to changes in the 2020-2021 school year, as a result of COVID-19, CANHU also implemented a temporary non-CA/N referral to address excessive absences in various school settings. This non-CAN referral was used through the end of the 2020-2021 school year.

Child Abuse and Neglect Call Management System Technology: In 2018, all CANHU locations moved away from an analog phone system and began utilizing Cisco Worldwide Technology. This system provided CANHU with some of the necessary tools needed to begin addressing barriers in answering all calls. One of the biggest improvements being the Cisco Finesse System. By utilizing this system, CANHU was able to expand its queuing system from one queue to three. This change provided a larger queue size that holds more people at one time. An enhanced system also allows callers to go through a series of prompts that sorts them into a specific queue, based on their answers. Queue One is designated for child reporters and emergencies. Queue Two holds permissive callers with a non-emergency situation. Queue Three is utilized by mandated reporters calling in non-emergency information. A call-back feature was added to this queue. This allows a mandated reporter to hang up and hold their place in line. When it is their turn, they are automatically called back and able to begin their report at that time. By utilizing three queues, hotline workers are able to handle calls in order of emergency or non-emergency, as self-identified by the caller. This system was a major contributor to the extreme decline in busy signals given from FY17 (6862 average per month) to FY18 (899 total).

In 2019, the Child Abuse and Neglect Hotline successfully gave zero busy signals to callers. This is due, in part, to the Cisco System. By utilizing workforce management, CANHU was able to offer alternate shifts to team members. This aided in filling in coverage gaps that have historically been difficult to fill. Schedule flexibility also aided in attempting to address retention issues. Another major factor in this accomplishment was an increase in online reporting (OSCR).

In FY20, a fourth queue was added for mandated reporters who are calling to report a fatality or near-fatal incident. This queue is handled by more seasoned staff, who have additional training in screening fatalities. The Child Abuse and Neglect Hotline continued to successfully give zero busy signals to callers.

In March of 2020, CANHU began looking at alternative platforms to replace Cisco technology and Teliopti/Calabrio. In October 2020, CANHU began working with Genesys Cloud to create a call center on their platform. Team members began testing the new call center in December 2020. In January of 2021, CANHU successfully changed to Genesys Cloud phone system. Genesys Cloud integrates the phone system, call management system, chat function, call

recording system, collaborative review evaluation, and work force management. This system allows all programs to be accessed through a Single Sign-On feature, allowing team members to only utilize one screen for the program.

The following chart displays average hold times by Queue.

	Queue 1	Queue 2	Queue 3	Queue 4	Overall
2018	0:03:02	0:04:25	0:13:02	n/a	0:07:52
2019	0:03:48	0:05:05	0:13:03	n/a	0:07:25
2020	0:03:17	0:03:29	0:08:00	0:02:59	0:04:35
2021	0:05:26	0:07:03	0:12:32	0:03:26	0:08:18

Average call times for the past four years is as follows:

- 2018 – 0:15:17
- 2019 – 0:16:54
- 2020 – 0:16:32
- 2021 – 0:14:26

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

In 2019, mandated reporters were given the ability to begin reporting emergency situations online. Prior to this, only non-emergencies were accepted. CANHU currently has at least one team member per shift designated to handle submitted OSCRS. This ensures information is processed in a timely manner. At the end of 2019, mandated reporters were also given the option to save up to 5 incomplete online reports for 72 hours. This allows them to gather any necessary information prior to submitting. The use of online reporting increased from 13.8% in 2018 to 24.9% in 2019. In FY20, there was a decrease in OSCRS to 23%. A major contributor of this is likely the decrease in visibility of children in their communities and by mandated reporters due to the COVID-19 pandemic. In FY21, while there was only a .99% increase in call volume, there

was a notable 34% increase in OSCR usage compared to FY20. The implementation of OSCR has been a timesaver to reporters and CANHU team members because online reports can be processed in half the time as phone reports. This allows hotline staff to take more calls.

<b>Fiscal Year</b>	<b>Total Hotlines</b>	<b>OSCR Originated</b>	<b>Percent of OSCRs</b>	<b>CANHU Originated</b>	<b>Percent of CANHU</b>
<b>2017</b>	145,325	16,309	11.2%	129,016	88.8%
<b>2018</b>	154,924	21,457	13.8%	133,467	86.2%
<b>2019</b>	153,155	38,191	24.9%	114,964	75.1%
<b>2020</b>	142,791	32,900	23%	109,891	77%
<b>2021</b>	144,080	49,699	35%	94,381	65%

Source: FACES Report for FY17-FY21

Staff Turnover and Retention/Recruitment: Several factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend/holiday shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children’s Division field office in order to work directly with children and families. Hotline staff are dedicated to statewide CA/N intake and are not required to assume investigative responsibilities.

Over the past few years several retention/recruitment steps have been taken. From 2013-2019, temporary hourly staff with previous hotline experience were hired/retained to fill coverage gaps while newly hired staff gained experience and speed in taking calls. In 2020, CANHU began hiring hourly employees with no previous CANHU experience, allowing for a larger pool of applicants.

In 2018, a Children’s Service Specialist position was introduced. This position works to collect, read and interpret data collected by the FACES and phone systems. This specialist also utilizes Work Force Management. This tool helps forecast needed staffing for peak call times. In 2019, CANHU received 2 allocations for Children’s Service Worker IV’s and an Assistant Unit Manager.

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. The use of out-based offices has allowed CD field staff to transfer to hotline positions at their current work location for the first time and has provided a larger pool of candidates to fill hotline vacancies. The use of Genesys Cloud helps facilitate this process by allowing hotline team members to set up in any location, as long as they have secure internet access and the ability to maintain confidentiality. At this time, there are 11 team members in Kansas City, including the Unit Manager and 1 Trainer. There are currently 6 team members in the Greene County office, including 1 supervisor. There is 1 team

member based out of the Stone County office, 1 team member based out of the St. Louis office, and 1 team member based out of the Miller County office. There are 3 team members in the Boone County office. All other team members are based in Jefferson City.

In 2019, CANHU implemented a work from home option for more seasoned staff. Each team member worked two days from home processing OSCRs. In the last quarter of 2019, staff completed a telework form to work from home. During 2019, six team members worked from home with their own state-issued computer and soft phone. There were an additional six team members who acquired soft phone access. Soft phones are software-based phones and mimic a desk phone. These team members worked from home with a shared laptop.

In March 2020, CANHU transitioned to full-time work from home for approximately 90% of the team, due to the COVID-19 pandemic. CANHU successfully acquired laptops for all team members. In May of 2021, Children's Division began a hybrid pilot program that allows Children's Service Workers and members of the supervisory team to work from home, provided they meet established performance requirements. Team members who meet performance goals are required to only work in office 2 days a week.

In 2019, CANHU started a Trauma/Morale initiative to help with morale and turnover with the unit. CANHU has started Lunch and Learn sessions and recently started Decompression Groups. Lunch and Learn sessions bring team members together to talk about different topics pertaining to child welfare. This time can also be utilized to discuss new Practice Points/Alerts that have been implemented. CANHU has continued to utilize Decompression groups to give team members time to talk with coworkers about challenges in taking calls or other topics determined by the group. In FY20, CANHU implemented a team member Spotlight. Due to work from home and CANHU team members spread across the state, this is used to help staff learn about fellow team members at CANHU. In an attempt to build morale, CANHU also implemented Trivia Tuesday. The CANHU "House Cup" game was implemented to encourage and promote good work. These activities have continued to be utilized in 2021. At this time, CANHU is looking for trainings to help with secondary trauma.

Process Improvement: Throughout CY21, CANHU partnered with the Casey Foundation and Evident Change to identify potential areas of process improvement. Team members from CANHU were interviewed by a Casey Foundation team member to gather information on what was working well and any processes that can be improved. Casey Foundation will provide a report of findings in 2022.

In CY21, CANHU worked with Change and Innovations to identify new ways to support team members. CANHU implemented a number of suggested changes, including new processes for maximizing supervisor availability and communication for team members. CANHU has also created a pilot program to alert law enforcement of Non-Caretaker Referrals in Jackson County and St Louis City. This will be implemented in 2022.

Child Abuse and Neglect Hotline Unit Oversight: CANHU team members are currently using Collaborative Call Review to assure quality. This process consists of a team members and his/her supervisor listening to a recording of a team member’s call. Each person evaluates the call for quality and accuracy in call classification. Once the evaluation is complete, they come together to discuss what went well in the call, any worries and what needs to happen or ways to improve in the future.

*Child Abuse and Neglect Reports*

During SFY21, the Children’s Division completed 54,515 reports of child abuse/neglect, involving 77,108 children. This was a decrease in reports of 2.4% from SFY20 and a decrease of 1.6% of total children. Comparing months, March had the highest number, and July the least, of both reported incidents and children. During FY 2021, an average of 4,543 reports involving 6,426 children were made each month.

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.

<b>Incidents and Children Reported to the Child Abuse/Neglect Hotline</b>				
<b>Year</b>	<b>Total Reports</b>	<b>Annual Change</b>	<b>Total Children</b>	<b>Annual Change</b>
2018	73,924	08.7%	106,090	08.0%
2019	64,920	-12.2%	89,738	-15.4%
2020	55,853	-14.0%	78,328	-12.7%
2021	54,515	-2.4%	77,108	-1.6%

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, SFY21

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 majority of reports are made by mandated reporters at 72%.

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY21.



<b>Reporters of Child Abuse/Neglect during SFY21 by Occupation</b>		
	Number	Percent
Permissive	15,784	24%
Peace officer or Law Enforcement	10,048	15.3%
Principal or other school official	8,350	12.7%
Social Worker	8,022	12.2%
Mental Health Professional	5,224	7.9%
Teacher	3,683	5.6%
Nurse	3,709	5.6%
Unknown	2,585	3.9%
Children's Division Worker`	1,602	2.4%
Physician	852	1.3%
Juvenile Officer	625	1.0%
Day Care	501	0.8%
Other Health Practitioner	618	0.9%
Other Hospital/Clinic Personnel	405	0.6%
Psychologist	306	0.5%
Intern	198	0.3%
Minister	128	0.2%
Probation Officer or Parole Officer	142	0.2%
Medical Examiner	138	0.2%
Resident	120	0.2%
Jail/Detention Personnel	43	0.1%
Dentist/Dental Hygienist	45	0.1%
Volunteer/personnel of community service program	30	0.1%
Coroner	42	0.1%

Note: Reporters exceed reports because more than one person may report an incident

Source: Child Abuse and Neglect Annual Report, SFY21

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 and was updated in 2021. Collaboration efforts between the Children's Division, Probation and Parole, and the Department of Health and Human Services began in 2021 and several web sessions educating about their respective roles in the welfare of children and families in Missouri were made available to multi-disciplinary team members.

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 54,515 reports in SFY21 which met criteria to be classified as child abuse/neglect, 37.5% were completed as investigations, 58.2% were completed as family



assessments, and 4.3% were completed as juvenile 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 adult person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

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.

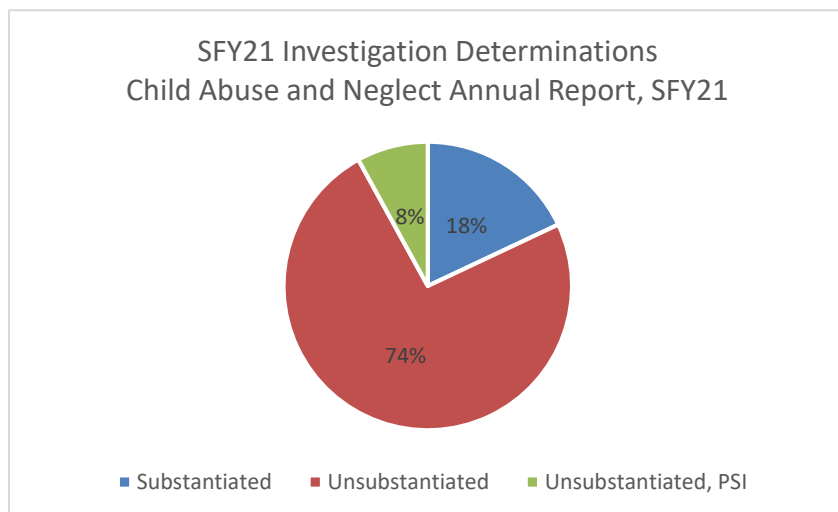
Proper or necessary support: Within the definition of neglect, adequate food, clothing, shelter, medical care, or other care and control necessary to provide for the child's physical, mental, or emotional health or development.

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.).

This data illustrates the various conclusions reached for investigations in SFY21.



<b>Substantiated Children by Category of Abuse/Neglect</b>			
<b>Category</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Neglect	54.5%	52.9%	53.8%
Sexual Abuse	33.6%	33.2%	32.6%
Physical Abuse	30.5%	32.0%	33.3%
Emotional Abuse	13.0%	15.9%	14.0%
Medical Neglect	3.2%	2.6%	2.9%
Educational Neglect	1.6%	1.2%	1.1%

Source: Child Abuse and Neglect Annual Report, SFY21

**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:

- Agency Responded No Concerns Found – The Division responded to the report, assured safety of the children, spoke with parent/caretaker, made a home visit and found that the allegations in the report had no merit.
- Agency Responded Concerns Addressed – The Division responded to the report and found concerns in the home, but those concerns were addressed through the assessment process, community resources, or other resources from staff.
- Agency Responded Services Provided – The Division responded to the report and found concerns in the home. Concerns in the home continued beyond the 45 day conclusion period and a Differential Response track was taken.
- Agency Responded Refer to FCS or AC Case Opened – The Division responded to the report and at some point during the assessment period, referred the family to Family

Centered Services or child was taken into custody and an Alternative Care case was opened.

- Family Declined Services, Child Safe — The Division offered to provide Differential Response services or Family-Centered Services, but the family refused services. Staff 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 SFY21. Percentages have remained consistent over the past five years among all categories.

<b>SFY21 Family Assessment Determination at a Glance</b>					
Agency Responded Referred to FCS or AC Case Opened	Agency Responded Services Provided	Agency Responded Concerns Addressed	Agency Responded No Concerns Found	Family Declined Services Child Safe	Family Uncooperative Child Safe
7.4%	3.2%	49.9%	33.8%	1.7%	4.1%

Source: Child Abuse and Neglect Annual Report, SFY21

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in all of the child abuse/neglect reports received during SFY21:

<b>Relationship</b>	<b>Number</b>
Natural Parent	78,478
Parent/Caretaker’s Paramour	9,666
Other	10,049
Step-parent	6,177
Grandparent	4,937
Aunt/Uncle/Cousin (Also Great)	3,430
Friend	1,456
Adoptive Parent	1,649
Sibling/step-sibling	1,189
Legal guardian	1,216
Institution/staff	842
Foster parent	832
School/personnel	324
Daycare provider	435
No relationship exists	674
Other Caregiver	426
Neighbor	238
Natural Child	802
Putative Father	164
Alleged Father	551

Source: Child Abuse and Neglect Annual Report, SFY21

The data below highlights perpetrator demographics for substantiated reports for SFY21. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (64%) were between the ages of 20 and 39.

Slightly over half of the perpetrators (61%) were male.

Three-fourths (73%) of the perpetrators were white, and 17% were black.

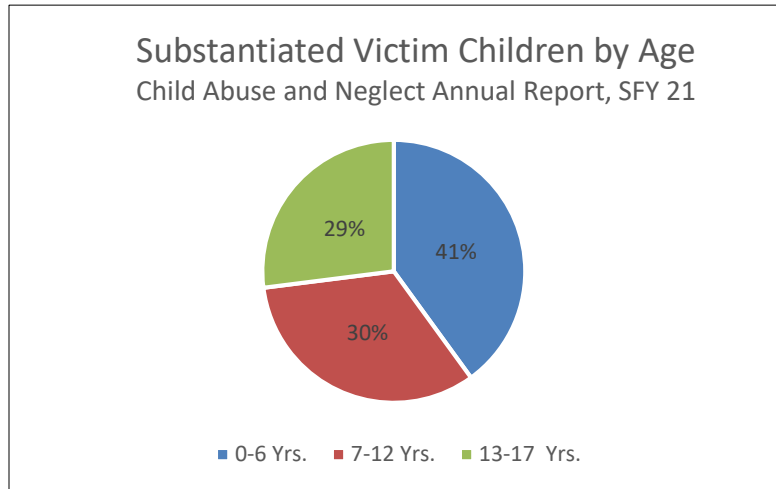
While natural parents were the overwhelming majority of reported perpetrators, only 4.2% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.

The most prevalent perpetrator characteristics were having other drug related problems (23.3%). Other prevalent perpetrator characteristics include having a history of criminal behavior (14.1%), having a mental/emotional disturbance (11.6%), and having an adequate support system (12.1%).

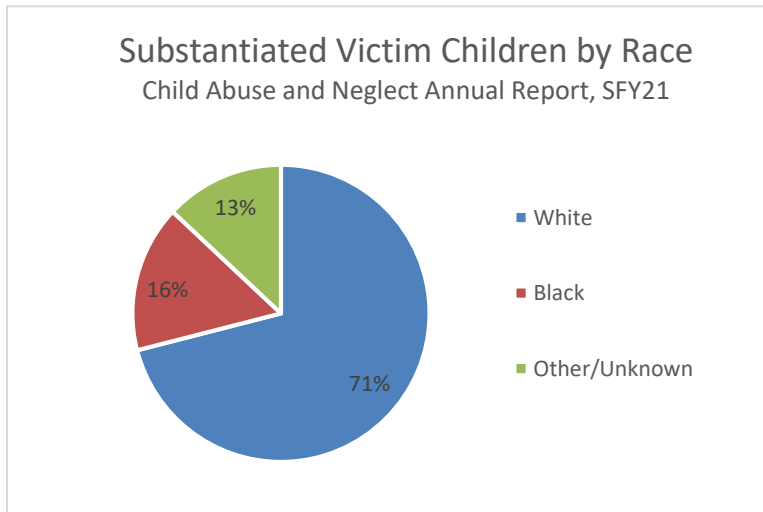
Child Demographics:

The data on the right highlights child demographics for family assessments and investigations for SFY21.

Of the substantiated children during FY 2021, over half (53.8%) were male and forty-six percent (46.2%) were female. Sexually abused children were more likely to be female (86.4%). Neglect was more prevalent among younger children with the highest being those under the age of one (1) at 12%. Sexual abuse occurred more often among older children with the highest being children the age of 14 years at 13.7%.



Children birth through six years old constituted 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 31% 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 55% of substantiated neglect victims involved children birth through six years of age.

Approximately 61% of the substantiated sexual abuse victims involved children ages 12-17 years of age.

Juvenile Assessments: 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 2,332 (4.3% of total reports) Juvenile Assessments in SFY21.

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 45<sup>th</sup> 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 45<sup>th</sup> 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. In 2021, there were only 268 (0.5%) Differential Response reports. Due to the small number of Differential Response

reports, the determination was made to eliminate this policy from the Child Welfare Manual effective April, 2022.

### Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY21:

On August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children's Division, a relative of the child, and the parent or guardian of the child to provide a temporary, out of home placement for a child if the parent or guardian is temporarily unable to provide care or support for the child and the child is not in imminent danger of death or serious bodily injury or being sexually abused.

Birth Match--House Bills 429 and 432 established section 210.156 RSMo, which requires the Children's Division to provide the Missouri Registrar of Vital Statistics identifying information for persons who are in at least one of the two categories: (1) individuals whose parental rights have ever been involuntarily terminated in Missouri AND who are identified in the Central Registry as having a finding by the Division or a court adjudication of child abuse or neglect within the previous ten years; (2) individuals identified in the Central Registry who have also pled guilty or been found guilty of specific crimes, within the previous ten years, provided the victim was less than eighteen years of age, including: chapter 566 or section 565.020, 565.021, 565.023, 565.024, 567.050, 568.020, 568.065, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, and 573.205. The Birth Match Program went into effect August 28, 2021.

In 2020, HB1414 was passed which had numerous impacts on the Children's Division. One of the statutory changes in HB1414 required the Children's Division and the Office of State Courts Administrator to develop a joint safety assessment tool to be implemented before January 1, 2022. The Children's Division partnered with Evident Change to develop the Structured Decision Making® (SDM) Safety Assessment Tool.

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention. The SDM Safety assessment is required for all Investigations, Assessments, Newborn Crisis Assessments, and Out of Home Investigations (OHI) reports. The SDM Safety Assessment is not required for Non-caretaker Referrals, Preventative Service Referrals, and for now, Juvenile Assessments. The SDM Safety Assessment Tool was introduced to field staff on December 30, 2021.

The following are highlighted policies published throughout CY21. 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
CD21-19	Notified team members that a Learning Circle regarding 72 Hour Chief Investigator Consultation was available.
CD21-20	Informed staff that a conclusion template has been developed for statewide use for Family Assessments, Juvenile Assessments, and Newborn Crisis Assessments.
CD21-21	Informed all Children’s Division staff of updates to Section 2, Chapter 4, Sub-Section 4 Newborn Crisis Assessments “NCA”. As a result of in-depth reviews of Newborn Crisis Assessments with corresponding critical incidents within 12 months of conclusion, changes will be made to the current Newborn Crisis Assessment (NCA) policy.
CD21-37	Notified team members that policy has been developed regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of legislation that passed in 2020.
CD21-51	Informed staff of the implementation of enhanced Human Trafficking policy and response protocol, as well as the requirement for ALL Children’s Division staff and contracted practitioners to complete the Introduction to Child Trafficking training and the Advanced Child Trafficking training. This policy applies to all children involved with Children’s Division throughout all program lines.
CD21-53	Introduced team members to the Birth Match Program that went into effect August 28, 2021. The purpose of Birth Match is to identify infants who are high risk for abuse or neglect based on the parents’ previous actions. Birth Match will allow staff to assess the family and determine if services are needed before abuse or neglect occur.
CD21-54	In response to the September 2019 Task Force on Child Safety recommendations, the Legal Aspects (LA) Training team developed the following two-day classes: Legal Aspects of Investigations, Legal Aspects of Foster Care and Adoption, Legal Aspects of Investigation for Supervisors, Legal Aspects of Foster Care and Adoption for Supervisors, and Legal Aspects 360 for Circuit Managers. The LA team also developed courses for the e-learning library to serve as resources for the workforce and prerequisite courses for the two-day instructor led courses.
CD21-64	Informed staff of changes to the administrative review process as a result of 13 CSR 35-31.025 Child Abuse and Neglect Review Process regulatory changes that took effect October 30, 2021.
CD21-69	Notify team members of the introduction of the SDM Safety Assessment that was implemented on December 30, 2021, and an update to the Family Risk Assessment Tool policy.
PA21-IA-01	Clarified how to enter an initial contact on a deceased child in FACES. In instances where a deceased child has been identified as the victim child, staff shall enter it as a Multi-Disciplinary Team (MDT) Member’s initial contact with the child.

PA21-IA-02	Definitions and legal elements of Labor and Sex Trafficking.
PA21-IA-03	Introduction of the Child Sex Trafficking Recovery Services Team (RST).
PA21-IA-04	Notification of revisions to the Preventative Services Referral Process.
PA21-IA-05	Reminder to staff of the importance of putting in the correct DCNs and the process to correct misinformation.
PA21-IA-06	Guidance to staff on with working with clients with Medical Marijuana cards.
PA21-IA-08	Clarified fatality investigation conclusions when the manner of death has been determined to be accidental by the coroner or medical examiner. A finding of Preponderance of Evidence (POE) may still be appropriate, even if manner of death has been determined accidental. Investigative staff should still explore all conclusion types and determine the most appropriate conclusion based on all evidence available.

### *Temporary Alternative Placement Agreements*

On August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children’s Division, a relative of the child, and the parent or guardian of the child to provide a temporary, out of home placement for a child if the parent or guardian is temporarily unable to provide care or support for the child and the child is not in imminent danger of death or serious bodily injury, or being sexually abused such that the Children’s Division determines that a referral to the juvenile officer by submitting a Juvenile Office Referral (CD-235) with a recommendation to file a petition or to remove the child is not appropriate.

In the course of an investigation or assessment of child abuse and neglect, if a child is determined to be unsafe, there may be times when they can be temporarily placed outside of the home with a non-residential parent or relative caregiver to allow for time to reduce or eliminate the safety threat to the child and to attempt to prevent the child from being involuntarily removed from their parent/caregiver.

A TAPA requires the agreement and signature of the parent/guardian, relative caregiver, and the Children’s Division. If the parties are unable to reach an agreement regarding the terms of the TAPA, staff should make a referral to the juvenile officer as soon as possible, but no later than three (3) business days from the date of the diversion placement.

When there is a TAPA, the following must occur:

- A Team Decision Making (TDM) meeting is required to be held within ten (10) days of the execution of a TAPA;
- A Family-Centered Services (FCS) case must be opened within ten (10) days of the execution of the TAPA and the case must remain open during the duration of the agreement;
- Staff must have personal contact with all the children on the TAPA, as appropriate, to ensure that the TAPA is being safely implemented but no less than two (2) times per month. One (1) contact with each child must be face-to-face observation of the child in child’s relative diversion placement. Additional contacts with the child may occur virtually or in the community;
- At least one face-to-face home visit per month must be completed on all FCS cases with the parents involved in the TAPA;
- A Team Decision Making (TDM) Meeting must be held at least once every month thereafter for the duration of the TAPA.

Pursuant to Section 210.123, RSMo, a TAPA shall be valid for no longer than ninety (90) days. If the goals of the TAPA cannot be accomplished within ninety (90) days and the child cannot yet be safely returned home, a referral to the juvenile officer **must** be made as soon as possible, but no later than ten (10) days prior to the end date of the TAPA by submitting a juvenile office referral. In the referral, staff may recommend the TAPA be extended instead of a recommendation for removal. Extensions beyond the first ninety (90) days should generally not be needed for another full ninety (90) days and should not be made more than once. For example, an extension may be requested if the relative has begun the process to obtain guardianship, but the court date will not occur prior to the end of the first ninety (90) days.

If there is good cause to extend the TAPA beyond the first ninety (90) days, a TDM must be held prior to the ninety (90) day expiration and the TDM should discuss and document the reasons for an extension and for how long the extension will be needed. Staff must obtain approval from the Regional Director, or their designee, for any extensions beyond 180 days.

Data from implementation on August 2, 2021 to December 31, 2021. Other situations for closed TAPAs include diversion to another caregiver and caregiver obtained guardianship.

Statewide	Number of Diversion/TAPAs	Number of Closed Diversion/TAPAs	Number of Children Returned to Parent on Closed Diversion/TAPA	Number of Children who Entered AC on Closed Diversion/TAPA
Total	634	590	283	205

Source: FACES Diversion/TAPA Report



## *Child Abuse and Neglect Review Board*

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 (60) days.

When the alleged perpetrator disagrees with the preliminary finding of child abuse or neglect by a Preponderance of Evidence (POE), he or she may appeal and has two avenues to seek an independent review of the Division’s decision. The alleged perpetrator must choose one or the other avenue of review, but cannot choose both. The methods of review are:

- **Direct Judicial Review:** The alleged perpetrator can choose to waive his or her right to the Administrative Review process and proceed directly to Judicial Review by filing a petition in Circuit Court within thirty (30) days of the date that he or she received notification of the preliminary POE finding; or
- **Administrative Review:** The alleged perpetrator may request an administrative review. To request an administrative review, the alleged perpetrator shall submit a written request for review within sixty (60) days of the date they received notification of the preliminary POE finding.

If criminal charges remain pending during the sixty (60) day window to request and administrative appeal-or are filed before the CANRB hearing occurs-the alleged perpetrator may choose to waive administrative review until sixty (60) days after the resolution of the criminal charges as described below:

1. Request an administrative review within sixty (60) days of the date they received notification of the preliminary POE finding. If the alleged perpetrator chooses to proceed, the Children’s Division POE finding(s) will remain in preliminary status pending appeal and the alleged perpetrator will not be placed on the central registry until the Child Abuse and Neglect Review Board (CANRB) upholds the preliminary finding(s).
2. The alleged perpetrator may waive administrative review within sixty (60) days of receiving the CS-21 and *instead* request an administrative review within sixty (60) days of the court’s final disposition or dismissal of the criminal charges. If the alleged perpetrator chooses to wait until the resolution of their criminal charges, the Children’s Division’s preliminary finding(s) will become final sixty (60) days upon receiving the Investigation Disposition Notification Letter (CS-21) and at that time the alleged perpetrator will be placed on the central registry unless and until the CANRB reverses the POE finding(s).

If the alleged perpetrator requests and is eligible for an administrative review, a Child Abuse and Neglect Review Board (CANRB) hearing is scheduled. The CANRB is a panel of up to 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.

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 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 except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

On October 30, 2021, Child Abuse and Neglect Review Process regulatory changes were implemented as a result of 13 CSR 35-31.025 Those changes implemented are as follows:

### **Local Administrative Reviews**

Local administrative reviews are no longer required. As a result, the administrative review process is managed by the Administrative Review Team in central office. Circuit managers or their designee may choose to review the CA/N report prior to the Child Abuse and Neglect Review Board hearing to determine whether the report should be upheld or reversed; however, this is optional. If new information becomes available that could potentially alter a preponderance of evidence finding, the Circuit Manager or their designee should review the CA/N report to determine whether sufficient evidence exists to continue to uphold the finding(s). If a decision is made at any point to reverse a POE finding(s) prior to the CANRB hearing, the Circuit Manager or their designee will contact the Central Office Administrative Review Team within one (1) business day of that determination so the hearing can be cancelled.

The Investigation Disposition Notification Letter (CS-21) has been updated and directs alleged perpetrators to request administrative reviews via the administrative review mailbox. Nonetheless, alleged perpetrators may still request administrative reviews through the local office. All requests received in the local office must be forwarded to the central office Administrative Review Team within three (3) business days of receipt of the request and the CANRB Hearing Referral (CD-307) must be completed.



## **Pending Criminal Charges**

If criminal charges that arise from the investigation remain pending when the alleged perpetrator receives the CS-21, the alleged perpetrator will have two options as described above. This change was made to better facilitate timely placement on the central registry when criminal charges resulted from the incident. As a result of these changes, Central Office has started reviewing all outstanding administrative reviews delayed because of pending criminal charges.

## **Electronic Notice**

Alleged perpetrators are able to elect to receive the CS-21 electronically, as well as future correspondence related to their administrative review request. The Description of the Investigation Process (CS-24) was revised to inform alleged perpetrators of their right to receive legal notifications electronically. Staff should ask the alleged perpetrator their preference, electronic or mail, at the time the CS-24 is provided to the alleged perpetrator. If the alleged perpetrator requests to receive the CS-21 electronically, staff may send an encrypted email with a signed copy of the CS-21.

## **Deceased Perpetrators**

If the Children's Division learns the alleged perpetrator has died prior to the expiration of the alleged perpetrator's time to request a review or before a scheduled CANRB hearing occurs, the deceased perpetrator will not be added to the central registry; however, the Children's Division will retain the report in the same manner as unknown perpetrators and Family Assessments.

As a result, a new investigative conclusion option of 'Child Abuse/Neglect Present, Perpetrator Deceased' was created. The primary purpose of this conclusion is to stop the administrative review process when the alleged perpetrator passes away. This new conclusion type is to be utilized when:

- An alleged perpetrator dies prior to the conclusion of an investigation and other elements to establish abuse or neglect are met; or
- To amend a POE conclusion when an alleged perpetrator dies prior to the conclusion of the administrative review process.

## **Training**

Members of the board shall now complete a minimum of three (3) hours of training regarding child abuse and neglect annually, as approved by the Children's Division. The Children's Division shall also notify the board of available training opportunities.

	<b>UPHELD</b>	<b>REVERSED</b>	<b>TOTAL</b>
<b>SOUTHERN REGION</b>	184	31	215
<b>NORTHERN REGION</b>	141	28	169
<b>JACKSON COUNTY</b>	12	5	17
<b>ST. LOUIS CITY</b>	8	2	10
<b>ST. LOUIS COUNTY</b>	16	3	19
<b>OHI</b>	3	0	3
<b>TOTAL</b>	406	79	485

Source: CANRB FY21 Report Produced by the Prevention and Safety Unit

In FY 2021, 485 cases were heard. Four hundred six cases were upheld and 79 cases were reversed. Eighty four percent of cases heard at CANRB were upheld.

	<b>UPHELD</b>	<b>REVERSED</b>	<b>TOTAL</b>
<b>SEXUAL ABUSE</b>	128	26	154
<b>PHYSICAL ABUSE</b>	102	24	126
<b>EMOTIONAL ABUSE</b>	14	5	19
<b>NEGLECT</b>	162	24	186
<b>TOTAL</b>	406	79	485

Source: CANRB FY21 Report Produced by the Prevention and Safety Unit

Children’s Division began tracking reasons for reversal as cited by the board Chair in January 2020. It remains standard practice to forward the Board’s reason for reversal to the Children’s Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter to CD of the Board’s decision to reverse for training purposes.

#### *Background Screening and Investigation Unit*

The Background Screening and Investigation Unit (BSIU) conducted background checks for Missouri employers for their current or prospective employees/volunteers who have responsibility for child care or supervision. These screenings assisted 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 allowed background screening requestors to input identifying information into an electronic application form. The online screening procedure 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:

<b>ANNUAL BSIU SCREENINGS</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	92,356	91,297	92,113	83,321	50,501

Source: BSIU FY17-FY21 Reports Produced by the Child Abuse/Neglect Hotline Unit

The decrease in BSIU screening requests for the past few years is attributed to an increase in usage 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. In addition, schools and other agencies have chosen 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.

With the decline in screening requests for the past few years and the availability of an alternative agency (FCSR) to complete child abuse and neglect screens, the Department of Social Services officially ended the Background Screening and Investigation Unit (BSIU) on June 30, 2021. The above figure for 2021 concludes the screenings provided by BSIU.

### *Child Assessment Centers*

Child assessment centers (established in RS Mo. Section 210.001), more commonly referred to in the field as child advocacy centers (CACs), are safe and child-focused places that provide forensic, medical, therapeutic, and case management services as part of a multidisciplinary response to child abuse allegations. Forensic interviews, a professional service provided by CACs, promote case integrity by eliciting information about a child’s experience in a developmentally-appropriate, emotionally-supportive, and non-leading manner. Throughout the investigation, and in some cases beyond, CAC victim advocacy services help families navigate the legal response to child abuse allegations, and to access critical resources that help families heal from, and prevent subsequent abuse. In addition to its direct services, CACs help coordinate the efforts of the professionals responsible for the various aspects of a child maltreatment case, known as the multidisciplinary team (MDT), by providing a space for the MDT to share case information and considerations for the child’s best interest. The MDT typically consists of law enforcement, prosecutors, Children’s Division investigators, and CAC staff, and may also include mental health, medical, and other professionals invested in child well-being. The MDT model, facilitated by the CAC, further benefits the child and case by minimizing the number of times that a child must recount their experience, thus mitigating additional trauma to the child and duplication of efforts. In 2020, Missouri CACs provided services to more than 40% of children involved in a child maltreatment investigation, for a total of over 8,800 children served.

There are 15 regional child advocacy centers in Missouri that provide services to all 114 counties, and St. Louis City, through 25 unique sites. The primary, regional centers are located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Poplar Bluff, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are located in Union, Farmington, Doniphan, West Plains, Nevada, Pierce City, Butler, St. Robert, and Hannibal.

All 15 regional CACs in Missouri are accredited by the National Children’s Alliance. To obtain accreditation, CACs must demonstrate compliance with ten standards governing the quality of a CAC’s environment, services, and operations. These standards address forensic interviewing, victim advocacy, a child-focused environment, multidisciplinary team functioning, case review, mental health services, medical-forensic exams, case tracking, organizational capacity, and cultural responsiveness. To maintain accreditation, CACs must demonstrate compliance with these standards every five years.

Missouri KidsFirst is the Missouri chapter of the National Children’s Alliance and the statewide coalition of child advocacy centers. As such, Missouri KidsFirst provides various types of services to Missouri CACs, including public policy advocacy, direct service training, administrative support, technical assistance, and coordination of statewide efforts. The directors of Missouri’s 15 regional CACs serve as an advisory board to Missouri KidsFirst and meet regularly with the chapter to discuss CAC needs, practices, and field trends/dynamics. In addition to its services for child advocacy centers, Missouri KidsFirst leads Missouri’s Task Force on the Prevention of Sexual Abuse of Children, serves as the statewide coordinator of the SAFE-CARE Network (the state’s network of medical providers trained in the response to child abuse), serves as the Missouri chapter of Prevent Child Abuse America, and coordinates the state network of training facilitators for the evidence-supported child sexual abuse prevention training for adults, Stewards of Children.

#### *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). Medical evaluations conducted in a child advocacy center may co-occur with the forensic interview 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 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 SFY21, 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, preceded and followed by case presentation. One ECHO series was held in 2021, to include 18 events. 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.

The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. There are currently 48 SAFE-CARE providers located throughout the state. Many of those that are not located in one of the three Resource Centers are contracted to provide services through local CACs.

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 to be either evaluated or have a case review completed by a SAFE-CARE provider.

In SFY2021, the Department of Public Safety paid claims for 1,426 child sexual assault forensic examinations (SAFE) and 1,386 child physical abuse forensic examinations (CPAFE).

#### *Task Force on the Prevention of Sexual Abuse of Children*

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. This Task Force provided the Governor, Missouri General Assembly, and the State Board of Education with 22 recommendations within seven core subject areas that include community-based child 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 to continue to study the issue of sexual abuse of children (Section 210.1200, RSMo). Prior to being reauthorized, committed experts were meeting as an Interim Task Force to further this work. The Task Force focused on four specific recommendations identified in the 2012 report:

1. Standardized online training for mandated reporters of child abuse and neglect
2. Best practices and standards for multi-disciplinary teams (MDT), law enforcement, prosecutors, and medical providers
3. Youth with problem sexual behaviors
4. Mental health services for sexually abused children

Members have continued to meet since the inception of the Task Force to address the prevention of sexual abuse of children, as well as several other areas that have been identified as important issues needing to be addressed.

Available data from the Children's Division supports the need for the important work of the Task Force. In fiscal year 2021, there were over 54,000 reports of child abuse and neglect involving over 77,000 children in the State of Missouri. Of these reports that were substantiated, 33% were for sexual abuse. This represents the third largest category of abuse and neglect.

The full Task Force met February 26, 2021. These meetings provide an opportunity for updates on the various Task Force Workgroups, legislative changes, pertinent agency partner updates, as well as to learn about other important work going on in the state around child abuse and neglect. At this Task Force meeting, Representative Mary Elizabeth Coleman was a guest speaker and discussed the work of the House Committee on Children and Families as well as omnibus HB 673. Representative Keri Ingle was also a guest speaker and discussed HB 577 / HB 560 and HB 330. The Children's Trust Fund also presented on four projects which they had chosen to fund through their child sexual abuse prevention initiative:

- Kids Harbor will be doing interventions in Macks Creek and Lebanon including Darkness to Light training, Monique Burr Safety Matters curriculum and providing treatment for youth with problematic sexual behaviors
- Metropolitan Organization to Counter Sexual Assault (MOCSA) in the Kansas City Area will be targeting the 64127 zip code providing Darkness to Light training, working with youth with problematic sexual behaviors and working with youth-serving organizations
- Prevention Consultants of Missouri will be targeting Phelps County, creating a local task force on child sexual abuse prevention, Darkness to Light training, Safety Matters curriculum and media work around prevention strategies
- The Child Center will be targeting the St. Peters zip code in the Kansas City area including working on policies and procedures, providing Darkness to Light training and providing treatment for youth with problematic sexual behaviors

Information was provided at this Task Force meeting about Missouri's efforts to establish a Stewards of Children® network. Stewards of Children® is a child sexual abuse prevention program developed by the national organization Darkness to Light. This program educates adults to prevent, recognize and react responsibly to child sexual abuse. This training program is designed for any adult who wants to learn more about preventing child sexual abuse. As of this meeting date there were 60 Stewards facilitators across the state.

There are currently three Workgroups of the Task Force composed of smaller groups of Task Force members and other stakeholders. These Workgroups have actively met throughout the year:

1. Multi-Disciplinary Team (MDT) Best Practices
2. Youth with Problem Sexual Behaviors
3. Child Sexual Abuse Education

### **Multi-Disciplinary Team (MDT) Best Practices:**

In 2021, the MDT Workgroup released an MDT Basics Training Toolkit with an MDT training curriculum and the Missouri Office of Prosecution Services (MOPS) received Children's Justice Act funding for a Multi-Disciplinary Team (MDT) Train the Trainer event to improve the work of multidisciplinary teams in the state by developing a group of individuals who can provide local training and assistance to these teams.

The MDT curriculum is based on an MDT Module which was created and developed by the MDT Workgroup, a committee of the Task Force on the Prevention of Child Sexual Abuse. The Module is comprised of approximately 170 power point slides which represent key components from every core MDT agency to help inform and increase participation in MDT case reviews and case investigations. The training is comprised of six hours of lecture and two hours of group work. The Train the Trainer curriculum focused on ensuring that trainers understand the content of the MDT curriculum and teaching facilitation skills for the group work component of the MDT curriculum. As a condition of accepting a scholarship to this training, trainees committed to providing at least two MDT trainings with a total of at least 30 participants within 18 months of the Train the Trainer event.

A Train the Trainer event was held in September 2021. With three faculty members and a total of 20 attendees, as well as two additional persons auditing the course (from the Children's Division and Missouri KidsFirst respectively), the Train the Trainer event was smaller than originally planned, but still successful in enhancing the MDT training capacity across the state. Attendees included three juvenile officers, two Children's Division staff, five CAC staff, five law enforcement officers, two prosecutors, and two prosecutor-based victim advocates (one of whom is also a law enforcement officer), as well as the newly hired Missouri KidsFirst Training and Education Coordinator. Participants represented a wide variety of geographic locations



throughout the state, including the Northwest, North Central, mid-Missouri, the Lake Area, Joplin, Springfield, Cape Girardeau, and Ripley/Stoddard County.

### **Youth with Problem Sexual Behaviors:**

On February 19, 2021, the Task Force on the Prevention of Sexual Abuse of Children: Youth with Problematic Sexual Behaviors (YPSB) sub-committee met to discuss the topics that were of interest in 2019. The areas of interest were as follows:

- YPSB Training Needs (CD, Law Enforcement, Schools)
- MDT Response in YPSB Cases
- Statute/Policy Issues
- Children’s Division Form Review (CD-214 and CD-215)

The Children’s Division reported working on core curriculum for new worker training that would centralize training topics and the same training information would be going out to the entire state. The hope is to increase consistency in how juvenile assessments are completed by field staff. The Children’s Division also developed a juvenile assessment guide to assist field staff and supervisors on what was required when completing a juvenile assessment. The juvenile assessment guide was also reviewed by the subcommittee prior to implementation. Schools were identified as needing further training and information on juvenile assessments as well as rural areas that may have limited access to treatment and services. Due to the pandemic, in-person trainings were not being planned. It was noted that the Missouri Juvenile Justice Association’s Fall Virtual Conference did touch on some youth with problematic sexual behaviors issues.

Multi-Disciplinary Teams (MDTs) were also discussed. Some areas of the state said that their MDTs do a good job at providing treatment and services for the YPSB population. Other areas felt more guidance was needed with law enforcement when investigation is involved. Several in the group shared that there are services available throughout the state for both initiators and victims that MDTs may be unaware of. The group felt a “catalog” or “central registry” of such would be beneficial to have so that all were aware of resources throughout the state to assist with the treatment of YPSB.

At the last meeting, a noted concern was in reference to the “care, custody, and control” statute and that any person who takes control of the child by deception, force, or coercion is considered to have care, custody, and control. Because there is not an age specified, the hotline was screening in all cases of rape where a perpetrator is 14 or older as an investigation. Prior to the statute change in 2017, this would have been classified as a non-caretaker referral. An update from Children’s Division stated that reports alleging rape are now screened out as a non-caretaker referral unless care, custody and control is clearly established.



Children’s Division wanted to update the juvenile assessment forms as they had not been revised since they were developed. A smaller group was established to look at the old forms and create a shorter, more comprehensive form.

The subcommittee came back to meet virtually on May 20, 2021. At that time, the Juvenile Assessment Tool (CD-215) and the Juvenile Assessment Safety Plan (CD-214) had been revised and was presented to the group. The forms were not going to yet be mandatory to complete a juvenile assessment, but they are useful tools to assist field staff in completing a thorough assessment of the alleged child initiator and family unit. It was also suggested that the group begin a “catalog” of resources for working with youth with problematic sexual behaviors. Members sent Children’s Division their list of resources to compile.

The final meeting of 2021 was September 23. A sub-group met since the last meeting to discuss prevention programming for the State. They met with Dr. Fisanick (Principal for Blacklick Valley High School in Pennsylvania) and Carli Zanghi (Victim Services, Johnston, Pennsylvania). They brought a small group forum for their students on topics such as sex trafficking, cyberbullying, teen suicide, pornography, digital images/media, social media safety, domestic violence, drug & alcohol prevention, safe sex, etc. They used local agencies to integrate these topics and kept it at no cost to the schools. They placed a memo to the parents but did not seek permission; concerned parents were encouraged to contact the school. The school provided surveys to the students to explore topics of relevance and continue to present topics that felt relevant to the students. There was an interest in exploring this topic further and to also connect with another group that is working on similar education in schools. This will be further explored into 2022.

### **Child Sexual Abuse Education:**

This Workgroup convened in October 2019 as a result of the passage of Section 170.045 RSMo in the 2019 legislative session. This legislation requires each school district to provide trauma-informed, developmentally appropriate sexual abuse training to students in all grades not lower than sixth grade. This group came together to create the Guidance Document and a variety of webinars, trainings, and resources to achieve this goal. Knowledge of this statutory requirement is reaching the majority of communities as indicated by a survey of school districts conducted by the Workgroup. The Guidance Document is being utilized as intended to provide support in implementing the requirement.

Presentations reviewing the school-based Child Sexual Abuse prevention training requirement and the guidance document created by the workgroup were provided at the statewide MOSHAPE conference (health and PE educators). Missouri KidsFirst presented on this topic in March, 2022 at DESE’s Conference on the Young Years.

The survey of school districts had 44 respondents, a smaller response than hoped, but there are some interesting points to observe from the data:

- School Nurses and School Counselors made up the majority of the respondents
- The majority of the respondents knew about the statutory requirement (64%)
- The most frequent actions taken in the 2020-21 school year to comply with implementation were reviewing the CSA Prevention Task Force Guidance Document (51%) and partnering with outside community agencies to provide the training (31%)
- The most frequent planned actions for the 2021-22 school year were the same as above-review of the guidance document (51%) and engaging with community partners (47%).
- Forty-seven percent (47%) of respondents rely on insurance provider and/or legal representative to provide additional training on how adults react responsibly to disclosures of child sexual abuse. The second most used training is the Mandated Reporter training at protectmokids.com (31%)
- The additional support most needed were (1) Training for school personnel to be able to implement evidenced informed trainings to students (51%), and (2) A community partner to provide evidenced informed trainings to students (49%).

### *Human Trafficking*

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children’s Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
  - The parents or legal guardians of the child;
  - Other members of the child’s household;
  - Those exercising supervision over a child for any part of a twenty-four hour day;
  - Any person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family; or

- Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse, and neglect screening criteria was implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

Child(ren) of any age who have forcefully or willingly been involved in any type of sexual activity 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 reporter description code of Child Sex Trafficking (HT) code was added to FACES, and the prior reporter description code of Prostitution (A8) was discontinued. The addition of this HT code provides staff with the ability 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 all Children’s Division staff, including supervisors, regional directors, circuit managers, specialists, and contracted practitioners, of the requirement to attend Introduction to Human Trafficking training.
CD21-51	Inform staff of the implementation of enhanced Human Trafficking policy and response protocol, as well as the requirement for ALL Children’s Division (CD) staff and contracted practitioners to complete the Introduction to Child Trafficking training and the Advanced Child Trafficking training

Children’s Division utilized content provided by an expert partner through a Notice of Funding Opportunity to develop an Advanced Human Trafficking Training curriculum for Children’s Division staff. This advanced training helps 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 has also updated its policy to require the utilization of a comprehensive assessment to assist in the identification of child victims of human trafficking. Children’s Division staff will utilize the Human Trafficking Assessment Tool in the following circumstances:

- Within 24 hours for victim(s) and non-victim(s) listed on a CA/N report with allegations of human trafficking
- Within 24 hours of a child/youth in state custody returning from being on the run, missing, or abducted
- Within 24 hours for any child/youth that is involved with Children’s Division through a CA/N report, FCS case, or AC case in which there is a suspicion of human trafficking, history of human trafficking, and/or new concerns of human trafficking
- Within 72 hours for children/youth that are involved with Children’s Division through a CA/N report, FCS case, or AC case in which it is learned that there is a known history of running away from home/placement
- When a child’s circumstances change or new information is learned about the child/youth which warrants the use of a more comprehensive screening of human trafficking
- Immediately when imminent safety concerns are present in which there are immediate concerns for a child/youth being trafficked

Children’s Division Training Unit has also developed an enhanced Introduction to Human Trafficking training, separated into four pathways intended for administrative staff, field staff, supervisory staff, and caregivers.

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 partnered with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

### **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 of this report for more details.

### **Services for Children Under the Age of 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 rehabilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visiting Providers)
- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE findings for children 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), the 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 children under the age of five unless necessary to accommodate a sibling group temporarily. Because of the sound policy and rule, the division does not anticipate any changes or updates to this particular requirement.

In response to an executive order signed on January 28, 2021 by Governor Mike Parson, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This realignment of programs within one state agency would allow for greater opportunity for improved coordination of services, resulting in early childhood work across state government to become more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

The CA/N Prevention Home Visiting program is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home supports for at-risk families. The program implements evidence-based models that are designed to prevent child abuse and neglect through their established curriculums and supports. Providers awarded contracts to provide services through this funding currently utilize one of two evidence-based models focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. These are the Child Welfare Adapted Healthy Families America model and the Nurturing Parenting model (evidence based through the Substance Abuse and Mental Health Services Administration, SAMHSA). Seventy percent of the families enrolled in the program must be referred by and/or have been identified through consultations with Children's Division (CD). This can include families that come to the attention of CD by means of a newborn crisis assessment, investigation or family assessment, in addition to ongoing Family Centered Services intact cases and Alternative Care cases with an active plan for reunification.

Although families may be referred by CD, enrollment in the program is voluntary to families whose total 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. Enrolled families are also provided the ability to access hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various participation incentives to encourage continued engagement in the program. As the enrolled child(ren) age out of the program, they are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

As of August 1, 2021, the CA/N Prevention Home Visiting program services expanded to every county in the State of Missouri, divided into 14 regions. Through this expansion, parent cafes

will also be offered to enrolled families by every contracted provider on a monthly basis. Through this expansion, in SYF22, the program is projected to serve 2,500 unduplicated families and 3,700 unduplicated children age birth to three years old.

The Children’s Division has implemented several different Signs of Safety tools 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 that children have an opportunity to talk about what they are worried about, what makes them happy, and what they would like to 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 just entirely having the 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 Intensive In-Home Services (IIS) has remained stable for the last five years. In SFY21, 37% of the children served by IIS were age five and under. In SFY20 the percentage of at risk children five and under was 40%. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

<b>Year</b>	<b>Total Children</b>	<b>Children under 5</b>	<b>Percent</b>
SFY18	20,330	7,637	38%
SFY19	20,146	7,630	38%
SFY20	20,226	7,577	37%
SFY21	20,247	7,632	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 in SFY21.

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 Children’s Division will continue stressing the importance of permanency for all children. The data from the



last four years (SFY18 - 21) 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 information below represents the percentage of those exiting who are ages zero to five, six to 12, and 13 and older.

#### Age Groups Exiting to Reunification

Years	0-5	6-12	13+
SFY18	38.21%	35.74%	26.05%
SFY19	41.98%	33.40%	24.62%
SFY20	38.07%	35.10%	26.83%
SFY21	39.50%	34.30%	26.20%

Source: Child Welfare Outcomes Report, Measure #9b

#### Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY18	36.00%	39.63%	24.37%
SFY19	35.27%	36.97%	27.76%
SFY20	36.69%	34.85%	29.52%
SFY21	34.35%	33.52%	32.14%

Source: Child Welfare Outcomes Report, Measure #9b

#### Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY18	56.91%	32.43%	10.67%
SFY19	57.46%	32.03%	10.52%
SFY20	54.60%	33.21%	12.19%
SFY21	55.30%	30.83%	13.86%

Source: Child Welfare Outcomes Report, Measure #9b

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 Family Support Team meetings to review progress and clearly define goals. Concurrent 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. Also, 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 the parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan, so permanency is not delayed.

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 children aged five and under, not in a pre-adoptive placement, there are many recruitment activities which should be occurring to locate 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 may not have 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 utilize the AdoptUSKids web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with children waiting for adoption. Additionally, staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children age zero to five.

In an effort to reduce the 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 System staff, 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 every month with their juvenile office to ensure children do not remain in foster care longer than necessary.

### **Efforts to Track and Prevent Child Maltreatment Deaths**

#### Data Collection of Child Maltreatment Deaths

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children’s Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are investigated, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The FACES system captures all fatality reports and screened out referrals. Missouri determines substantiated findings when a death is due to neglect, in addition to abuse, as defined in the statute. The FACES system does not obtain a “reporter” description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional roles of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels.

While there is not currently an interface between the state’s FACES system and the state’s Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the DSS State Technical Assistance Team (STAT), that tracks all deaths and oversees the state’s child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. As of October 2018, the Children’s Division receives this information directly from the DHSS Bureau of Vital Records.

The standard of proof for determining if child abuse and neglect was a contributing factor in the child’s death is based on the “Preponderance of Evidence” evidentiary standard of proof. To further enhance data collection efforts, when a child has died as a result of child abuse and neglect, staff must enter the severity code of ‘fatal’ as part of the conclusion of the report. FACES will then require staff to enter a date of death, if not already entered by Child Abuse and Neglect Hotline Unit.

Because Missouri’s Child Protection Service (CPS) agency is the central recipient for fatality reporting and due to the statute which requires coroners and medical examiners to report all fatalities, Missouri is able to capture 100% of hotlines involving child death. Missouri may have a higher number of child abuse and neglect fatalities compared to other states where the CPS agency is not the central recipient of fatality data. Missouri is able to thoroughly report fatalities as agencies have a “check and balance” with each other to ensure no child is overlooked in the

reporting of child maltreatment deaths. The DHSS Bureau of Vital Records reports child deaths to STAT and the Children's Division every month. Additionally, the Children's Division keeps an internal log, maintained by Central Office, and performs an as needed comparison with STAT data.

#### Plan to Prevent Child Maltreatment Fatalities

The Missouri Children's Division has taken steps to develop a comprehensive statewide plan to prevent child maltreatment fatalities. As part of this process, Missouri worked with law enforcement, state agencies, and other stakeholders to discuss how specific programs and child abuse and neglect prevention services should be incorporated into this plan. The FY2022 Statewide Plan to Reduce CAN Fatalities is included with this report as Attachment C.

The Missouri Department of Social Services State Technical Assistance Team (STAT) oversees the Missouri Child Fatality Review Panel (CFRP). Following the release of recommendations by the National Commission to Eliminate Child Abuse and Neglect Fatalities, the CFRP developed a subcommittee to review records of child fatalities that the local CFRP identified as child abuse or neglect. The Missouri Children's Division participates on this subcommittee as well as public and private agency partners, including law enforcement, Missouri Department of Health and Senior Services, Missouri Children's Trust Fund, Missouri Office of Child Advocate, the Missouri Office of Prosecution Services, law enforcement, medical providers, and other community providers (e.g., domestic violence, mental health).

The Child Fatality Review Panel subcommittee has reviewed case records associated with child fatalities, where the local CFRP attributed the death to child abuse or neglect. The subcommittee has reviewed all child fatality cases classified by local Child Fatality Review Panels as child abuse and neglect related deaths for 2014. Based on their review, the CFRP subcommittee developed strategies and recommendations to prevent child maltreatment fatalities, including:

- creating a culture of safe sleep;
- improving law enforcement's and the Children's Division's response to child deaths;
- improving the provision of resources to high risk or high need families;
- educating citizens of Missouri on how to prevent or address scenarios that increase the risk for a child death;
- increasing and improving interagency collaboration in cases with suspected child maltreatment; and
- improving mandated reporters' ability to recognize and respond to suspected child maltreatment.

The subcommittee has also completed comprehensive reviews of all child abuse and neglect related deaths for 2015. The information gathered from these reviews is being used to inform

additional recommendations in their most recent pending report. The committee will continue to focus efforts on developing strategies to prevent child maltreatment fatalities.

The Missouri Children's Division and agency partners will build on the existing work of the Child Fatality Review Panel subcommittee, share information about existing programs, services, and partnerships that contribute to this body of work, and access additional information to develop a comprehensive statewide plan to prevent child maltreatment fatalities. Additionally, the plan will consider gaps in services that may be beneficial to prevent child maltreatment fatalities and develop strategies to address identified needs.

Because there are concerns of neglect associated with incidents of youth who die by suicide or a child who dies as a result of being in an unsafe sleep environment, work groups exist and meet regularly to address these fears. Specifically, the work developed by the Missouri Suicide Prevention Network and the Safe Sleep Coalition will be incorporated into Missouri's comprehensive plan to prevent child maltreatment fatalities.

The Missouri Children's Division continues to make progress in revising its internal critical event review process. Changes have been made to the internal critical event reviews, internal critical event panel, follow through on recommendations made at the panel and support provided to Children's Division professionals following a critical event.

Critical events are defined as a child fatality, near fatality, suicide or serious bodily injury which includes active agency involvement, child in the legal custody of the Children's Division, or prior Children's Division involvement with the family of concern within the past three years or if the child is under the age of five with any prior involvement. If none of the aforementioned criteria is met, any child abuse or neglect investigation that is associated with a child fatality, near fatality, suicide or serious bodily injury is also considered a critical event.

When a Children's Service Supervisor becomes aware of a critical event, they are to complete a Critical Event Report Notification form and send to Children's Division Central Office and their regional leadership within one business day. Upon notification at Central Office, the critical event review process begins.

Children's Division recognizes retrospective reviews of cases that involve a critical event are important in learning and informing change to Children's Division practice and policy. Case reviews, known as triage reviews, are completed when there is a CA/N fatality, near fatality or serious bodily injury when Children's Division has active involvement with the family at the time of the critical event or CD involvement within the past three years or if the child is under the age of five with any prior involvement. Triage reviews are completed by a Program Specialist in Central Office and presented monthly to the Children's Division internal Critical Event panel. Members of this panel include Children's Division executive and regional leadership, DSS leadership and MDT members to include a SAFE-Care Provider, the Child Fatality Review Program Administrator, Director of the Office of Child Advocate, and the

Manager of Trauma Informed Treatment, DMH. The panel members review the cases and recommend improvement opportunities that may include practice and policy recommendations. During CY 2021 approximately 90 reviews were presented at panel and improvement opportunities identified. As a result of these reviews and improvement opportunities, practice around Newborn Crisis Assessments is being reviewed. There is additional support available with a new Program Specialist within the Prevention and Safety Unit, who will aide in helping close the loop between the identified critical event improvement opportunities and needs for enhancement in practice and policy. This Program Specialist will also be responsible for work with the systemic trends that have already been identified such as ongoing correlation between critical events and active substance abuse and domestic violence.

The panel may also deem that a full systems review is warranted if challenges were identified related to multi-disciplinary practice or support. If a review is deemed to be carried to a full systems review, all information will be shared with an assigned Central Office program specialist to complete the comprehensive review.

It is hoped that the full systems review will include a comprehensive review of the case to include interviews with case managers and multi-disciplinary partners. This review will include completion of the Safe Systems Improvement Tool (SSIT). Identification of trends among critical events also helps inform change to practice and policy.

In an effort to grow in identification of these trends, the Missouri Children's Division has joined the National Partnership for Child Safety (NPCS). In 2018, child welfare leaders in 15 jurisdictions formed the National Partnership for Child Safety (NPCS), a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the use of safety science. The Children's Division shares the same goal of NPCS of strengthening families and promoting innovations in child protections and joined the collaborative during FY2021.

During CY 2021 a data use agreement was established with NPCS to begin the process of sharing critical event data but to also obtain data from other CPS jurisdictions who are members of NPCS. This will allow Missouri to see how other jurisdictions are addressing critical event trends in their areas. Children's Division is also collaborating with NPCS to begin use of the Safe Systems Improvement Tool (SSIT) in capturing the complex information obtained from critical event reviews. This data is aggregated and available to review trends from a systemic perspective. The SSIT will also aide as a way of communication and data-sharing between all jurisdictions within NPCS. As a part of this collaboration and steps towards use of the SSIT, NPCS aided Missouri to establish a comprehensive database that will house all critical events received. This database also houses the Safe Systems Improvement Tool.

Next steps for the coming year include establishing a second level review structure with additional MDT partners at the table, that will be utilized to review the identified critical events that were opted for a deeper review following the internal Children's Division Critical Event

Panel. The reviews taken to this second level will include reviews where challenges may be identified related to multi-disciplinary teams and/or repeated trends. This group will assist in making recommendations to inform the statewide plan to prevent child maltreatment fatalities and to inform Children’s Division policy and practice.

As a part of the revised critical event process, steps are being taken to allow staff a voice in the review process. At this time the critical event reviews look at what is available in the FACES system. Next steps will include a debriefing of impacted staff, those who either had current or past involvement with the family. Children’s Division will also look to include any outside service provider involved with the family at the time of the critical event. This debriefing is voluntary for each individual and is a one-on-one review. The hope of this debriefing is to learn more about how decisions were made locally, influences on case decisions, and barriers around the case work. This debriefing will inform completion of the Safe Systems Improvement Tool and lead to more refined improvement opportunities.

### **Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disease 2019 (COVID-19)**

The funding received from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) is being used to support the Permanency Attorney Initiative described in the Implementation and Program Support section of this report. Specifically, this funding will be used to contract services for attorneys who perform legal work related to permanency for children. The funding will go directly to the billing they submit. The decision to utilize the CARES Act funding in this manner was made to address permanency delays that may have occurred due to the COVID-19 pandemic.

## Promoting Safe and Stable Families

### **Family Preservation Services**

#### *Intensive In-Home Services and Intensive Family Reunification Services*

Intensive In-Home Services (IIS) is an intensive, short-term, home-based, crisis intervention program. IIS offers families in crisis an alternative to remain safely together, averting the out-of-home placement of children whenever possible. The Intensive In-home Services program combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs. Among other services, family members may receive individual and family counseling, parenting education, child development training, household maintenance education, nutritional training, job readiness training, and referral to other community resources. Services provided are focused upon assisting in crisis management and restoring the family to an acceptable level of functioning.



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.

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. Families are eligible to receive IFRS services 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.

Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS program is provided through purchased services by vendors contracted with the state. The state estimates ninety percent (90%) of the families referred to the contractor will be referred for IIS and approximately ten percent (10%) of the families referred to the contractor will be referred for IFRS.

According to the Children's Division Annual Report, Table 38, in SFY21, 1,577 families and 3,874 children were served through the IIS program. In SFY20, there were 1,354 families, and 3,362 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.

The percentage of at-risk children age five and under receiving IIS services has remained stable. In SFY21, 37% of the children served by IIS were age five and under. In SFY20 the percentage of at risk children five and under was 40%. 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 SFY21, 77.8% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 77.5% in SFY20 and 75.5% in SFY19. According to SFY21 IIS Annual Report, Table 25, in SFY21, 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.

Intensive Family Reunification Services 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 December 2021, there were 286 families and 547 children served through the IFRS program during SFY21. In SFY20, there were 138 families and 308 children served through the IFRS program. In SFY19, there were 13 contracted IFRS specialists in Missouri and they served 58 families and 136 children during SFY19 according to an ad hoc report produced in January 2020. There was a significant increase in the number of families and children served in the IFRS program in SFY20 and SFY21. The increase was due to the award of a new contract in July 2019 allowing for IFRS services to be available statewide.

## **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 SFY21, there were 5,527 active FCS cases compared to 5,504 during SFY20, and 5,850 in SFY19. (Source: Children's Division Annual Report, Table #9). The total number of FCS cases in SFY21 decreased by 0.4% and in SFY20 decreased by 5.9%.

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, staff were instructed to no longer open FCS functions on families when children are placed in alternative care. This

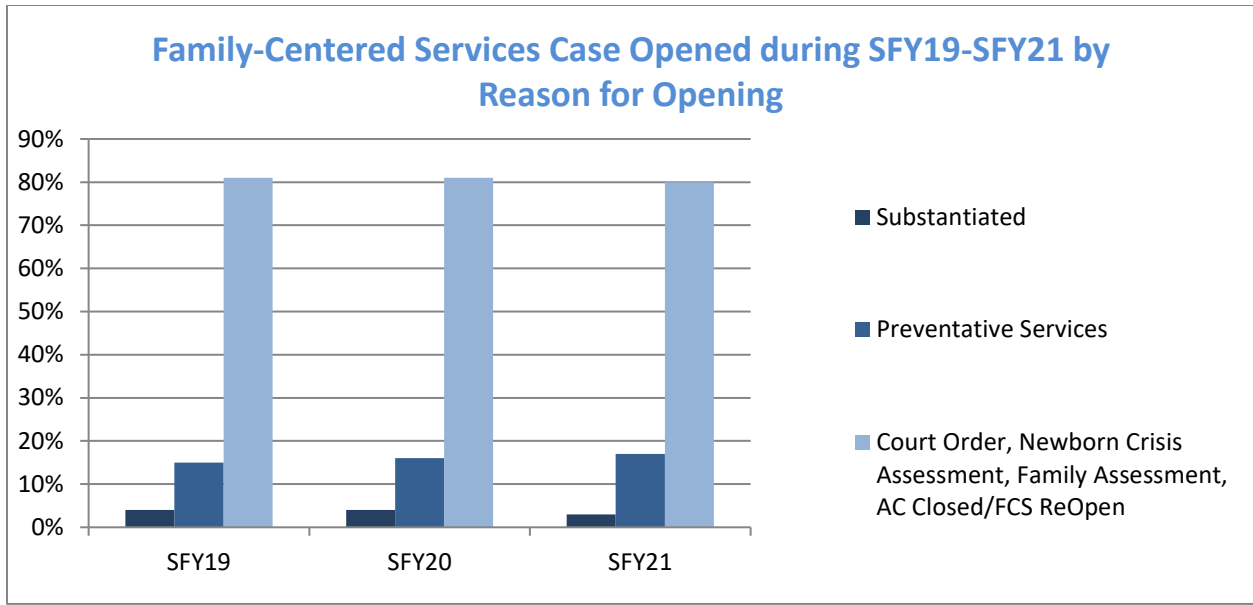


change was made to accurately show families served through intact only FCS cases. When the change was implemented on March 1, 2017, all FCS cases with associated open AC functions automatically closed in the system, with a few exceptions. This is the contributing factor for the continued decrease in the number of active Family-Centered Services cases.

Family-Centered Services Cases Active SFY19- SFY21

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY19	5,850	-17.5%
SFY20	5,504	-5.9%
SFY21	5,527	-0.4%

In SFY21, approximately 3% of FCS families were served as a result of substantiated child abuse/neglect reports (102 out of 3,819; Source: Children’s Division Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 17% 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 reason for opening. The remaining 72% 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 above, 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.

In February 2021, a FCS workgroup was created to look at areas where Children’s Division can make improvements in FCS policy and practice statewide. The FCS workgroup includes representatives from Central Office, Regional Offices, Training and Workforce Development, Quality Assurance System, and the Department’s Division of Legal Services. The FCS workgroup focuses on 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 FCS workgroup meet on a monthly basis to review draft policy and practice alerts, discuss FCS data outcomes, and provide feedback for improvements to FCS policy and practice.

The Children’s Division is continuing to move forward with a clear practice model anchored in values and practices that support exemplary child welfare outcomes. To continue these efforts in the FCS program, a FCS Missouri Model pilot took place from February 2021 to May 2021. The purpose of the pilot was to focus on prevention and providing services to families by using a consistent referral for services and assessment/social service plan tool. There were six (6) circuits that participated in the pilot with representation from across the state. When the pilot was concluded, case reviews were conducted to find trends that could be utilized for statewide implementation. The reviews indicated before statewide implementation occurs there are improvement needs for the tools and adjustments necessary for a successful execution of the FCS Missouri Model tools. The FCS workgroup will assist in the implementation of the tools by

providing ongoing advisory responsibilities and looking at the alignments or adjustments necessary for an effective statewide implementation.

Memo CD21-37 was released in July 2021 and on August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of state legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children's Division, a relative of the child, and the parent or guardian of the child to provide a temporary, out-of-home placement for a child if the parent or guardian is temporarily unable to provide care or support for the child and the child is not in imminent danger of death or serious bodily injury, or being sexually abused such that the Children's Division determines that a referral to the juvenile officer by submitting a Juvenile Office Referral (CD-235) with a recommendation to file a petition or to remove the child is not appropriate.

When there is a TAPA, a plan for monitoring the safety of the child must be developed. To further assist in monitoring the safety of the child and the parent/caregiver's progress with the plan developed through the TAPA the following must also occur:

- A Family Centered Services (FCS) case must be opened within ten (10) days of the execution of the TAPA and the case must remain open during the duration of the agreement.
- Staff must have personal contact with all the children on the TAPA as appropriate to ensure that the TAPA is being safely implemented but no less than two (2) times per month. One (1) contact with the child must be in child's relative placement. Additional contacts may occur virtually or in the community.
- One face-to-face home visit per month must be completed on all FCS cases with the parents involved in the TAPA.
- A Team Decision Making (TDM) Meeting must meet at least once every month thereafter for the duration of the TAPA.

Throughout the provision of FCS services, 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*

In January 2021, the Governor of Missouri signed an Executive order to increase collaboration between most state agency programs serving pregnant women and families with children up until kindergarten entry. This has led to the establishment of the Office of Childhood (OOC) within the Department of Elementary and Secondary Education (DESE), beginning August 1, 2021.

As part of the prevention efforts, the Office of Childhood (OOC) 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 34,810 low-income children with 9,614 children served through protective services in SFY21.

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) can serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

As responsibility for the Child Care and Development Fund has shifted to another state agency, the reporting for use of this resource will shift to the Department of Elementary and Secondary Education in the future.

### *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 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 or emergency that requires immediate action for children who may otherwise be at risk for child abuse and/or neglect. Crisis Care emergencies are defined to include, but not limited to:

- Unexpected, short term hospitalization of a parent or 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 a 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 emergencies from occurring. Some of the services provided to families accessing crisis care services include, but are not limited to:

- Intensive case management;
- 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 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 24 hours a day, seven 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, families will be aided in contacting other crisis care facilities or shelters.

- Crisis Care contracts are awarded through a competitive bid process, with the most recent contract beginning January 1, 2019. Currently, there are 10 crisis care facilities across the state. Crisis care services are located in:
  - St. Louis Area- 3 sites
  - Kansas City Area- 2 sites
  - Columbia Area- 1 site
  - Springfield Area- 2 sites
  - Joplin Area- 1 site
  - Southeast/Poplar Bluff Area- 1 site

In SFY21, 863 unduplicated children age 12 years and under were served.

In SFY21, 191 unduplicated children age 13 years through 17 years were served.

#### *Child Abuse and Neglect (CA/N) Prevention Home Visiting*

As noted above, in response to an executive order signed on January 28, 2021 by Governor Mike Parson, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This re-alignment of programs within one state agency would allow for greater opportunity for improved coordination of services, resulting in early childhood work across state government to become more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

The CA/N Prevention Home Visiting program is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home supports for at-risk families. The program implements evidence-based models that are designed to prevent child abuse and neglect through their established curriculums and supports. Providers awarded contracts to provide services through this funding currently utilize one of two evidence-based models focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. These are the Child Welfare Adapted Healthy Families America model and the Nurturing Parenting model (evidence based through the Substance Abuse and Mental Health Services Administration, SAMHSA). Seventy percent of the families enrolled in the program must be referred by and/or have been identified through consultations with Children's Division (CD). This can include families that come to the attention of CD by means of a newborn crisis assessment, investigation or family assessment, in addition to ongoing Family Centered Services intact cases and Alternative Care cases with an active plan for reunification.

Although families may be referred by CD, enrollment in the program is voluntary to families whose total income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of 3 years. The program provides parents 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. Enrolled families are also provided the ability to access hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various participation incentives to encourage continued engagement in the program. As the enrolled child(ren) age out of the program, they are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

As of August 1, 2021, the CA/N Prevention Home Visiting program services expanded to every county in the State of Missouri, divided into 14 regions. Through this expansion, parent cafes will also be offered to enrolled families by every contracted provider on a monthly basis. In SFY21, there were 1,409 unduplicated families and 1,646 unduplicated children served. This number is a decrease from reporting in previous years due to the transition of contracts. In SFY22, the program is projected to serve 2,500 unduplicated families and 3,700 unduplicated children age birth to three years old.

### **Family Reunification Support**

#### *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 the 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.
- **Elevated Needs Care (Level A and Level B) placements**—A specified placement for a child in foster care with elevated challenges which includes receiving specialized care. These foster care homes must meet all licensing requirements as a traditional foster home in addition to receiving specialized training for behaviorally and mentally challenged children. These foster homes also 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 with compliance being monitored by the Residential Program Unit to provide residential treatment services for children and youth. Currently the residential contract also provides for **Treatment Foster Care Placements** which provide an additional clinical placement option for youth who are unable to be safely managed in an Elevated Needs Level B home as a treatment option to attempt to prevent the need for



residential treatment in a congregate care setting. **Family Based Residential** which is used for a child in the legal care and custody of the Children’s Division to be placed with a parent in a licensed residential family-based treatment facility for substance abuse for up to 12 months.

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year.

### Foster Care Placements

Placement Type	Coding Categories	SFY20	SFY21
<b>Emergency</b>	FHE	98	103
<b>Foster Care</b>	FAH, FHB, FHM, FHO	5,657	5,551
<b>Relative Care</b>	RHB, RHM, RHO, RHU, KHB, KHM, KHO, KHU	10,437	10,838
<b>Elevated Needs</b>	CFP, FHB, RHB	988	901
<b>Medical Care</b>	KHM, FHM, RHM	640	654
<b>Transitional Living</b>	TLA, TLG, TLS	262	268
<b>Independent Living</b>	ILA	281	282
<b>Residential Treatment</b>	RFA, RF2, RF3, RF4, RFE, RFH, RFI, RFP, RFT	1,801	1,232
<b>Total Children*</b>		20,226	20,247

\*Note: the number of total children is not equal to the placement categories in the table. Placements such as hospitalizations, school, etc. are not included in the table. Source: CD Annual Report Table 19; Data based upon last known placement at end of fiscal year

All licensed out-of-home resource providers are required to have a clear child abuse/neglect background screening and 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. For additional information about the criminal background check processes, refer to the Foster and Adoptive Parent Licensure, Recruitment and Retention section.

## Foster Care Population

For over a decade, the Children’s 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. The Children’s Division experienced a growth in the number of children in foster care in the years that followed. Most recently, the fluctuation in the foster care population has remained relatively stable. The Division is constantly reviewing family circumstances observed and services available to families to understand and curtail the growth in the foster care population. These include many Department and Division led strategies. Rapid Permanency Reviews to identify barriers to reunification or permanency through guardianship or adoption coupled with the Permanency Attorney Initiative, which works to complete custody modifications so children can be legally released to the non-custodial parent, and achieve TPR and adoption are examples of strategies that were enacted in Missouri’s most recent Program Improvement Plan.

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

**Children Active in CD Custody During SFY 17-21**

<b>Fiscal Year</b>	<b>Number of Children</b>	<b>Change from Prior Year</b>
<b>SFY17</b>	20,031	-1.3%
<b>SFY18</b>	20,330	1.5%
<b>SFY19</b>	20,144	-0.9%
<b>SFY20</b>	20,227	0.4%
<b>SFY21</b>	20,247	0.1%

Source: CD Annual Report, Table #35

Some details about the areas of focus and development for the next five years in regards to the growth of the foster care populations are:

- Custody Modification payments – often times children are lingering in foster care, but placed with a non-custodial parent. The court requires a custody order transferring custody to the parent to be in place before it will close the case. The Division has the Permanency Attorney Initiative in place to assist with this legal action.
- 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.

## Length of Stay

The table below shows the changes in recent years for several types of stays in Foster Care and the average length of stay. The average length of stay in foster care has steadily increased over the past five years.

<b>Fiscal year</b>	<b>Length to Reunification*</b>	<b>Length to Guardianship*</b>	<b>Length to Adoption*</b>	<b>Average Length of Stay#</b>
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
2019	13.95 months	22.27 months	29.71 months	23.2 months
2020	15.36 months	21.63 months	30.75 months	24 months
2021	14.79 months	21.90 months	33.11 months	24.5 months

\*Source: CD Outcomes report, table 9c

#Source: CD Annual report, table 20

To continue the focus on reducing the length of stay in foster care, current strategies include enhancing supervisory oversight through reinforced training and development of the Clinical Supervision Process and the Missouri Practice Model. 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 to provide feedback to the worker and more closely monitor their skills. To date, there is no data tracking in place, but may be considered with the development of the new CCWIS system.

To explore decreasing the length of stay in foster care, family engagement efforts became an important factor. Family engagement is a key factor in service planning and permanency, and thus has become an increased area of focus. The Division continues to develop strategies and guides to aid staff in increasing family engagement. Another area of focus is diligent search, used for both parents and potential relative placement resources. There are enhanced programs and tools to aid in finding relatives for children including family finding, Extreme Recruitment and 30 Days to Family. These programs and tools assist staff in locating and engaging both parents, maternal as well as paternal family members, and individuals who are considered relatives by families and children, to be explored as placement resources as well as supports to the family of origin. Missouri Children's Division has been working with family resources to assure they receive the services necessary to maintain placement stability through Kinship Navigator programs as well as a Relative Treatment Foster Care Pilot. The Relative Treatment Foster Care pilot allows relatives caring for difficult children and youth to be developed as Treatment resources to support the youth. Relative Treatment Foster Care also impacts the biological parent as a transfer of learning occurs from the relative provider to the parent. As Children's Division moves forward with this project, an increase in placement stability, reduced time in care, and more thoroughly equipped relatives and parents is anticipated.

Consistent with trauma informed care commitment in Missouri, the Division is involved in the National Training Development Curriculum (NTDC) Project through Spaulding for Children.

The NTDC project is a state of the art curriculum built from a trauma focused perspective. The training is currently being delivered as well as rigorously evaluated in the Northwest Region and Jackson Co. The training builds an excellent foundation for resource parents to understand trauma reactions and provides the correct tools to react to and support the child or youth in their trauma journey. A key element of the curriculum is “right time training” around common challenges experienced by foster parents that is available at any time through a web portal. Missouri is anxious to see the results of the evaluation and the impacts to placement stability, resource family satisfaction and longevity as the project moves through the project phase concluding in 2022. In addition to the evaluation, the project compares to a control group receiving the current STARS curriculum as well as a control group receiving Missouri-developed STRONG curriculum. At the end of the project period Missouri will be well informed and able to determine the best curriculum or elements of each that equips resource parents most completely.

*Kinship and Relative Care*

Placing with relatives and kin continues to be a priority of the Division. 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.

**Relative and Kinship Placement Statistics**

<b>Fiscal Year</b>	<b>Relative/Kinship placement % of Total In Care Population</b>
2017	48.58%
2018	48.79%
2019	50.19%
2020	51.60%
2021	53.53%

Source: CD Outcome Measure: # 17, 17a, 17b

It should be noted that the Division changed its definition of relative during 2017. At this time, all placements that are with a relative or close friend of the family are considered relative. The data above reflects this change. The number of children placed with relatives have continued to

increase in 2021, with a 2% (1.93%) increase and total of 53.53% for relative placements. Missouri Children’s Division continues to promote and provide additional supports for relative placements. In July 2021, Missouri implemented Relative Treatment Foster Care (TFC) services. As reported previously, Missouri piloted the Relative TFC for over two years. More information on specialized foster care for relatives can be found in the Elevated Needs and Treatment Foster Care section. Another support service pilot began in FY 2021. The Mobile Crisis Referral Pilot is a collaboration with Missouri Department of Mental Health-Behavioral Health services, providing mental and behavioral health information and assessments to children and their relative placement providers.

<b>Fiscal Year</b>	<b>% of children exiting care from a relative home placement</b>
2017	55%
2018	53%
2019	53%
2020	55%
2021	58%

Source: CD Annual Report Table 21

There continues to be an increase in the amount of children exiting care from a relative home placement over the last several years. More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children’s Division is continually exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives, with funding options being explored for this project. It is now Missouri law that searches be made for parents of siblings (including half-siblings) and adult siblings of children who enter custody.

The Legal Aspects of Relative Placements Training continues to be used to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child for consideration when making placement decisions. This training is available to staff as well as foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions. This training is required of staff who are supervising or coordinating relative placements and available to all other staff. The trainings are tracked in the state Employee Learning Center.

Children’s Division provides specialized training for all relative (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 family-like relationship with the child or parent. It focuses on the

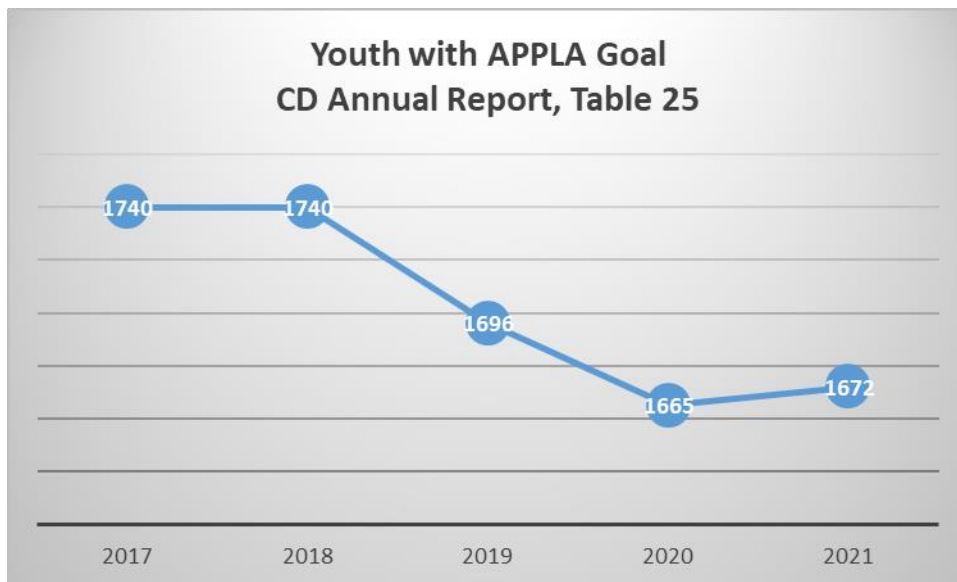
same competencies as the PRIDE foster parent curriculum, also known as STARS in Missouri, and addresses issues of the role change which occurs when relatives or kin have a child placed in their home.

### APPLA

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. Once the youth turns 16, 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 living arrangement with supports and is not intended to be long term foster care.

Youth are placed in APPLA when the FST believes his/her placement will be consistent and stable until the youth achieves independence 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 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, federal law went into effect which requires a child be at least 16 years of age before APPLA may become the youth’s 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.

In recent years, Central Office and Quality Assurance System staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. As demonstrated by the chart above this review of APPLA cases in our population has resulted in a decrease of youth with APPLA goals.

The Division is tracking the number of children who still have a goal of APPLA but are under the age of 16. The chart below shows point in time progress.

<b>Date</b>	<b>Number of children under 16 with a goal of APPLA</b>
<b>January 31, 2017</b>	39
<b>January 31, 2018</b>	46
<b>January 31, 2019</b>	40
<b>January 31, 2020</b>	20
<b>January 31, 2021</b>	20

The information above will be continually sent out to the Regions across the state for review and correction.

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. The OYP is available for all youth aged 14 or older.

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

*Elevated Needs Foster Care Program*

Elevated Needs foster care is a program designed for the youth with identifiable and documented moderate or serious emotional and/or behavioral needs requiring intensive and individualized intervention to succeed in a community-based family setting and to achieve their goal of permanency. There are two levels of availability to meet the child-specific needs: Level A and



Level B. Resource (foster, relative, and adoptive) providers of youth with elevated needs have received specialized training in addition to Missouri's required pre-service training to equip them with trauma-informed, positive parenting strategies and skills to meet the unique needs of youth with elevated needs. Resource parents receive a higher level of monthly maintenance and additional respite services to support the higher levels of individualized care required, including greater structure and supervision.

The elevated needs program was established over 30 years ago and has evolved over the years. Currently, there is a statewide workgroup comprised of a team of staff, contracted staff, and foster parents that are working on enhancing the program policies, procedures, and process to meet the complex and unique needs and supports of both the children and the resource parents.

### *Treatment Foster Care Program*

Treatment (also known as therapeutic) foster care (TFC) is a family-based, individualized therapeutic intervention for children with significant medical, developmental, emotional, or behavioral needs who require a higher level of care and individualized supports for the caregiver(s) than can be provided in a traditional foster home in order for the child to succeed in a community-based family setting. TFC Services includes foster parents with specialized training and a treatment foster care worker that provides enhanced supports and mentoring to child, foster parent, and child's family to ensure the needed therapeutic and rehabilitative services are being provided to meet the child's individual treatment plan and successful transition to permanency.

The Children's Division established the TFC Program in January 2015 as a service array option offered as part of the residential treatment contract. In July 2021, the TFC program made significant changes starting with procurement of a separate stand-alone contract for TFC with licensed Child Placing Agencies, outside the umbrella of residential treatment contract. This has allowed for any child-placing agency licensed with the Missouri Children's Division the opportunity to provide TFC services. The Children's Division also introduced two new services in the new contract, Relative Treatment Foster Care and Transition Treatment Foster Care, which allows the expansion of specialized services and supports to relative caregivers and emphasizes transition of children to timely permanency with the concurrent work with biological parents along with relatives or other permanency placements. Continuous work is being accomplished to increase the number of TFC Child Placing Agencies providing TFC services along with capacity building work to increase the number of TFC homes available and equipped to meet the needs of high-level children in family home settings.

### *Independent Assessor*

Missouri began implementation for the Family First Prevention and Services Act (FFPSA) on October 1<sup>st</sup>, 2021. At that time the Independent Assessor process was started for all youth who



are being referred for residential treatment placement. Though the federal legislation only requires that assessment for youth entering Qualified Residential Treatment Program (QRTP) placements, Missouri believes this process should be utilized for all youth regardless of QRTP placement.

Children’s Division partnered with the Missouri Department of Mental Health and the Missouri Behavioral Health Council to work with local Community Mental Health Centers (CMHC), Certified Community Behavioral Health Organizations (CCBHO) and some Federally Qualified Health Centers (FQHC) to complete Independent Assessments. The visual representation following show the breakdown of the providers and the judicial circuits they cover.

Missouri Judicial Circuits	Behavioral Health Service Provider
4 • 5 • 43	Family Guidance Center
3 • 9	North Central MO Community Mental Health Center
1 • 2 • 10 • 41	Mark Twain Behavioral Health
6 • 7 • 8	Tri-County Mental Health Services
16	Comprehensive Mental Health Services, ReDiscover, Swope Health Services, Truman Behavioral Health
14 • 18 • 13	Burrell Behavioral Health
12	Arthur Center
11 • 15 • 16 • 17 • 19 • 20 • 25 • 26 • 27 • 28 • 30 • 45	Compass Health Network
21 • 24	BJC Behavioral Health
22	Hopewell Center
23	COMTREA
32 • 33 • 34	Bootheel Counseling Center
35 • 36 • 42	FCC Behavioral Health
37 • 44	Ozarks Health
31	Jordan Valley Community Health Center
29 • 38 • 39 • 40 • 46	Clark Mental Health Center

Missouri has chosen to utilize the CANS (Child and Adolescent Needs and Strengths) tool to be used in the Independent Assessment. This is a tool that many of Missouri’s residential providers already use in assessing youth in their programs. The Missouri Behavioral Health Council has arranged for the assessors to be trained on the tool through the official training from the University of Kentucky and are currently engaged in Train the Trainer courses so that assessors can eventually train their own new staff.

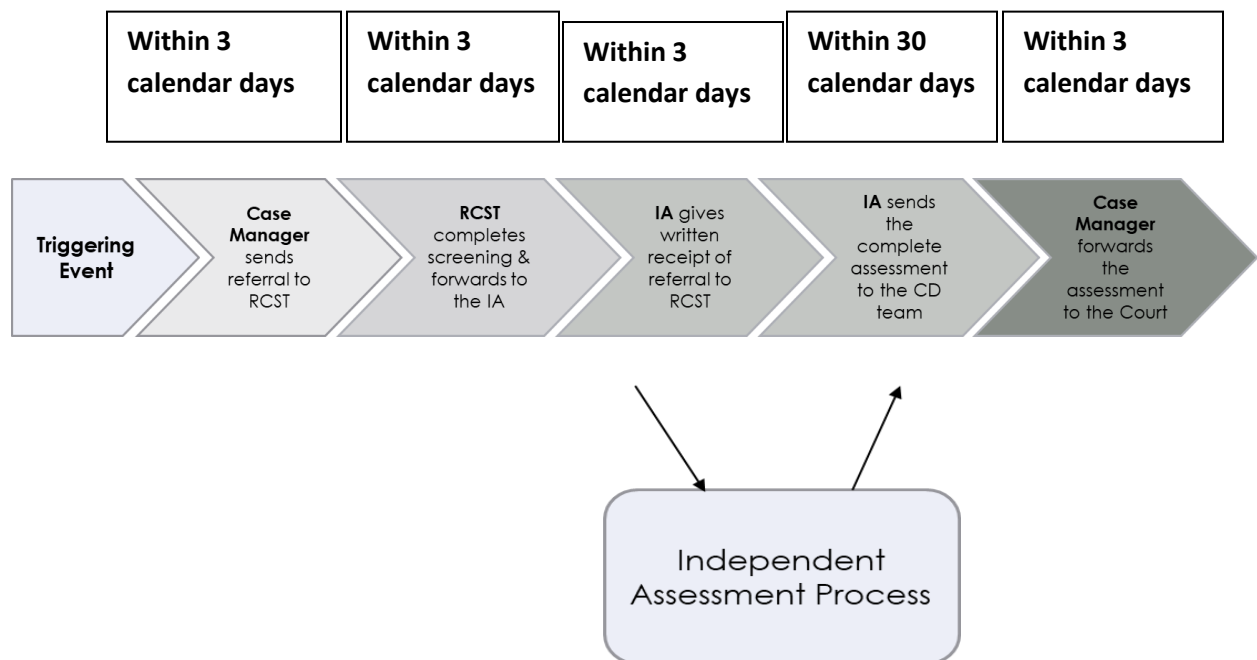
Children’s Division central office staff have hosted twice monthly “office hours” with Children’s Division field staff to be available to answer questions and provide technical assistance as the implementation period has progressed. The feedback from those meetings has been very positive and staff appreciate having a forum to discuss questions and concerns.

The Children’s Division’s Court Engagement and Permanency Manager along with the Program Specialist over Independent Assessor also meet monthly with the assessors to provide any needed updates and to provide technical assistance.

Within Children’s Division policy, there are specific triggering events that must occur in order for staff to access an Independent Assessment. These are:

- Child is currently in a residential placement
- Residential treatment is court ordered
- A Youth with Elevated Needs Staffing has made a recommendation for residential treatment
- Family Support Team recommendation for residential treatment
- Supervisor/worker consultation made for an emergency referral for residential treatment
- Recommendation for residential treatment by a mental health professional or clinician

The flow chart below outlines the process and timeframes following a triggering event. The Residential Care Screening Team (RCST) coordinators are Children’s Division staff responsible for screening the need for an Independent Assessment.



### *Residential Treatment Services*

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time-limited and treatment-focused so the child can transition to a lesser restrictive setting in family or community-based care. The

Children's Division Residential Program Unit-Residential Licensing (RPU) has the responsibility for licensure, supervision and license renewal for the Residential Treatment Agencies for Children and Youth (RTACY).

During SFY21, 487 children entering the custody of the Children's Division were in a Residential placement. This is a decrease from SFY20 when 590 children entering custody of the Children's Division were in a Residential Care placement. Throughout SFY21, 2895 children in the custody of the Children's Division received service in a residential care placement. This is a decrease from SFY20 when 3212 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings and reduce the length of stay in residential for all children. Also, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts. With the implementation of Family First Prevention Services Act (FFPSA) in October 2021, children in the custody of the state must receive an Independent Assessment (IA) to determine if the child is in need of residential care. The IA process helps to facilitate less restrictive environments for children not in need of residential care. 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 2021, children received services through 61 licensed residential treatment agencies for children and youth operating at 108 separate sites. Of the 61 RTACYs 49 agencies hold a contract with the Children's Division. In 2021, there was 1 initial RTACY license awarded. Twenty-four RTACYs renewed their licenses in 2021. In 2021, of the 61 licensed RTACYs, 31 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). Four additional RTACYs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed RTACY staff are required to have initial orientation and a minimum of 40 hours of on-going training per year.

#### *Specialized Care Case Management*

The Specialized Care Case 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 rebid in 2018 and MACF was awarded their current contract, which began on April 1, 2018. This contract will be rebid spring of 2022 to go into effect July 1, 2022.

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized care management services which are individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While enrolled in the program, the contractor is the sole case manager for the enrolled child. Each case manager has a maximum of ten cases. Weekly visits occur with the child and resource provider with the goal of increased stability for the youth in the least restrictive placement setting. Once the youth is stabilized in a community setting, the youth is dis-enrolled and the state agency resumes case management activities.

The contract was amended and is capped to serve a maximum of 375 youth statewide. The areas served are comprised of designated counties within all regions of the state. As of February 2022, there were approximately 305 youth being case managed 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 median age of active enrollments is 13 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:

The following outcomes reflect the most recent quarter in SFY22.

- Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.
  - Target Goal: 99.43%                      SFY22 Data: 100%
- Children shall not be on/or have been on runaway status in excess of 48 hours.
  - Target Goal: 95%                      SFY22 Data: 97.09%
- Children shall not be or have been arrested or detained.
  - Target Goal: 95%                      SFY22 Data: 97.73%
- 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%                      SFY22 Data: unavailable
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
  - Target Goal: 78%                      SFY22 Data: 80.26%

- 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%                      SFY22 Data: 87.5.0%
- 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%                      SFY22 Data: 95%
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
  - Target Goal: 90%                      SFY22 Data: 83.33%
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.
  - Target Goal: 90%                      SFY22 Data: 100%

These measures address the commitment by 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 for the outcome measures is tracked every quarter and outcomes are discussed with the contractor on a regular basis.

Children’s Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services which focus on permanency. In August 2017, CD and MACF staff met to discuss the current state of the Specialized Care program and to review cases where children had been in the program for over 5 years. The review revealed that this contract has significant success in stepping youth down from residential to less restrictive community placement settings including relative placement located through their extreme recruitment services. Periodic meetings between both agencies’ staff continue to occur.

#### *Foster Care Case Management*

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 they perform beyond the expectations of the contract. Likewise, they achieve financial disincentive if the contract expectations are not met.

The initial contracts were awarded on June 1, 2005, to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children’s Division now contracts with five provider consortiums to serve 3,435 cases across 32 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.

The contracted providers are evaluated every year 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 2021 was 27.83%, the safety measure was 99.71%, where only 0.29% of the children had a substantiated CA/N report while in care, and 96.5% of the children served did not re-enter care within a 12-month timeframe from achieving permanency. Beginning October 2020 a Well Being measure was introduced that measured the percentage of children who received an initial Healthy Child and Youth Exam within 30 days of entering foster care. 93.64% percent of the children assigned to the FCCM providers received this exam within the first 30 days of entering care.

The permanency targets for each region over the last 16 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.

The Children's Division awarded a new contract which went into effect on October 1, 2020. This contract will be for five years. All previous contracts for this service have been for three years at a time. The benefit of a five-year contract will reduce the disruption of case management services and assist the providers in stabilizing their workforce. The hope is that both of these benefits will greatly impact the children and families served.

#### *Recruitment and Retention Contract*

In August 2013, Cornerstones of Care (COC) 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 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 was 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 required the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function was absorbed by the Children's Division. The intent of this change was to allow the contractor to focus efforts on recruiting and licensing families willing to accept older youth, youth with elevated needs which 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 workgroup. 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.

During the 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 2018, Cornerstones of Care was again awarded the Recruitment and Retention Contract. In 2018, the same measures continued to be tracked, but Cornerstones of Care was not held responsible for placements with relatives as those are not controlled by the vendor. In 2019, adoptive home strategies were re-evaluated as the Children's Division began an effort to enlist the assistance of Child Placing agencies to assist with identifying adoptive homes. Cornerstones of Care and their subcontractor continue to develop resource homes for every level of care and have continued to focus on the support needed to retain quality homes. The contractor also is heavily involved with the Children's Division in determining the appropriate services for relatives to be successful in caring for relative children entering the foster care system and has tested Treatment Foster Care during this period with these relatives achieving permanency for five children through adoption or guardianship. The Missouri Family Focused Treatment Association (FFTA) chapter of which this contractor is a strong partner, has been testing relative treatment foster care to determine what services are necessary at time of placement from the removal home or time of placement from a higher level of care or even residential. The Children's Division is currently working on a standalone Treatment Foster Care Contract and will use the learnings of this group as well as the recruitment and retention contractor to inform that work.

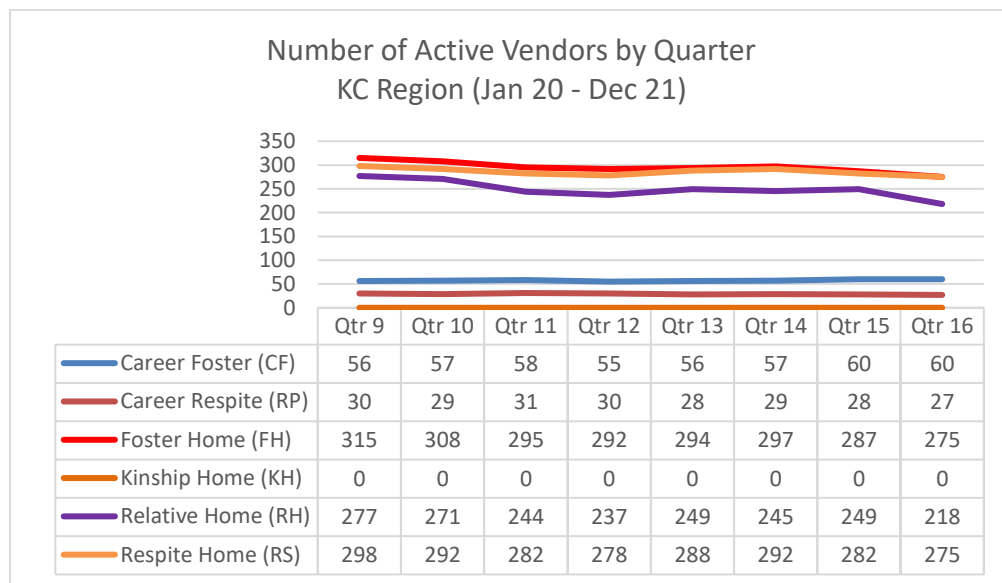


The number of resource homes has continued to be tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family-like setting for alternative care placement as well as determining the increased use of relative placements.

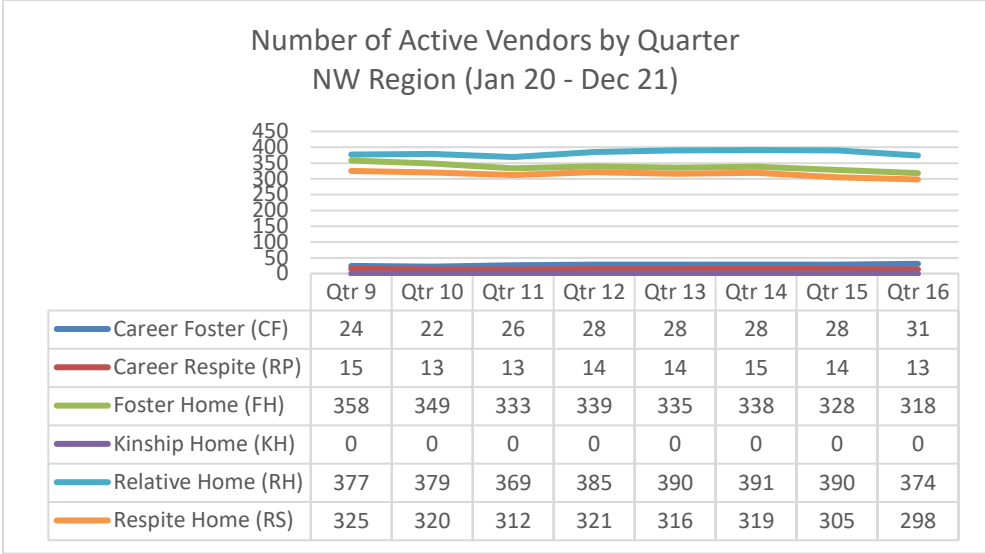
Beginning in January of 2021, the contract was amended to remove the requirement of placement identification by the contractor. The responsibility for identification of placements and knowledge of placements available returned to the Children’s Division. In 2021, the Division will be reviewing the efficacy of this approach and determining if additional contract amendments are necessary to adjust placement identification to assure for appropriate placements for waiting children.

Beginning in January of 2022, the rebid process for this contract began. The contract is currently under review and the RFP will be out sometime during the summer of 2022.

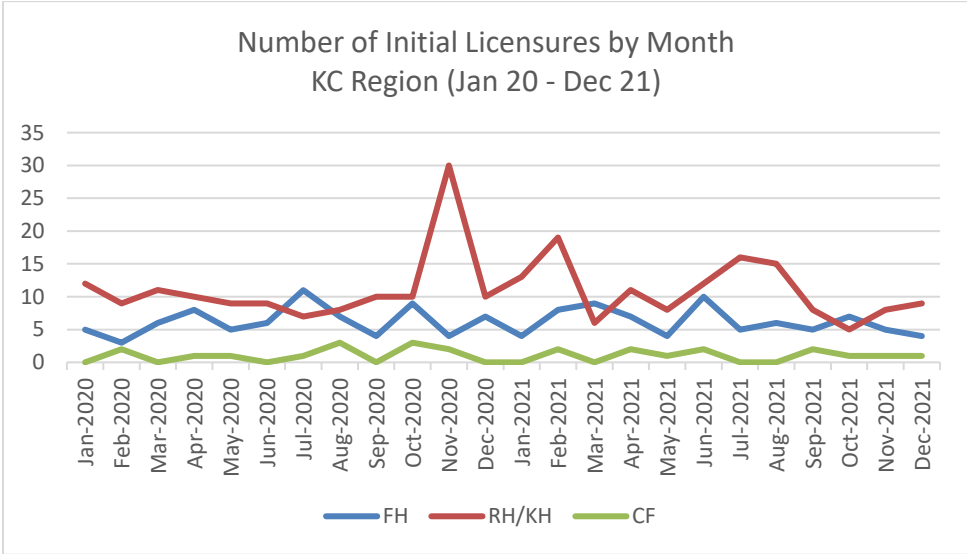
Following is comparison data between the KC region and the NW region for the number of active vendors by quarter of the most recent year of the contract.

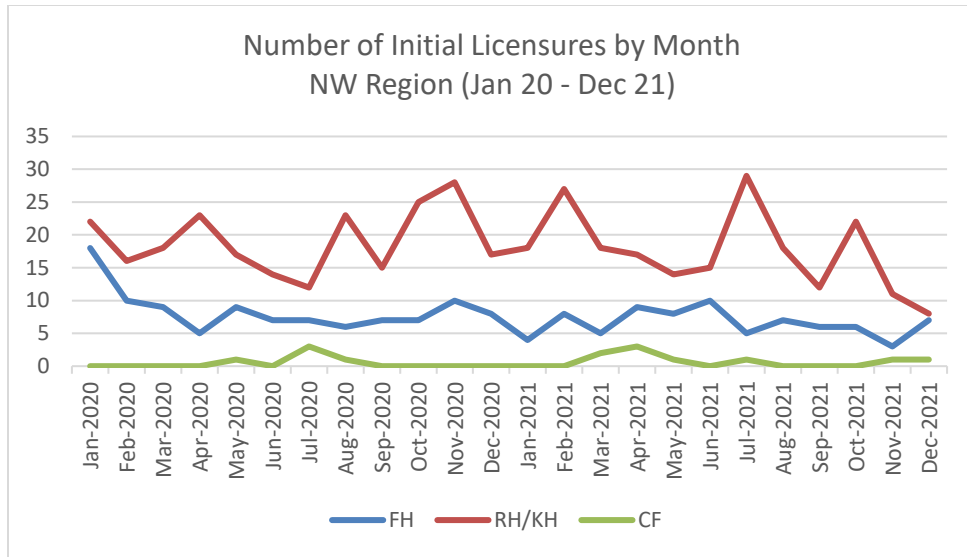




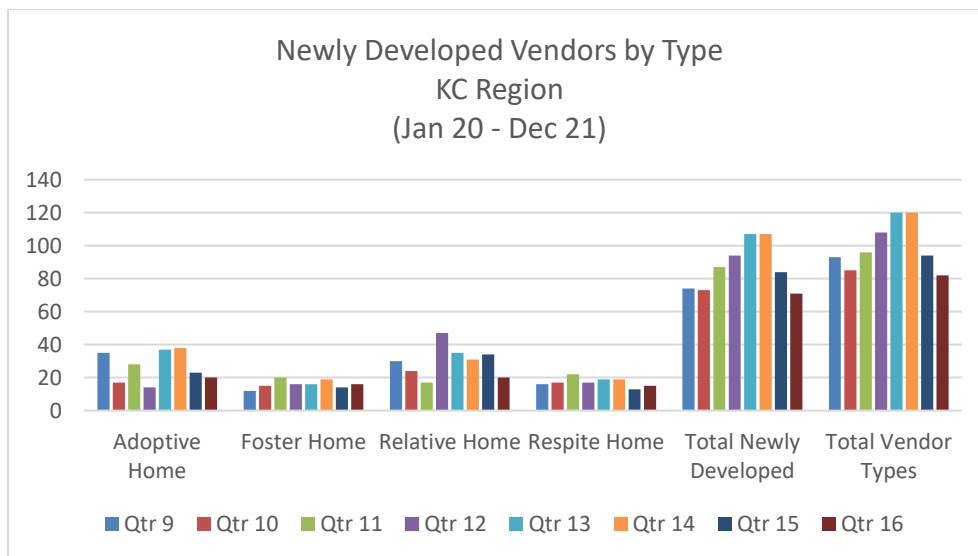


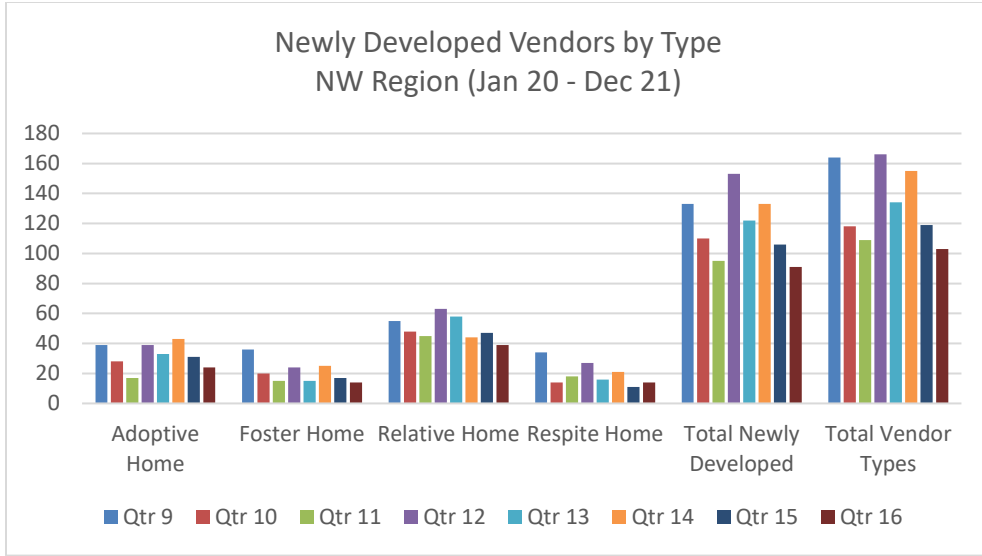
The next set of charts provides the number of newly licensed resource homes by month for each region.



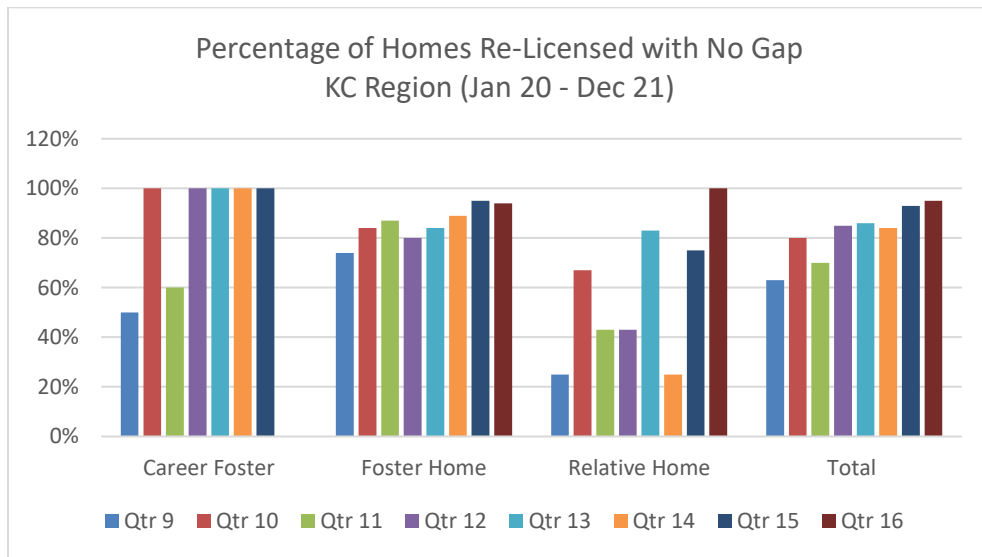


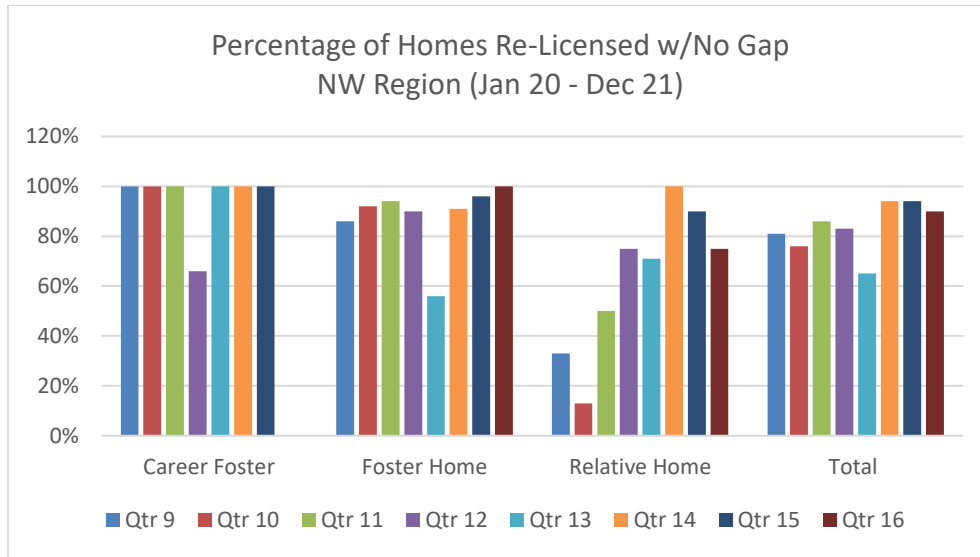
The next set of charts represents the number of newly developed resource homes by quarter during the most recent two years of the current contract.





The final set of charts notes the percentage of relicensures during the most recent eight quarters of the contract which were completed and approved in a timely manner.





## **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 website at [www.adoptUSkids.org](http://www.adoptUSkids.org), Raise the Future website at [www.raisethefuture.org](http://www.raisethefuture.org), and the MO Adoption Heart Gallery website at [www.moheartgallery.org](http://www.moheartgallery.org).

Each year youth are featured on the Missouri Adoption Traveling Heart Gallery, including photo presentation in venues around the state and through the Heart Gallery website [www.moheartgallery.org](http://www.moheartgallery.org). Raise the Future, formally named 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 necessary support to staff responsible for identifying and supporting permanent homes for children.

The continued focus in 2021 was for the ARTS team to join with Faith-based partners in helping recruit adoptive homes for children needing a forever home. It was discovered that Faith Base partners have the passion, capability, and resources to collaborate in this direction. This partnership has successfully moved forward as more of the Faith-based partners have joined in efforts to help recruit adoptive homes for children, attended the ARTS Statewide meetings, shared the MO Adoption Traveling Heart Gallery displays, and participated in National Adoption Awareness month activities.

Another continued 2021 focus for the ARTS team has been to increase the number of children being featured on the three adoption websites, Raise the Future, AdoptUSKids, and the MO Adoption Heart Gallery. The amount of children featured on the websites has doubled in the past year.

As a new adoption recruitment effort in 2021, Children's Division offered quarterly, 1 hour, evening adoption information webinars for families to learn about Missouri's adoption process. This virtual class is designed to provide a basic overview of adoption in the state of Missouri. The primary focus is on foster care adoption, but the session does briefly cover all types of adoption. It provides an opportunity for families interested in adoption to learn more about these processes and is led by a professional staff member from Raise the Future.

The ARTS group is a central meeting place for statewide diligent recruitment plan. It continues to review the streamlined approach via Raise the Future, 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 strong 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 had declined. As a result, the Division took a closer look at the Heart Gallery process and partnered with Raise the Future and the ARTS team to revise and update the registration process and practice. There continues to be an increase in the number of children that are featured on the sites. One of the main objectives in 2021 was to increase the number of professional pictures for children being featured on the websites. A list of the volunteer photographers throughout the state who have been through DSS background checks is provided to staff frequently and as requested. A photo session is set up quickly and easily. Children's Division also has a list of volunteer hair stylists throughout the state who have offered their services help make the photo session or special event feel even more special for the children.

Staff can register the child for Raise the Future, the AdoptUSKids and the Missouri Adoption Heart Gallery website with one Child Registration form. This will also give the opportunity to recruit for the child through the DSS Facebook page and DSS Twitter. Raise the Future now writes the media profiles and continues to assign the photographers. As with previous years, photographs will continue to be printed 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. In 2020, COVID effected the number of opportunities for staff to use the Traveling MO Adoption Heart Gallery as locations have closed its doors to the public. Locations such as libraries, community centers, shopping malls, and health facilities have not allowed staff to utilize these locations as they have in the past. Prospective adoptive families should be directed to the online MO Adoption 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.

In 2021, the Division partnered with Raise the Future to create and offer a digital Heart Gallery display to be used in the community as a new recruitment opportunity. This digital Heart Gallery display can be used in the same venues, i.e. churches, school functions, and community events as the Traveling Heart Gallery display.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and Raise the Future.

In 2019, the Division enhanced the MO Adoption Heart Gallery website to include additional topics, updated graphics, and more volunteer opportunities.

#### *Subsidized Adoption and Guardianship Program*

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. The basic subsidy package includes maintenance, childcare for children up to age 13, MO HealthNet, and respite. Additional services may be added as needed and approved. In SFY21 adoption and guardianship expenditures were \$85,774,405.50, compared to SFY20's expenditure of \$101,589,952.99. As of June 30, 2021 there were 18,255 children receiving adoption subsidy and 9,029 children receiving guardianship subsidy, per DSS Research and Evaluation.

FY	Adoptions Finalized
2017	1,601
2018	1,747
2019	1,819
2020	1,740
2021	1,513

#### *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 Agency rules in the Missouri Code of State Regulations. Child placing agencies may be licensed to provide "recommendation of foster homes for licensure," "placement of children in foster family home," "foster care services" and "adoption services," which includes international placements.

In CY 2021 Missouri Children's Division had 62 licensed child placing agencies. Many of the agencies have multiple operating sites resulting in a total of 108 licensed sites in Missouri. Of the 62 licensed child placing agencies, 36 of these are accredited by a nationally recognized accrediting body (Council on Accreditation, Joint Commission on Accreditation, IAMME or

Hague Accreditation). The licensed child placing agencies facilitated placements and adoptions of 92 domestic and 34 international children for adoption. Licensed child placing agencies provided post-placement or post-finalization 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.

#### *Division X Supplemental Funding from the Supporting Foster Youth & Families through the Pandemic Act*

The Division X supplemental funding received from the Supporting Foster Youth and Families through the Pandemic Act is being used to support the Permanency Attorney Initiative described in the Implementation and Program Support section of this report. Specifically, this funding will be used to contract services for attorneys who perform legal work related to permanency for children. The funding will go directly to the billing they submit. The decision to utilize the funding in this manner was made to address permanency delays that may have occurred due to the COVID-19 pandemic.

#### *Service Decision-Making Process for Family Support Services*

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 Children's Treatment Services (CTS) funding 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) or Alternative Care (AC) case, an adoption or guardianship subsidy case. Contracted services to an individual or family must be based on the goals developed by the Social Service Specialist 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 is utilized only after all other funding resources, such as Medicaid or private insurance, are exhausted.



Beginning November 2019, the following services have been added to facilitate better outcomes for children and families: Specialized Clinical Assessment (Psychosexual Evaluation), transportation, and transportation behavioral. The contract revisions were a result of multiple requests from the courts to provide a specialized clinical assessment, and as a result of monitoring, to expand services to families. The CTS explanations of services were also updated to reflect more evidence-based curriculums be used when providing parent aide and parent education services to the families and children.

### *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) to assess safety and risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

### Structured Decision Making (SDM) Safety Assessment

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention. The SDM Safety assessment is required for all Investigations, Assessments, Newborn Crisis Assessments, and Out of Home Investigations (OHI) reports. The SDM Safety Assessment will not be required for Non-caretaker Referrals, Preventative Service Referrals, and for now, Juvenile Assessments. A system change has been requested to include Juvenile Assessments. The SDM Safety Assessment is required to be completed on all victim and non-victim children within 72 hours.

The SDM Safety Assessment defines the following:

- Caregiver: An adult, parent, or guardian in the household who provides care and supervision for the child.
- Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.
- Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household (boyfriend or girlfriend) but may not physically live in the home or a relative where the legal parent allows the relative authority in parenting and child caregiving decisions.

### Types of SDM Safety Assessments

There are three types of SDM Safety Assessments:

- Initial - Every Investigation, Assessment, Newborn Crisis Assessment or OHI report should have at least one initial safety assessment, completed during the first face-to-face

contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments.

- Review/update - A reassessment of any additional as well as any secondary households. The frequency of safety reassessments is described in Section 1, Ch. 5.4.2 of the Child Welfare Manual. There may be review/update safety assessment completed if the safety of all children was not verified during the initial safety assessment/contact.
- Closing - When the initial safety assessment was determined to be “Unsafe” or “Safe with Plan”, a review/update safety assessment must be completed prior to closing as a case should not be closed if safety threats are still present in a household.

### SDM Safety Assessment Decision Outcomes

There are three outcomes of the SDM Safety Assessment:

1. Safe—No safety threats were identified and there are no children likely to be in imminent danger of serious harm and no safety intervention is needed.
2. Safe with Plan—One or more safety threats are present but based on an assessment of protective capacities, an Immediate Safety Intervention Plan and/or Temporary Alternative Placement Agreement (TAPA) can be used to control the threat.
3. Unsafe—One or more safety threats are present. An Immediate Safety Intervention Plan or TAPA were considered, but would have been insufficient to control the threat(s). Protective custody must be requested. Staff will submit a copy of the “Unsafe” SDM Safety Assessment with the Juvenile Office Referral (CD-235).

### Completing the SDM Safety Assessment

For a new Child Abuse/Neglect Report, the SDM Safety Assessment is completed following the initial face-to-face contact with all child victim(s). The safety assessment should be entered into FACES within seventy-two (72) hours of the report date.

Staff should attempt to see all children (victim and non-victim) per policy timeframes as well as interview the parents within 72 hours of the report being alerted. If all victim and non-victim children are not present upon initial contact and verification of safety, staff must complete a review/update safety assessment when the other children have been seen and verification of safety has been completed.

The SDM Safety Assessment is completed on households. If a child’s parents do not live together, the child may be considered a member of two (2) households. If the alleged perpetrator

is not a member of the child's household, but there is a failure to protect allegation of the child's caregiver, a safety assessment is completed for the child's caregiver's household.

Workers should always be on the alert to changes in the family, new dynamics, the interaction of multiple threats of danger and other "red flags" that indicate that the threat to the safety of a child is no longer manageable. If such safety threats occur, a new safety assessment should be completed.

### Family Risk Assessment Tool

The SDM protocols are utilized to assess risk for CA/N reports and applies to assessments, investigations, Newborn Crisis Assessments and Juvenile Assessments. The risk assessment must be completed by the close of the report. The Family Risk Assessment Tool should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future maltreatment to a child. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood of child maltreatment in the next 18 to 24 months. Key factors that are discussed while utilizing the Family Risk Assessment Tool:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family?
- Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

The Family Risk Assessment Tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children.

### Identified Population

Sections 191.737 and 191.739, RSMo., require the Children's Division to respond to a request for a home assessment by a physician or other medical personnel who has expressed reservations

about releasing an infant who may have been exposed to a controlled substance or alcohol and may be at risk of abuse or neglect.

Children’s Division receives a Newborn Crisis Assessment (NCA), via the Missouri Child Abuse and Neglect Hotline Unit (CANHU), if an infant or mother test positive for a controlled substance at the time of birth, or the infant is exhibiting signs and symptoms consistent with controlled substance or alcohol exposure, or there is a concern for the well-being of a child under one (1) year old within twenty-four (24) hours of being seen by a medical professional.

The purpose of a Newborn Crisis Assessment is to:

- Assess the family and home environment to assure safety and make a referral to the Juvenile Office if necessary.
- Discuss the safety and well-being of the child(ren); including but not limited to: safe sleep environment, readiness to provide and care for an infant, and any special health care needs the infant may have.
- Assess family supports, community supports, and other resources the family already has in place.
- Link the family with services (Examples: Family Centered Services, Intensive In Home Services, Home Visiting Program, First Steps, Parents as Teachers, substance abuse treatment, mental health services, and WIC.)

In FY 2021, CD received a total of 6,623 Newborn Crisis Assessments.

On August 28, 2021, Children’s Division began receiving Birth Match reports. House Bills 429 and 432 established section 210.156 RSMo, which requires the Children’s Division to provide the Missouri Registrar of Vital Statistics identifying information for persons who are in at least one of the two categories below:

- (1) individuals whose parental rights have **ever** been involuntarily terminated in Missouri AND who are identified in the Central Registry as having a finding by the Division or a court adjudication of child abuse or neglect within the previous ten years;
- (2) individuals identified in the Central Registry who have also pled guilty or been found guilty of specific crimes, within the previous ten years, provided the victim was less than eighteen years of age, including: chapter 566 or section 565.020, 565.021, 565.023, 565.024, 567.050, 568.020, 568.065, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, and 573.205.

DHSS vital Statistics sends information containing certain information from the newborn’s birth certificate; Children’s Division completes a search in the system of record, Family & Children

Electronic System (FACES), to verify the match. Birth Match reports are completed as Newborn Crisis Assessments (NCA).

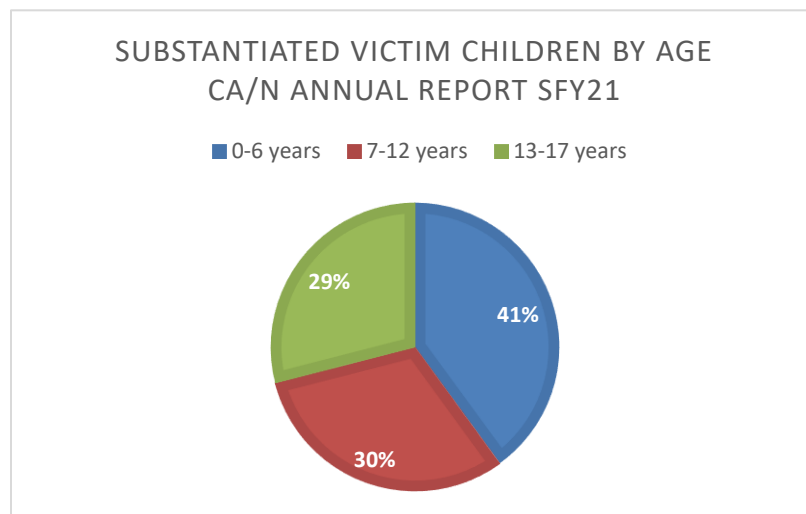
From August 28, 2021-December 30, 2021, Children’s Division received nineteen (19) Birth Match reports. Of the nineteen (19) received twelve (12) of them already had a NCA report called in by a medical professional at birth.

Two (2) of the twelve (12) had a Family Centered Service case opened due to concerns related prior history outlined in Birth Match

Five (5) of the twelve (12) had an Alternative Care case opened due to current concerns for the safety of the children (six children total as one case had twins).

Of the six (6) Birth Match reports with no prior NCA, one agreed to Home Visiting services. The remaining five (5) reports the families did not want services and there were no safety threats identified.

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 greatest 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.



Based on the chart, children birth through age six constituted 41% of all substantiated victims in SFY21.

During the year, 47,613 children were involved in reports concluded as assessments. Families with children age five and younger were somewhat more likely to be referred to Family-Centered Services (FCS) or have an

Alternative Case (AC) opened.

For reports concluded as assessments during FY 2021, half were found to have concerns addressed (49.9%) and a third found no concerns (33.8%). Seven percent (7.4%) resulted in

opening a Family-Centered Services (FCS) case or an Alternative Care (AC) case for 3,844 children, and three percent (3.3%) resulted in providing services for 1,542 children.

It is also important to note the most recent Missouri child fatality data indicates that in FY21, the majority (56.9%) 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 Individuals with Disabilities Education Act (IDEA). Pursuant to the federal mandate of Child Abuse Prevention and Treatment Act (CAPTA), staff are required to make a referral to First Steps for any child under the age of three who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) established a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

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.

The most current Senate Bill is in compliance for CAPTA and assures that practitioners specifically "shall" report infants that are affected by substance abuse, withdrawal symptoms

resulting from prenatal drug exposure, or “a Fetal Alcohol Spectrum Disorder”. In 2019, Senate Bill 514 added the following to Section 191.737 RSMo.:

2. Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or “a Fetal Alcohol Spectrum Disorder” as evidenced by:

- (1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
- (2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.

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 included guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also included things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

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.
- Infant’s safety could be jeopardized by the continued use of substances by parent/caretaker or other 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 documentation of the record.

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

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services

FACES is able to track if a Plan of Safe Care was developed. The three data reporting criteria that are captured in FACES 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.

In May 2018 Missouri Department of Social Services Children's Division (CD) and Department of Mental Health's Division of Behavioral Health (DBH) identified mutual interest in collaborating to identify a potential SUD intervention for pregnant and post-partum women with the goal of providing access to treatment and services in their own home and community. DMH-DBH offered their Assertive Community Treatment team (ACT) model for consideration; ACT teams are already planted in 20 sites within Missouri. The ACT team model could provide the foundation for a new community-based SUD treatment project. The ACT model is a nationally recognized evidence-based model supported by SAMHSA that focuses on serving people with serious mental illness within their own homes. The ACT has vetted fidelity tools that help ACT



providers follow the model to attain the highest chance of success with clients. ACT teams have rigorous reporting requirements to SAMHSA and DMH in order to receive funding. SUD is not a requirement to participate in the traditional ACT program, although ACT provides SUD services when needed. A decision was made to name the team a Coordinated Specialty Care (CSC) team instead of ACT because a few changes were made in service delivery of the program. There are a few key differences between the ACT and the CSC team. ACT team's primary focus is on Mental Illness; SUD is not a requirement to participate in the ACT program. Clients who participate in ACT do not have to be pregnant or parenting. The CSC pilot's primary focus is treatment and services for pregnant and post-partum mothers of children under three, who have SUD and a co-occurring mental illness, or they are at risk of mental illness. The CSC's team has more knowledge and competence around SUD treatment and recovery, prenatal care, NAS, MAT during pregnancy, breastfeeding, post-partum depression, parenting, child development, etc. Because the CSC team's services look a bit different than the traditional ACT, it is not assumed this model is evidence-based even though its foundation was built upon the highly regarded ACT model. This is the reason for the name change to Coordinated Specialty Care Team. This is primary and secondary prevention work, as mothers can be referred who are not involved with the Children's Division and of course, the Children's Division can make referrals as well. This pilot is fully funded by DMH-DBH. The program's title was adopted as IMPART (Infants, Mothers, and Prenatal Assessment Recovery Team).

Burrell, the pilot agency, has reported that they have completed internal assessments of progress of clientele by using the General Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire (PHQ-9), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the Daily Living Activities Functional Assessment (DLA-20). They found that overall, with the aid of IMPART, clients experienced improvements in their symptoms related to anxiety and depression, as well as reductions in substance use. Additional data indicated progress in community functioning, as related to employment, independence in housing, regaining or keeping custody of children, and personal care. These conclusions are evidenced by improvements in the GAD-7 and PHQ-9 scores indicating improvements in symptoms of both anxiety and depression, as well as reductions in ASSIST scores that are indicative of decreases in substance use among the client population. Finally, the increases in DLA-20 scores show improvements in housing stability, overall communication, alcohol and drug use, leisure and self-care, access to community resources, productivity at work and school, and coping skills. All taken together, there is significant evidence of improved client outcomes through the participation in IMPART over time.

The Department of Mental Health has expanded CSC to two additional areas through Women's and Children's Specialty Teams.

## Kinship Navigator Funding

The Children’s Division was awarded funding in the amount of \$282,892 for fiscal year 2021, \$344, 838 for fiscal year 2020, \$347,032 in 2019, and \$372,618 in 2018 to be used to develop, support, and enhance the Kinship Navigator programs. Missouri is continuing the partnership with ParentLink program at the University of Missouri and other essential community partners in advancing the Kinship Navigator program in Missouri. The last four years of funding has been spent by ParentLink to establish, enhance, and begin the evaluation process of Missouri’s Kinship Navigator program. The Missouri program assists 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 well-being.

Missouri Children’s Division and ParentLink, as 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 caregivers utilizing the toll-free number (1-833-KIN-4-KID, 833-546-4543) answered by knowledgeable and equipped ParentLink staff to identify and assist with the immediate needs of relative/kinship caregiver resources in real-time. The toll-free KIN-4-KID line is connected on the 2-1-1 network and allows for maximization of the services currently offered by 2-1-1 throughout the state of Missouri. ParentLink is continuing to work with 2-1-1 and have completed an MOU with Missouri’s 2-1-1 to share resource data bases. In November 2020, ParentLink reached out to the originator and curator of the national 2-1-1 taxonomy in LA and was able to get the term “Kinship Navigator Program” created, defined, and added to the national 2-1-1 taxonomy to allow for kinship caregivers and professionals to search for kinship navigator services.

ParentLink staff ensure kinship families are 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 are instructed to call 911, law enforcement, Child Protective Services, or a Crisis Hotline as appropriate. When a caregiver reaches the Missouri Kinship Navigator Program, ParentLink staff are 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 also

have the capacity to connect kinship and relative caregivers to other caregivers through support groups. These groups allow relatives/kin to establish relationships and supportive connections with other relative/kinship families.

The target population for these services include relative/kinship providers caring for children in both formal and informal arrangements, i.e., individuals who are caring for children in and outside of the formal foster care system. The geographic service area for Missouri's Kinship Navigator Program is statewide through statewide referral system and ParentLink is providing full navigator services in 12 counties-counties that include four counties in Missouri's central region (Boone, Cole, Cooper, and Randolph) and eight counties in the southeast region of the state (Pemiscot, Dunklin, Ripley, Scott, Stoddard, Butler, Mississippi, and New Madrid). 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 and other community agencies across the state to reach families outside their 12 county area.

When caregivers calling the KIN-4KID line are in need of direct one-on-one client support, ParentLink navigators refer the caregiver to one of the three Missouri Family Resource Center agencies. In 2022, the Family Resource Center partners were able to expand their geographic presence and service area to include the entire state of Missouri. Foster & Adoptive Care Coalition (FACC) provides kinship services to relative/kinship caregivers in the St. Louis metro (includes 6 counties) area raising children through the formal child welfare system, providing relative/kinship care training, licensing, and wraparound support services along with numerous other resources for formal relative/kinship care providers. Central Missouri Foster Care & Adoption Association (CMFCAA) provides direct one-on-one kinship navigator services in 24 counties in central Missouri serving both formal and informal relative/kinship caregivers. FosterAdopt Connect (FAC) provides direct one-on-one kinship navigator services to both formal and informal relative/kinship caregivers in 85 counties that includes the Kansas City metro, northwest, northeast, southeast, and southwest areas of Missouri. This expansion has also included an increase in kinship navigator staff and an improved capacity to serve this population, especially in rural areas that have few resources and direct services. These additions were accomplished by accessing funding through various grants and private funding programs from the local communities they serve.

ParentLink continues to seek and support local relative/kinship support groups through partnerships with University Extension county offices, local county resource coalitions, and local county health departments across ParentLink's current 12 county southeast and central Missouri coverage area. Primarily the focus is on connecting kinship caregivers to resources and services they need, but also includes continuing to develop and expand 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 developed weekly virtual support groups in April 2020 as a

means to provide needed support and trainings during the pandemic. They have continued to grow and provide an opportunity for not only caregivers to learn and connect, but also professionals serving relative/kinship caregivers. As of December 2021, there have been an average of 16 kinship caregivers per class, a total of 144 unique kinship caregivers and a total of 121 unique professionals that support kinship caregivers participating in the weekly kinship caregiver virtual support group trainings.

Dr. Joseph Crumbley, renowned kinship care expert, presented a four-week training and consultation series via the weekly zoom kinship support meeting in June 2020. The support group's training topics are selected to meet the needs of the caregivers and consist of topics such as mental health for children and families, legal information, state benefits, tax information, and self-care. The presenters consist of professors and professionals from the University of Missouri Extension, ParentLink, and local, state and national agencies and organizations.

In April 2020, ParentLink formed a Kinship Caregiver Advisory Committee made up of ParentLink Kinship staff and seven relative/kinship caregivers across Missouri. ParentLink's Kinship Caregiver Advisory Committee members offer insight regarding their experience with ParentLink and the Kinship Navigator program. Specifically, the committee consults with ParentLink staff regarding how to shape the Kinship Caregiver programming by building on current strengths and identifying potential gaps in processes, services, and resources. Kinship Caregivers from this Advisory Committee also participate in the Kinship Navigator Steering Committee providing additional representation of current and former kinship caregivers. In response to feedback received from the Kinship Caregiver Advisory Committee members, ParentLink began work during December, 2020 to offer a new monthly virtual kinship peer support group meeting to connect kinship caregivers with other kinship caregivers across the state. The virtual peer support group meetings launched in February 2021.

Missouri Children's Division and its partners are operating a steering committee under the leadership of the Children's Division's 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, other state agencies, and contracted foster care case management partners. The steering committee continues to 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 steering committee members represent both public and private organizations serving kinship providers and children. This provides for collaboration between members in sharing information on their own resources and services as well as other resources available for kinship providers across the state. The steering committee has coordinated quarterly training opportunities for Kinship Navigators and committee members on selected training topics such as Missouri TANF, Medicaid, SNAP and childcare eligibility for both formal and informal relative/kinship caregivers. These Kinship Navigator trainings also include time for the navigators and committee members to connect with

each other, share information on resources and supports available for kinship providers as well as brainstorming possible solutions for identified challenges and service gaps.

ParentLink and the collaborative partners are continuing to serve kinship caregivers through a program modeled after the Kinship Navigator Model –Family Connections Grantee along with researching and consulting with other established kinship navigator programs such as models used in New York, Utah, and Ohio’s formal kinship navigator model. Children Division is collaborating with ParentLink and the Institute for Public Policy (IPP) at the University of Missouri to evaluate the Missouri Kinship Navigator Program. IPP began the evaluation process in 2021 and has started the initial caregiver needs assessment and other work on the evaluation process. Efforts continue to primarily focus on connecting kinship caregivers to resources and services they need, but also include the continuing development and expansion of 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/GrandFamilies since 1992. Through this project and the work of the steering committee, Missouri is continuing to enhance its capacity to serve kinship providers. ParentLink’s kinship navigator program offers relative/kinship providers with access to research-based information and resources pertaining to the challenges of raising relative children, the impact of trauma on children and caregivers, parenting strategies, child development information and early childhood developmental screenings through the toll-free 1-833-KIN-4-KID line connecting directly with an equipped Master’s-level professional, ParentLink kinship navigator website and ParentLink loan library. ParentLink has been able to continue to expand their lending library collection of adult and children’s educational books, DVDs, and curricula specifically related to parenting and other needs relevant to kinship care providers, the children they are raising, and professionals working with kinship families.

The Missouri Kinship Navigator program continues to expand promotion and outreach through both advertising campaigns and distribution of outreach and promotional materials directing kinship caregivers to the established toll-free 1-833-KIN-4-KID line. These materials are being widely distributed as this project expands their social media presence and each of the developed materials, as well as contact numbers and website address, are posted on the ParentLink kinship navigator webpage for ease of access along with relevant articles, videos, and training/support group listings. ParentLink’s Kinship Navigator website, <https://education.missouri.edu/navigators/> is fully developed and provides several different options for relative/ kinship caregivers to directly contact a ParentLink trained staff member via the statewide referral line seven days a week or to get connected to kinship navigators in their area. There are also links to the two statewide virtual kinship support groups, two ParentLink Facebook pages along with information on state benefits, housing, legal, and numerous other resources available for kinship families across the state. In recognition of Kinship Caregiver

month, ParentLink again contracted with media companies to produce, air, and disseminate advertisements promoting the Missouri Kinship Navigator toll-free 1-833-KIN-4-KID line and kinship navigator staff through targeted radio and social media advertisement campaign during the month of September 2021.

The Missouri Kinship Navigator program is managed by the Relative First Program Development Specialist under the resource licensing and prevention services units in the Missouri Children’s Division. The duties include oversight of the kinship navigator programming which includes co-facilitating the steering committee meetings, ensuring the implementation and continuation of media and outreach campaigns, establishing and monitoring the toll-free phone line and its connection to the Missouri 2-1-1 network, championing the continued collaboration and partnerships between ParentLink, the Family Resource Centers, and public and private community agencies that provide relevant services and resources, along with advocating for continued growth and expansion of direct kinship navigator services across Missouri. The Kinship Navigator program will measure its success by review of relative placements, data captured by the ParentLink database and the Family Resource Centers databases, and the stability rate of those placements as well as a survey of relative placement providers for satisfaction and support outcomes.

The Kinship Navigator program through ParentLink has a database to capture and track data to use for development and assessment needs. Missouri Kinship Navigator Program partners have been collaborating to collect and provide the same data elements to the Children’s Division in order to provide an accurate accounting and collection of relevant data to determine impact and continued service gaps. A shared reporting tool has been developed, but continues to make improvements in data collections with the assistance of the evaluation process and IPP staff. The data provided is directly from ParentLink, the three family resource centers, Foster & Adoptive Care Coalition (FACC), Central Missouri Foster Care & Adoption Association (CMFCAA), and FosterAdopt Connect (FAC).

Case Type	FACC	CMFCAA	FAC	ParentLink*	Total CY 2021	Total CY 2020
<b>Number of Families Served</b>	13389	178	219	704	<b>14490</b>	*Not tracked
<b>Number of Caregivers Served</b>	18583	290	306	2727	<b>21906</b>	<b>2928</b>
<b>Number of Kin/Relative Youth Served</b>	1470	363	458	151	<b>2442</b>	<b>713</b>
*ParentLink data only includes kinship families served through the Kinship Navigator line.						



<b>Kinship Caregiver Families Served</b>	<b>FACC</b>	<b>CMFCAA</b>	<b>FAC</b>	<b>ParentLink*</b>	<b>Total CY 2021</b>	<b>Total CY 2020</b>
<b>Formal</b> - (Children in State Custody; Legal Guardianship, Adoption Subsidy)	13853	143	91	130	<b>14217</b>	<b>213</b>
<b>Informal</b> - (No State Custody or Subsidy; CD Safety Plan/Diversion)	0	35	132	40	<b>207</b>	<b>148</b>
Unknown	0	0	0	23	<b>23</b>	<b>18</b>
*ParentLink data only includes kinship families served through the Kinship Navigator line. FACC-Only serves Formal Relative/Kinship caregivers						

<b>Kinship Youth Served by Age</b>	<b>FACC</b>	<b>CMFCAA</b>	<b>FAC</b>	<b>ParentLink*</b>	<b>Total CY 2021</b>	<b>Total CY 2020</b>
0-5	459	149	147	72	<b>827</b>	<b>257</b>
6-10	425	104	142	20	<b>691</b>	<b>206</b>
11-15	432	78	122	28	<b>660</b>	<b>168</b>
16-18	132	30	47	2	<b>211</b>	<b>74</b>
Unknown	17	2	0	62	<b>81</b>	<b>5</b>
*ParentLink data only includes kinship families served through the Kinship Navigator line.						

Reason for Referral	FACC	CMFCAA	FAC	ParentLink	Total CY 2021	Total CY 2020
Academic/Educational Advocacy	109	3	0	9	145	2
Basic Resources	1033	86	155	35	1309	173
Child Behaviors	0	8	7	11	26	13
Child Care	0	17	5	2	24	10
Child Welfare Navigation	353	42	36	60	491	60
Education/Training	8	0	13	83	104	75
Emergency Assistance	0	6	35	2	43	56
Employment	0	1	6	0	7	11
Financial	0	13	122	17	152	82
Future Concerns	0	2	6	6	14	5
Health Care	0	4	13	10	27	23
Housing	0	6	27	6	39	52
Legal	0	12	83	38	133	88
Permanency Information	0	14	0	10	24	18
Physical/Mental Health	57	1	14	56	128	52
Resource Allocation	17076	0	8	0	17084	7
Self-Care/Leisure	0	11	1	2	14	9
Social Supports/Family Finding	56	54	2	12	138	43
Transportation	0	3	3	1	7	14

### Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The Children’s Division reported FFY21 monthly caseworker visits as required. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

In FFY21, 96% 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, 97% of the visits conducted during FFY21 were held in the child’s placement.

#### Worker Visit Measure #1: Monthly Worker Visit with Child

- Number of Children: 18,293
- Total full months kids were in care during FFY21: 152,557
- Total months with visits: 146,738
- Percent Visited Every Month: 96%



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

- Total months with visits: 146,738
- Total number visit months where child was visited in the placement: 142,000
- 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 System team members, and field supervisors reinforcing the importance of this practice on child safety and wellbeing. Successful use of several reports created for monitoring and improving visits has been a key strategy.

Social Service Specialists 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 and frequency is to be determined based on the child's need. 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.

Policy enhancements have been made to require supervisors to observe at least one worker/child interaction per worker each quarter, providing the supervisor the opportunity to offer feedback and coaching around the worker's ability to engage youth in quality interactions. This was listed as a key activity in the Program Improvement Plan to increase the quality of worker with child visits.

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit, and Frontline Worker Level, continue to be provided.

Continued use of the electronic FACES monthly worker visit report, which drills worker visit data down to the case level and is accessible by the case manager, supervisor, QAS team members and Managers. Contracted Case Management Agencies can also access this report.

The monthly caseworker grant will continue to be used to address any barriers to visitation with children. In SFY21, the grant was used to fund the Mobility Project. 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 purchased for the iPads. It is anticipated the caseworker grant will continue to be used in funding mobility options for staff.

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

Federal Fiscal Year 2022 caseworker visit data using the full population will be submitted by December 15, 2022, as required.

## Adoption and Guardianship Incentive Funds

Over the previous 5 years, Missouri has received the following Adoption and Guardianship Incentive Payments:

FY 2015 \$1,395,500

FY 2016 \$3,312,500

FY 2017 \$1,486,000

FY 2018 \$2,232,500

FY 2019 \$995,000 Representative of 61.65% of the Missouri allocation due for 2019

FY2020 \$580,000

As cited from Earning History by State:

<https://www.acf.hhs.gov/sites/default/files/documents/cb/AGIP%20Earning%20History%201998-2020-%20October%202021.pdf>

These funds have been utilized to support the Missouri Adoption Heart Gallery media site and financial support of the Missouri Family Resource Centers. Each year the Division has been able to expand support of the centers with this funding, and as a result, in September 2017 two additional centers were supported by the Children's Division/Adoption and Guardianship 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, Rolla and Lake Ozark; 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 (See Collaboration section). Payment has also been possible for funding of contracted termination of parental rights (TPR) attorneys to expedite timely TPR and Adoption. With Missouri's robust Resource Center availability, there have been no challenges with spending the allocated funds. The only region in the state which currently lacks a designated regional adoption resource center is Northeast Missouri. Currently, families in the Northeast region are served by the Northwest, Central and St. Louis metro centers as well as their local support groups and advisory boards, addressing the void for those families of a designated center. Foster Adopt Connect, the organization which mans the resource centers in Southwest, Southeast, Northwest and the Kansas City Metro, is working to open a center in the Northeast Region and will expend any available incentive funds to make that center a reality.

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, as well as funding activities identified in the diligent recruitment plan (Attachment B).

## Adoption Savings

Missouri plans to continue to use the Adoption Savings to provide Behavioral Interventionist (BI) programming for adoptive families in 2021 and 2022 as well as providing additional funding to the Family Resource Centers for their Adoption programming and funding Behavioral Personal Assistants for adopted children.

### **Behavioral Interventionist:**

The Behavioral Interventionist program is an intensive, strength-based intervention that replaces the use of or needs for residential treatment. The program is provided in the child's home and is a therapeutically designed program to meet the individual needs of a child with significant behaviors or mental health conditions. The need for residential placement is replaced with the ability to provide services in a family home with support from community-based resources.

After clinically assessing the child, a team including the behavioral interventionist (BI), in conjunction with a therapist and the parent(s), develop and execute a treatment plan aimed at addressing:

- Trauma
- Abuse and neglect
- Bonding and attachment
- Grief and loss
- Emotional and mental health functioning
- Disruptive, harmful, or unproductive behaviors
- Self-regulation on the part of the child
- Support system for the child and family

The goal of the treatment plan is to modify unproductive or challenging behaviors through positive interventions which rely on all members of the team to implement, monitor, and adjust. Services are provided by the BI but heavily supported by the parent(s) with oversight by the licensed therapist. Ongoing assessments and analysis of the treatment plan by the therapist ensure that modifications are made as needed.

Timeframes for the BI program are dependent upon the improved functioning of the child and their support system and their ability for the child to be successful and safely remain in their home. The intensity of services is intended to diminish over time as the child or youth improves;

however, the treatment plan and extent of services should be assessed and documented on a no less than quarterly basis.

**Resource Centers Adoption Programming:**

Missouri adoptive parents have had the benefit of having Resource Center services available since House Bill 11 (2007). Funding is currently being provided for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, Northwest, and Southeast. The Division intends to use adoption savings funding to further support the resource centers as well as support opening of a resource center in the Northeast which is the only remaining region without such service.

Adoption Savings Expenditures for Missouri is the following:

FFY	Cumulative Unexpended Balance of Calculated Adoption Savings
2017	\$242,204.00
2018	-
2019	\$653,946.00
2020	\$2,967,687
2021	\$6,797,817

The amount shown for each year is the accumulated total that has been carried forward.

The State of Missouri does not currently have any challenges spending the unused adoption savings due to the increase of youth determined to meet Title IV-E Adoption Assistance requirements.

**Family First Prevention and Services Act (FFPSA) Transition Grants**

Missouri has begun initial utilization of funds awarded through FFPSA Transition Grants, which provide financial assistance to states for FFPSA implementation costs for FFY 2020-2025. In addition to initial utilization surrounding residential facility readiness, Missouri has also identified planned areas for utilization of funds. The identified planned areas for utilization of funds were included as a New Decision Item in proposed budget to the Legislature, which included transition funds in addition to general revenue.

- Assist with Residential Facility Readiness– Many residential facilities will have to change their current operations to meet the new requirements of FFPSA. These include being trauma-informed, being licensed and accredited, providing discharge and aftercare planning, and providing registered or licensed nursing staff 24/7. Funding has been utilized to assist facilities with transitioning their current practice to meet the new

requirements. Focus areas for assistance addressed agency accreditation, agency training (trauma specific), and program development/implementation associated with FFPSA implementation. Funding utilized for this support occurred through the release of two New Funding Opportunity solicitations. These awards were for up to \$10,000 upon award. Solicitation of the New Funding Opportunities resulted in submission of proposals from respondents, which were thoroughly evaluated. Contracts were awarded in accordance with applicable statute, policies, and guidelines. The procurement process will occur through the Missouri Office of Administration. To date, \$87,303.76 has been awarded.

- Prevention- Efforts to support implementation of prevention services have been included for planning. Missouri intends to begin implementation with two prevention services, each in five pilot site location. To support these efforts, funding is planned to assist with model purveyor costs, which may include site readiness assessment, training, supervision and ongoing review of provider team for competency, fidelity assessment, site licensing, site consultation, and associated travel costs. Service provider or program costs were also included, and may surround community-based capacity building enhancement, including initial implementation program costs, staffing and benefits, variable expenses to support program development, information technology, indirect costs, and ongoing costs per family for service provision.
- Development of Community Settings – To further reduce the number of youth placed in residential placements, Missouri has identified a need for continued development and expansion of additional community settings for youth in care, with a focus on Therapeutic Foster Homes. FFPSA Transition Grant utilization planning has been inclusive of development of such settings, including funding for grants for providers to develop community settings and funding for a contractor to coordinate, train, and monitor the development of these community settings.

The aforementioned plans for FFPSA Transition Grant funding will not fully utilize the total amount awarded to Missouri. Additional planning for appropriate use of the funds will occur to address support of implementation needs in Missouri.

Family First Transition Act Funding Certainty Grants - The grants were only available to states that operated a title IV-E child welfare waiver demonstration project through the end of the waiver authority on September 30, 2019. Missouri did not apply for or receive any of this funding.

## Chafee Foster Care Program for Successful Transition to Adulthood

Accomplishments and planned activities for each of the purposes of the Chafee Foster Care Program for Successful Transition to Adulthood (CFCP) are included in this section.

Organization of this section is based on the program purposes set forth in the 2020-2024 Child and Family Service Plan.

### Staff –

- **Older Youth Program Coordinator:**

In SFY23, the Children’s Division will continue to use the CFCP funds to staff one Older Youth Program Coordinator (OYPC). 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, and National Youth in Transition Database (NYTD). In January 2022, the Program Specialist position was elevated to Program Coordinator. With this change, the OYPC began direct supervision of five Older Youth Transition Specialists which had been regionally supervised. The OYPC previously provided supervision to one of these positions in SFY22. This change was made to develop capacity within the positions, the unit, and the program. These positions receive direction from Central Office so it was a natural transition to move these positions under Central Office direct supervision.

The OYPC is a member of the Child and Family Services Review Advisory Committee and the Healthcare Coordination Committee.

- **Older Youth Transition Specialists:**

The Children’s Division continues to use CFCP funds to staff four of the six Older Youth Transition Specialist (OYTS) positions. These four specialists cover the regions of St. Louis, Kansas City, Northeast, and the Southwest. The Older Youth Transition Specialists in the Northwest and Southeast regions are not supported through CFCP funding.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of the regions. The OYTS are members of various community groups such as Teens in Transition, Coalition of Homeless Youth Provider Services, Greater Kansas City Coalition to End Homelessness, St. Louis Older Youth Resource Network, SPOT-Coach Project, Homeless Adolescent Task Force, MICH-Missouri Initiative to End Homelessness, Missouri Interagency Transition Team, Pilot Peer Mentoring, and Indian Child Welfare Association (ICWA) Roundtables. OYTS report many of the same challenges for SFY22 that include staff turnover, high caseloads, limited opportunities for youth to participate

in life skills classes as well as local youth advisory boards and state youth advisory boards due to continued concerns for COVID-19, and difficulty in obtaining youth personal documents. *Regional Older Youth Transition Specialists individual reports are available upon request. The reports contain information on specific workgroups, presentations, trainings, partnerships, challenges and successes, and support provided.*

### **CFCP Purpose #1:**

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 and Training Voucher and Missouri Reach Program, and Independent Living Arrangements. In February 2022, there were 3,902 youth in the Chafee eligibility age range. Missouri's criteria are youth in the care, custody, and control of the Children's Division regardless of case plan; however, youth with extreme special needs are excluded from being referred for services upon consideration and agreement by the Family Support Team. Youth in detention, hospitalized, and on run status are not referred for services until the circumstances change for the youth.

The CFCP is contracted to private agencies to administer and deliver services and funding to older youth in foster care, adopted youth, or youth who have obtained legal guardianship after the age of sixteen, as well as former foster youth. Services have been contracted since January 2008. In SFY19, the contract was rebid and awarded to three agencies to provide services in five regions of the state. Two providers are Community Partnership agencies and do not bid on the contract but rather sign an agreement. This contract has the option of four annual renewals. In SFY22, service provision became an issue for one region. Although there had been concerns in the past with this agency, the service provisions declined even further. Children's Division began communication with this agency through the Office of Administration who oversees procurement of services. At the time of the contract renewal, the contract for this region was extended for one month. At the end of this time period, the contract was not renewed. An existing provider agreed to provide services to the region in the interim while the region is rebid. Services administered from this provider began in February 2022. The contract specific to this region will be competitively rebid in the remainder of SFY22.

Missouri 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).

Missouri has provided supervision of youth over the age of 18 who are in foster care from another state but placed in Missouri for the purpose of attending college, living in an



Independent Living Arrangement (ILA), or a Transitional Living Arrangement (TLA) since SFY14.

Children's Division continues to work to ensure youth are referred for Older Youth Program services. The referral status information for Chafee services was added to a Tableau dashboard in SFY22 so management staff have the ability to see this data at any time. As of March 2022, per Tableau, 97% of Foster Care Case Management eligible youth are referred for Chafee services and 94% of Children's Division case managed youth are referred.

The Older Youth Program serve youth in transitional and independent living placement settings. As of February 2022:

- 137 youth are in Independent Living Arrangements
- 3 youth are in the Transitional Living Advocate Program
- 87 youth are in Transitional Scattered Site Placements
- 60 youth are in Transitional Living Group Homes

- **Transitional Living Program:**

The Transitional Living Program contract was awarded in April 2017 to ten agencies in six regions. Two of these agencies no longer provide services. The expiration date of the contract was June 30, 2021. The rebid continues to be worked on and an extension of this contract was granted through April 30, 2022. It is anticipated that an award will be made in SFY22 and new providers will expand service provision throughout the state. All current providers with the exception of one have bid on the proposal so it is anticipated there will be minimal disruption of services for youth.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Older Youth Program Coordinator as well as quarterly visits from the OYTS. Annual statewide provider meetings are held as needed and topical presentations are provided. A presentation was given on the Youth Future Career Program in March. Upon contract award, a meeting will be held with the new Transitional Living Program providers to review the contractual requirements.

- **Independent Living Arrangement:**

Another placement option for youth in care is an Independent Living Arrangement (ILA). The Independent Living Arrangement Checklist (CD-282) and the Self-Developed Case Plan for Independent Living Arrangement (CD-283) are used to ensure youth readiness and eligibility. The ILA Checklist was developed for use with all youth being considered for an ILA placement and is completed each time the youth moves to a new ILA to ensure the living environment is safe and meets ILA requirements. The checklist is reviewed quarterly by the case manager and the supervisor during case consultation. The Self-Developed Case Plan for Independent Living Arrangement is used to assist with preparation and budgeting for an initial ILA placement. Prior



to placement being made, the Social Service Specialist sends the completed ILA Checklist and the Self-Developed Case Plan for Independent Living Arrangement to the Circuit Manager (CM)/Program Manager (PM) for review.

After reviewing, the CM/PM will indicate whether the placement constitutes an ILA per the criteria in the Child Welfare Policy Manual. A decision as to whether the placement meets ILA criteria is determined within 30 days after the checklist is initially received. This process ensures the placement is planned and evaluated. One of the Regional Older Youth Transition Specialists monitors ILA placements to ensure youth are receiving visits and contacts and notifies Regional Directors of any concerns.

- **Tools:**

There were no changes to the tools utilized in SFY22.

- **Transition Planning:**

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. To prepare youth for their exit from the foster care system, the Social Service Specialist 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 during Family Support Team meetings with youth ages 14-21. A critical alert is received notifying the Social Service Specialist that 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 foster care. Exit packets contain information on ETV, MO Reach, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, options for re-entry, and local community resources. A verification letter indicating the youth's time in care is provided to aid the youth in receiving assistance for services which require eligibility verification.

An exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

There is an Exit Packet and Personal Documentation Checklist available to staff on the intranet. Information on transition/exit planning is available in the Child Welfare Manual and as a resource on the intranet. Documentation of youth receiving 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 note possession of youth's personal documents on a quarterly basis on youth outcome reports. 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.

- **National Youth in Transition Database:**

The Children’s Division implemented the requirements of the National Youth in Transition Database (NYTD) in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children’s Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys and an online tracking screen in the FACES system of survey completion has been provided to staff. Missouri has designated the OYTS to locate and survey youth no longer in care. Social Service Specialists continue to follow up with youth in care. A Social Service Specialist receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email is sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey. It is an ongoing challenge to locate youth formerly in care and engagement is critical.

A one page information sheet is included in the mailings with NYTD surveys as an outreach 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 Older Youth Program’s Facebook page, and the “What’s It All About?” guidebook for youth.

Missouri has been compliant with NYTD reporting for SFY22. Missouri is currently surveying the first cohort of 19 year olds and has surveyed 66% of youth. For the 21 year old cohort surveyed from 4/1/21 to 9/30/21, 64% of youth participated.

- **Regional Older Youth Adolescent Life Skills Unit (Royals) Case Management Program:**

In SFY21-22, Children’s Division implemented the ROYALS unit in each region of the state. This innovative program was the winner of the Show Me Challenge in 2020. Due to the success and data outcomes, statewide implementation occurred. The ROYALS unit is a specialized, intensive case management service which prepares older youth in foster care for their transition to adulthood and independence. The ROYALS provide comprehensive support to older youth to ensure they have stable housing, employment, a support network, and other important life skills before they transition from Children’s Division custody. The ROYALS outcome data focuses on youth enrolled in an educational program/trade school, percentage of youth employed full or part-time, percentage of youth who have bank accounts, percentage of youth with a Permanency Pact Agreement with at least one supportive adult, and percentage of youth with a permit or driver’s license.

The Royal’s Unit eligibility criteria includes youth ages 16-20. As services are limited due to the number of specialists, priority is given to pregnant and parenting youth, youth preparing to discharge from congregate care within 3 months, youth exiting care in the next 12 months, youth in independent and transitional living placements, and youth who have re-entered care under the

re-entry legislation. The Royals Unit Social Service Specialists are available to the young adults 24/7.

Youth need to be ready for intense case management services as the ROYALS Specialist meets with the youth 2-4 times each month. A youth's judicial situation should be post-permanency and they should not have a goal of reunification when referred. Youth must be ready to work intensely on independent living skills.

There are two units comprised of 10 specialists and two supervisors, with each region of the state having at least one specialist.

- **Older Youth Efforts:**

Youth continue to receive information about available Chafee services through their Social Service Specialist, OYTS, youth boards, Children's Division website, and Facebook page. Youth are involved in their case planning to address the development of skills and resources needed to facilitate the transition to self-sufficiency. 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.

The use of technology as a means to stay connected to youth will continue in SFY23 via a Facebook page entitled "Missouri's Older Youth Program". Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted to this page. As of March 30, 2022, 524 people "like" 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. The Department of Social Services maintains a Facebook page and publishes resource information for older youth.

Quarterly Older Youth Executive Team meetings continued in SF22. These meetings are held with the OYTS Supervisors and the Regional Directors. The goal of the meetings is to improve services and outcomes for Older Youth through case management and regional efforts from the state lens.

**CFCP Purpose #2:**

*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.

The Adolescent FST Guide assists Social Service Specialist's 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 requires up to three adult supports be identified by the youth and this is an integral part of the NYTD requirements.

Due to continued barriers the Coronavirus Pandemic created, contracted Chafee staff learned to adjust their traditional communication styles of phone calls and voicemails to include texting, emailing, virtual videos, giving youth rides home from school, meeting at sports events, and/or meeting during youth's work breaks to ensure that all youth were seen as often as possible. At times, due to requests from placements or the threat of COVID, many youth received services via a virtual platform.

Youth were connected with community supports such as Peer Mentoring through Vocational Rehabilitation as well as Pre-Employment Transition Services through the University of Missouri Extension Centers. Family Counseling Centers, Boys and Girls Club, FosterAdopt Connect, I Pour Life, local churches and community action agencies. Community groups/individuals were also sought and introduced to youth in order to build relationships and act as natural supports for the youth as they transition from the foster care system. One example of this support network was a youth who was interested in computer programming connecting with a professional in the field to learn what is needed to pursue the desired career.

The Community Partnership in the 25<sup>th</sup> Judicial Circuit was able to have six youth participate in their agency's Partnership PLUS 1 mentoring program for young parents. These mentors were able to work with both the youth and their child.

- **Permanency Pact:**

Children's Division utilizes the Permanency Pact for the permanency options of Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement (APPLA). 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 supports to a young person in foster care. Developed by FosterClub, the Pact provides the structure needed to help both youth and adults establish a positive, kin-like relationship. It is important that both the youth and the identified permanent connection understands their involvement with the youth. In June 2022, FosterClub will present reoccurring workshops on "The Pact" at the State Youth Advisory Board Youth and Adult Leadership and Empowerment Conference.

- **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. The State Youth Advisory Board's strategic plan states that local boards complete at least one community service activity per year. Youth regularly report about community activities with which the local boards are involved such as passing out hot chocolate to participants in an annual community marathon.

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. The adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody.

Missouri Court Appointed Special Advocates 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 teaching life skills in some areas of the state.

The Missouri Mentoring Partnership (MMP) continues to 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 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 promoting self-sufficiency and helping them become productive members of their communities.

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities.

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.

### **CFCP Purpose #3:**

*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, on-going 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**

Children's Division has policy, procedure and practice to ensure that young people have the opportunity for 'normal' life experience. In SFY22, there were no changes on Missouri's practice or policy on normalization supports for youth.

Both Chafee and TL contracted providers were able to assist youth with purchasing items needed to participate in extra-curricular activities such as sports, camps, and leisure activities during SFY22. Assistance has also been given to youth to attend college events and other events hosted throughout communities. Prom attire and financial support for tickets were provided to youth. The Southeast Region hosted a special recognition for graduating youth which included yard signs, graduation baskets and gift cards. The St. Louis Region provided yard cards for graduating youth and hosted a Senior Picture Day event. These activities are normal activities that all youth, no matter their legal status, participate in as they grow and develop. Several contracted Chafee and TL providers throughout the state facilitated group activities such as movie nights and dances. Pathways Transitional Living Program in Kansas City utilized a series of classes through Show Me Healthy Relationships called Pick a Partner in which participants explored ways to start and grow in a new relationships.

### **CFCP Purpose #4:**

*To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and*



*retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention); and*

**CFCP Purpose #5:**

*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.

Social Service Specialists provide an exit packet to youth that are getting ready to exit custody. The contracted Chafee providers present these packets to all referred youth ages 17.5 and up. Through the exit packets, youth are able to obtain information about services available to them and resources that they are eligible for in the future.

In order to ensure that youth are able to move toward self-sufficiency, youth have the opportunity to participate in employment services through local agencies. During SFY22, Epworth's Chafee Program in St. Louis reported that 112 of their youth either obtained or maintained employment during the year.

Life skills classes are arranged and taught by contracted Chafee and TL providers throughout the state. These classes include an array of topics such as resume building, interviewing, college exploration, career exploration, daily living tasks, vehicle maintenance, budgeting, as well as other items that youth will need in order to be successful as an adult. There has been a decline in available classes and participation due to COVID restrictions being put in place and virtual platforms have been utilized. Local businesses are also often partnered with to simulate real life experiences. Life skills are taught based on the youth's need and individual goals and can also be provided in a one-on-one setting.

Driver's education is a need for the youth as it is not taught in most Missouri schools. Chafee contractors have helped numerous youth with the funding needed to participate in community driver's education programs. Footsteps Transitional Living Program in the Southwest Region has

vehicles designated for driver's education purposes so that youth may practice this skill to work toward obtaining their license.

Post-secondary visits take place frequently in all areas of the state. Youth have the opportunity to tour both colleges/universities, trade schools and military to assist them in making a more informed decision about their educational future. Epworth's Chafee Program in St. Louis reported that 55 youth completed high school or the HiSet program and 36 youth were enrolled in post-secondary education during SFY22. The Community Partnership, a Chafee contactor for the 25<sup>th</sup> Circuit, reported that 38% of high school graduates that they served were enrolled in or planning to enroll in post-secondary education. Missouri Baptist Children's Home, who serves as a TL provider in both St. Louis and the Southwest Region reported that 11 of their youth obtained employment during 2021 while they had 4 youth that graduated from high school. Footsteps noted that they had 14 high school graduates whom they celebrated and that 17 of their youth attempted college or trade school. Steppingstone TL program in Kansas City had 2 youth complete their first year of college, a youth receive their cosmetology license, one youth receive their construction certification and another completed a dental assistance program. Not only do youth have the opportunity for financial assistance through ETV, but The Community Partnership and Steppingstone have several scholarships that they award through their agencies. Missouri Baptist Children's Home TL program has partnered with Southwest Baptist University and Hannibal LaGrange University to assist youth with their college education as well as free room and board.

The Division X Consolidated Appropriations funding that was received during SFY22 enabled youth to obtain their own computers for educational and employment purposes and other items to assist with transition to adulthood. Preferred Family Healthcare, Chafee provider in the Southeast Region, was able to ensure that one youth began their new construction career with all of their own tools, setting the youth up for success from the start.

- **Housing:**

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities (PHA), and the Continuum of Care/Balance of State to procure the Foster Youth to Independence (FYI) Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development (HUD). These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to independence and are facing homelessness. Applications for each Public Housing Authority require a Memorandum of Understanding (MOU) and a protocol plan between the Public Housing Authority, Continuum of Care/Balance of State, Public Child Welfare Agency, and Supportive Service Agency. As of March 17, 2022, sixteen MOU's inclusive of 53 counties and five cities have been fully executed. Information on these services has been placed on the Children's Division internet and shared via GovDelivery to all staff. A brochure was added to the



exit packet for youth leaving care. Missouri participates in calls throughout the year with HUD leadership and Administration for Children and Families leadership regarding this project. To date:

- 57 youth have requested the services.
- 43 youth have obtained a lease agreement with the use of the FYI Housing Vouchers.
- Nine Housing Authorities have assisted youth with obtaining a lease through the referral system utilizing the Housing Choice Voucher system.

In SFY22, the Children's Division maintained a representative on the Governor's Committee to End Homelessness, however it is no longer a commission of the Governor and changed its name to the Missouri Interagency Council on Homelessness. The Children's Division had representation on this committee until February 2022, at which time CD withdrew to focus on other agency priorities. During SFY22, meetings were held virtually every other month. Meeting topics included legislative, Continuum of Care, and funding updates related to unhoused youth and adults, warming shelters planning and progress, and general issues regarding this population. Resources were shared between meetings relevant to group members. Future meetings were discussed and dates planned along with proposed business items. Children's Division will continue to be a resource for this group if there are questions or needs specific to youth in foster care but will not plan on attending meetings going forward.

- **Employment:**

Children's Division, Foster Care Case Management staff, and Chafee and TLP contracted providers continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They 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.

Children's Division staff continues 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 Workforce Development Unit of the Department of Social Services contacts youth in foster care to discuss resources available to them. They are available to assist specific youth as needs arise.

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 SFY23.

The Workforce Investment Opportunities Act (WIOA) Committee developed a five week training series which was held in late SFY21 where staff working with youth learned about the services available for youth from agencies from the Department of Elementary and Secondary Education, Department of Higher Education and Workforce Development, Department of Mental Health, and Department of Social Services. The WIOA Committee did not meet for the majority of SFY22 due to personnel changes but reconvened in March 2022.

- **Education:**

The Children's Division utilizes the Adolescent FST Guide and Individualized Action Plan to assess and plan for positive educational outcomes. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services. These include, but are 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.

As a result of state legislation, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or exiting from foster care. The visit includes an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. In SFY21, group campus tours were minimal due to the COVID-19 pandemic however these are slowly resuming in the latter part of SFY22. As of February 28, 2022, 139 youth in care have a documented visit.

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. The visit information was added to the Older Youth Data Dashboard in SFY22. 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) in some capacity. DHSS re-bid the contract in SFY22 however one agency had a change in leadership and did not bid on the contract and another agency who is no longer a provider chose not to bid. DHSS is in the process of rebidding this contract specifically for the two regions without coverage so that this service is 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 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.

Youth in the providers' referral base who receive the service are reported for life skills services in CD's database. "Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce the risk of becoming infected with HIV and other STDs, and significantly decrease their chances of unintended pregnancies. The 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. Epworth has partnered their IDA program with Frank Leta Charitable Foundation (a used car dealership) in order for youth to get their funds matched to purchase a reliable vehicle. They reported that in 2021 there were five youth that purchased vehicles using the IDA program's partnership. Missouri Baptist Children's Home TL programs also had three youth utilize the IDA program that they have set up.

Transitional Living Providers are required contractually to help youth transition to all aspects of independence, including financial. 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 that the contractor is receiving funding for, the monies the contractor is receiving from the state agency for these bills shall be deposited in the youth's savings account for future use. The funds shall be used for the youth 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 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 youth who receive benefits. 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 \$2,000. 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. Any back state debt from the previous five years that could have been paid 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. For youth no longer in care, KIDS account funding is dispersed with help from the OYTS via a withdrawal request. Any remaining funds from social security benefits will be returned to the Social Security Administration.

- **Credit Reports:**

Per the provisions of the Child and Family Services Improvement and Innovation Act the Preventing Sex Trafficking and Strengthening Families Act, each child age 14 and older in foster care receives a copy of their consumer credit report each year until discharged from foster care and the youth is assisted in interpreting the credit report and resolving any inconsistencies. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Social Service Specialists are to document this on the Adolescent Family Support Team Guide in the credit report section and on the Individualized Action Plan Goals, submitting the 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. 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 Social Service Specialist.

Missouri has an agreement with TransUnion to use a web-based portal for 14-17 year olds in a batch process. A designated OYTS runs the process and sends information via email to staff regarding the credit 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 Child and Family Services Improvement and Innovation Act and H.R. 4980.

Information on credit report documentation was added to the Older Youth Data Dashboard in SFY22. The discussion of these checks and increased documentation is discussed quarterly with the Regional Directors and Foster Care Case Management Program Managers.

- **Aftercare:**

Missouri continues 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 23 years of age. 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 and are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. 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. 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. Housing assistance through the FYI Housing Program, extended Medicaid, and post-secondary supports are available to assist youth who exited care after age 18.

As of March 30, 2022, there are 51 youth in the aftercare service population. This is a slight increase of youth from SFY21. With the additional funding provided through the Consolidated Appropriations Act, 2021, Public Law 116-260, youth were helped with the purchase of cars, vehicle repairs, maintenance, registration and insurance, housing deposits, rent, utility, startup kits and baby items.

- **Re-Entry:**

Missouri has had re-entry legislation since 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 regardless of where the youth lives or which Circuit originally had jurisdiction. Youth are expected to participate in the case plan; meet with his or her Social Service Specialist, Juvenile Officer, and Chafee provider; and go to school and/or work to demonstrate his or her own efforts towards independence.

Frequently Asked Questions are on the CD internet and a re-entry brochure is incorporated in the exit packet.

As of February 28, 2022, point in time, there are ten youth in care who have come back into care under this legislation from the Southeast, Southwest, Kansas City, and St. Louis Regions.

- **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. Services are provided in Missouri’s Central Region through a contract with Kansas City’s Local Investment Commission and is run

by the Missouri Foster Care and Adoption Association. This program was appropriated additional funding in SFY22 for the Central Region.

This program addresses the physical and mental health needs of young people transitioning from foster care by providing case management services that: 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 to identify and pursue 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. As of December 31, 2021 the following were served:

- Western Region: Eight active youth at the end of the quarter, 13 youth served during the quarter
- Southwest Region: Thirty-three active youth at the end of the quarter, 54 youth served during the quarter
- Central Region: Nineteen active youth at the end of the quarter, 41 youth served during the quarter

To be eligible, participants must be in foster care or exited the foster care system in the past seven years, ages 17-26.

- **Extended Medicaid:**

Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who are “in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

- Are under 26 years of age;
- Are not eligible for coverage under another mandatory coverage group; and
- Were covered by Medicaid while they were in foster care.”

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

If a youth moves out of the state of Missouri, coverage can still be provided in another state if a provider is willing to participate in that state’s MHD program. This is not typically the case as most providers have not been willing to do so.

As of March, 15, 2022, there are 2,946 youth eligible for extended Medicaid. Of these, 2,853 youth have accessed this service. The eligibility number is elevated due to the pandemic. Typically, coverage ends when a youth turns 26, however during the pandemic youth remained



eligible. The system automatically closes coverage at age 26 but the system was edited for services to remain open for youth to receive extended Medicaid coverage.

One barrier to MoHealthnet services is that youth who return to care under re-entry legislation are not eligible for this service if the last time they exited care was prior to 30 days before their 18<sup>th</sup> birthday. While in “re-entry” status youth are eligible for MoHealthNet services but do not have this service upon exit from care up to age 26.

- **Out of State Former Foster Care Youth Extended Medicaid:**

Coverage is provided up to age 26 for youth who were in foster care under the responsibility of another state for at least six months, are currently residing in Missouri, are at least 18 years of age, are not eligible for coverage under another mandatory coverage group, and were covered by Medicaid when they were in foster care. Memorandum CD20-24, effective July 9, 2020, introduced this.

Eligibility and Application:

- When case management staff learn a former foster care youth from out-of-state is under age 26 and uninsured, a referral is made to the Older Youth Transition Specialist in the appropriate region. The OYTS verifies residence, eligibility, and coordinates with the former state and Family Support Division (FSD) Central Office for FSD to begin the application and approval process.
- If FSD determines the youth does not qualify for a mandatory category of coverage and the youth meets the criteria for former foster care health care coverage, FSD will make the approval for the youth’s eligibility. This is reflected in the FACES Health Care for Former Foster Care Youth screen.

The Children’s Division website contains the MoHealthNet Exit Pamphlet and MoHealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth. The pamphlet is part of the exit packet for youth transitioning from care and case managers, Chafee providers, and Transitional Living Program providers assist with providing information to youth. Information is contained in the youth guidebook “What’s It All About? A Guide for Youth in Out-of-Home Care”. The Children’s Division maintains a separate email account questions and is managed by a Program Specialist in Central Office. Older Youth Transition Specialists educate staff regarding youth benefits.

- **Consolidated Appropriations Act**

Missouri obligated 1.7 million dollars of the funds from the Consolidated Appropriations Act in SFY22 to the Chafee contracts. They were revised to include the additional funding, age increase, and flexibilities in funding. Chafee funds were used to serve youth exiting care due to

age of 21 from January 27, 2020 through September 30, 2021. Youth were provided \$2,000 for housing, food, clothing and parenting costs if the youth has a child(ren). Youth met with the Chafee advisor to work on a transition plan to receive this funding. Two forms were developed for youth to request funding: a Referral Application and an Identification for Funds form. The Chafee advisor also used these forms to document receipt of funds. Children's Division sent a letter to all "re-entry" youth with the Referral Application and Identification for Funds form. For other eligible youth, assistance was provided on a first come, first serve basis up to \$2,000 for items such as room and board (rental assistance, basic furniture, security deposits, utility deposits, start-up kits) and support services (driver's education, medical expenses, extracurricular activities, technology, parenting supplies). The Local Investment Commission was able to serve 169 youth and The Community Partnership assisted 28 youth with various needs. Epworth in the St. Louis area was able to help 158 youth. The Northeast Region OYTS worked with staff and the Division of Finance and Administrative Services (DFAS) to provide direct assistance to eligible youth for the items and/or services they needed due to service provision issues with one contractor.

Additional funding was appropriated for SFY22 and contracts were again amended to include the additional funds to provide direct support to youth.

With the funding received from the Consolidated Appropriations Act, Missouri implemented two workforce development and mentoring programs: The Youth Future Career Program and the LifeStrengths Program.

- **Youth Future Career Program**

The Youth Future Career Program is intended to build upon the assistance provided by the Chafee providers by offering young people age 16 and over intensive career planning, coaching and case management. This program is intended to reduce the poverty rate, curb the intergenerational poverty cycle, and reduce dependency on government benefits. The Youth Future Career Program promotes positive outcomes by providing opportunities, fostering relationships and offering support that is needed to develop young people, reduce risky behaviors and increase their capability to live economically independent lives. The program provides a life coach to train participants to cope and thrive in spite of certain conditions. Individual career plans are developed for each participant, complete with goals, timelines, and steps for reaching goals. Through this evidence-based program, youth are prepared and empowered to live independent, healthy and dignified lives. Life skills, supportive services, and employment and training opportunities will aid in building a foundation of skills that serve to increase employability and positively impact any career choice.

This program is administered by staff from the Missouri Work Assistance Program in the Department of Social Services. The Older Youth Program Coordinator has assisted with



implementation as requested in regards to reporting for NYTD services and Chafee requirements.

Thirteen Community Partnership agencies have entered into agreements as of February 2022.

- **LifeStengths Program**

I Pour Life's LifeStengths Youth Development Program is being offered through an agreement with the Community Partnership of the Ozarks (CPO). The LifeStengths program is a youth development program, providing one-on-one life coaching for youth who are currently or have been in state custody, with the goal of achieving workforce readiness, sustainable living and building social capital through stable positive relationships. Three hundred (300) participants reside in the Northeast Region and 50 participants reside in the Southwest Region. The LifeStengths Youth Development Program is approximately 12 months of one-on-one coaching utilizing the LifeStengths proprietary workbook curriculum. The length of one-on-one coaching varies depending on each youth's unique needs. LifeStengths participants benefit from growing social capital by developing stable positive relationships between youth and community members. Youth receive weekly development meetings in the areas of identity, education, finances, and independence to achieve stable positive relationships and self-sufficiency. Youth are between 15 and 22 years of age; and currently in care, adopted or obtained legal guardianship after age 16, or exited care after age 18.

This service was previously provided in SFY21 through a different funding source. Services ended due to budget restrictions during the COVID pandemic. Programmatic changes were made to allow this program to align with Chafee fund usage. With the additional funds from the Consolidated Appropriations Act, Children's Division was able to enter into an agreement to serve areas of need in the state. Youth are not simultaneously referred to I Pour Life and Chafee services.

Upon referral, youth referred to the LifeStengths Chafee program receive one-on-one weekly coaching and mentoring from an on-staff LifeCoach. The coaching process begins with a period of relationship building with the youth and an opportunity for the youth to gain introspection into their relationships, identity, situational awareness, and emotions. This initial stage lasts anywhere from one to three months. After trust and rapport has been established between the youth and the LifeCoach, the coach continues to work through I Pour Life's proprietary curriculum which trains the youth in certain hard skills, or LifeSkills, which includes building social capital, health and well-being, education, employment or job readiness, financial literacy, community giveback, and a launch strategy. This foundational training allows for further development in hard skills areas as the youth progresses through the program.

Youth who enter the LifeStengths program will have ongoing access to their LifeCoach even after they have completed the curriculum. I Pour Life also recognizes the importance of

relationship development outside of the LifeCoach relationship and begins immediately to identify those healthy relationships that already exist and further works to connect youth with outside individuals through the Social Capital Club (SCC). The SCC is a series of group events that meets on a monthly, quarterly, and annual basis and provides youth with the opportunity to connect with other youth in the program (bonding), volunteers within the community (bridging), and community influencers who might assist in professional guidance and career advancement (linking). On average, youth develop four positive relationships for every six months that they are a part of the program.

Through January 2022, 159 youth have begun to participate in the LifeStrengths coaching program. As of December 2021, 80 of those youth reported having made a positive connection with their LifeCoach and/or an existing relationship with an independent caring adult; 22 youth have reported new positive relationships since beginning the LifeStrengths program; and 84 youth have established a relationship with their LifeCoach and begun their LifeStrengths workbook curriculum, reflecting on the health of the relationships already existing within the youths' familial and social circles. It is anticipated that these youth will create three additional positive relationships over the next three months and at least six total positive relationships before graduating from the LifeStrengths program.

The LifeStrengths Chafee program is a scaled positive youth development program, meaning that youth choose the level of involvement that they would like to have with the program while still meeting the minimum objectives and outcomes. The weekly in-depth coaching sessions are offered as a valued addition to the normal Chafee service offerings. If a youth elects to not participate in the LifeStrengths coaching program, they are still assigned a LifeCoach and have access to all of the required services, weekly touchpoints, and social capital programming. Throughout the LifeStrengths program, regardless of meeting frequency, youth are asked to participate in and drive their own personal goal setting. The role of I Pour Life in this process is to give youth the tools they need to set SMART goals and achieve them.

Throughout the LifeStrengths program, the youth, with the assistance of their LifeCoach, establish a schedule of goals, outcomes, and accomplishments. These goals, outcomes, and accomplishments are designed to allow the youth to experience and engage in developmentally appropriate activities. Examples of these activities are how to open a bank account or obtain a driver's license, how to research college or technical schools, and how to lease an apartment or purchase a vehicle, depending on the age of the youth. Throughout these activities, the youth develop certain life skills similar to those of their peers in intact family units.

As of January 2022, each of the 159 youth participating in the LifeStrengths program have established a relationship with their LifeCoach and begun to look introspectively on their relationships, identity, social awareness, and emotions as the LifeStrengths curriculum is designed. I Pour Life calls this step in the process LifeLessons. The purpose of LifeLessons is to coach youth to look introspectively, allowing the youth opportunity and experience to

developmentally advance their mental and emotional health closer to that of a peer in an intact family unit.

As of December 2021, it was reported that 48 youth reported full or part-time employment, 25 have opened a checking or savings account, 88 are actively enrolled in high school, graduated from high school, or pursuing vocational/post-secondary education, and 89 reported having a safe, stable living arrangement. It is anticipated that all youth participating in the LifeStrengths Chafee program will meet their goals, outcomes, and accomplishments that they set for themselves. By the end of the program, each youth will have a greater introspective outlook on life and have gained necessary life skills through activities, development, and experiences the same as their peers have done.

Each week, a certified LifeCoach meets individually with youth to assist them in setting and achieving their personal goals, while building a community network of support. Youth development needs are serviced directly by I Pour Life, with relief and rehabilitation needs being met through the integration of community services and partnerships.

To support the social capital portion of the program, I Pour Life has employed a Youth Outreach Coordinator who is solely responsible for coordinating social capital group events.

As of February, 159 youth have elected the LifeStrengths coaching option and 51 youth referred have been contacted and introduced to their LifeCoach but have not responded or engaged in the program.

Oversight for this program is provided by the Southwest and Northeast OYTS, and the Older Youth Program Coordinator.

There were several challenges to implementing the LifeStrengths and Youth Future Career programs and expanding existing agreements with Chafee providers for the additional funding and flexibilities. The time allotted to spend the money was short given that the funds had to be appropriated by the legislators and plans had to be approved by the Governor's Office. There were communication issues regarding this. Considerable time is needed to amend contract agreements and even more time is needed to write and negotiate new agreements and Memorandum of Understandings for services. The approval process can take additional time as the contracts must go through several management levels and agencies. The window from the time of approval to the time of the flexibilities was very short and created a burden on providers and CD staff as the number of youth requesting funds was high. There was an issue with service provision in one region therefore CD needed to serve these youth internally and this created pressure in this region and required development of new plans. Because of the need to report life skills teaching for the National Youth in Transition Database, the FACES system was not able to support reporting of services without a referral and changes had to be made to accommodate this. This has made reporting a barrier. New service providers were not familiar with the FACES

system and had to be trained. However, many youth have received assistance and will continue to receive assistance from these funds through September 30, 2022.

- **Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process:**

(See State Youth Advisory Board in the Collaboration section of this report for more information)

*Local Youth Advisory Boards contribute to efforts at the community level and this information can be provided if requested.*

### Access to Medicaid for Former Foster Youth

Please refer to the Extended Medicaid and Out of State Former Foster Youth Extended Medicaid information in the previous section.

### Education and Training Vouchers

For review of data and service information reported by the contracted provider on the Missouri State Education and Training Voucher Program, please refer to: ETV Annual Report for Academic Year 2020-2021 (Attachment D).

Missouri uses grants, scholarships, state funding, tuition waiver and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs. Missouri's ETV program is implemented through the contracted provider, Foster Care 2 Success. Children's Division has contracted with Foster Care to Success since 2006 to provide ETV services, allowing consistency and familiarity. Foster Care to Success' current contract was awarded on July 1, 2018 through June 30, 2019 with the option to renew for three additional one-year periods. The contract expires June 30, 2022 and Children's Division is in the process of rebidding this contract as a Single Feasible Source contract. Missouri is able to pursue a Single Feasible Source contract as Foster Care to Success is the only vendor that responded to the last four procurements and Foster Care to Success has had a longstanding agreement with the State of Missouri.

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 many different types of post-secondary, accredited institutions which provide education and/or training beyond the high school level.

The Children's Division, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care to Success to provide these services. Missouri has utilized all of its ETV funds for the past 14 years contractually. The contracting of services has allowed for a central application method as well as provided a database and access to evaluative reports. As part of the contract, Foster Care to 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 to Success provides promotional brochures and posters and has a website. As long as Foster Care to Success is able to contact youth, they continue to reach out to youth who do not start school after application and eligibility determination to offer suggestions about how they can develop a plan for on-going education. Foster Care to Success continues to send e-mails and texts to youth who correspond with them, even when no longer receiving assistance.

In SFY22, Missouri implemented changes in the ETV contract due to the Consolidated Appropriations Act of 2021, (P.L. 116-260). As the additional funding had to be approved through the appropriation's process, funding was not available to be utilized in SFY21. Children's Division recognizes the intent of the legislation is to support older youth transitioning from care during the COVID-19 pandemic and that youth in the eligible population have many needs. Children's Division utilized the funding to address immediate short term safety needs through the current provider, Foster Care to Success, to expedite services to youth, assist with outreach, and ensure adequate housing, food and basic needs are met.

This contract was due for renewal June 30, 2021 and the additional funds were added to the existing Educational Training Voucher contract with Foster Care to Success. Children's Division staff continued to determine eligibility if new youth applied. Prior approvals were "grandfathered" in to expedite the process for getting assistance into the hands of youth. The service provider maintains a portal and is able to keep the information from the additional funds separate from the current ETV funding. Foster Care to Success maintains addresses for youth and conducted outreach to current youth and those in the new eligibility criteria when the funding became available. Funds were used to support current youth or youth who experienced displacement or financial difficulties due to the pandemic. Youth requesting assistance were required to complete a budget plan with Foster Care to Success. As Children's Division has adequate funds to support youth through the ETV program, the assistance provided offset needs youth have towards housing and education. Foster Care to Success documented services and expenditures in FACES for required federal NYTD reporting. Additional supports provided include emergency/crisis interventions, room and board, support services such as transportation, childcare, medical care and items necessary to meet educational needs. Input was received from Foster Care to Success, the State Youth Advisory Board, Chafee providers, Transitional Living Providers, and Older Youth Transition Specialists on the utilization of these funds.

During the enactment period of this legislation (October 1, 2020 to September 30, 2022), in addition to funds in the amount of \$1,485,593, the following program guidelines were waived:

- Youth eligibility was extended up to the youth's 27<sup>th</sup> birthday.
- Youth did not have to be enrolled in a post-secondary education or training program or making satisfactory progress toward completing that program if a youth was unable to do so due to the COVID-19 public health emergency.
- The minimum award amount could not exceed \$12,000, an increase from \$5,000, per the legislation. However, this was based on need to ensure eligible youth in need receive assistance.

In addition to the Consolidated Appropriations Act funds not being appropriated in SFY21, Missouri encountered two additional barriers in pursuing an amendment and renewal with Foster Care to Success. Because this is a Single Feasible Source contract and additional funding was added to the contract, the contract had to be entered into the Missouri Buys Statewide Procurement System for solicitation of services. Time had to be allotted for vendors to respond. There was a very short window between the time of the amendment/renewal finalization and the ending date of the flexibilities of the legislation. It was also made known very late in the process that in January of 2021 changes were made to the state budget language regarding administration fees on federal contracts. This further hindered getting a contract in place as a new plan had to be developed before the contract could be released. However, the contract was released in August and funds for the CAA are obligated.

For additional information on Missouri's ETV Consolidation Appropriations Act funding, please refer to: ETV CAA Report (Attachment E).

With the issuance of Program Instructions dated March 9, 2021, Missouri became aware that Educational Training Vouchers could be used for advanced degrees to assist young people in attending law school, a Master's Degree, Ph.D., or other doctoral programs. The ETV contract was amended in SFY23 to incorporate this change.

In addition to ETV, there are two components to MO Reach which are distinct but complementary:

- 1) The Reach Tuition Waiver, which is a full tuition waiver program available since 2011-12, and
- 2) Credential Completion and Employment (CCE), launched in fall 2016, which is a short-term, targeted assistance program to help youth earn a recognized certificate and/or specialized training that leads to employment.



### **Missouri Reach Tuition Waiver:**

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 with the 2010 fall semester or term. This funding is dependent on annual budget appropriations. Funding appropriations were provided for this program in the amount of \$188,000. Implementation of the program fully began in fall of 2011.

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. There were no changes to this program in SFY22. This program will continue in SFY23.

### **Missouri Reach CCE:**

In SFY17, additional funding was provided as a line item in the budget to assist youth to obtain post-secondary 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 Foster Care to Success. The program compliments but does not duplicate existing education and training funding and assistance. The funding fills the gap between the more traditional funding available for youth enrolling in higher education after high school and the reality that many young people are not on a linear path and do not earn a credential within the traditional college experience.

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. Changes were made in SFY22 to this program after analysis determined the program was not fully utilized. Changes include: ensuring services are not duplicated with ETV or Missouri Reach programs, the age of eligibility will be lowered from 19 to 18, and funding for post-secondary supports are broader in scope. In addition, post-secondary expenses, such as tuition, books, fees, and room and board qualify unless covered by the Missouri Education Training Voucher Program or the Missouri Reach Tuition Waiver Program.

### **Outreach:**

A brochure and description of the ETV/Missouri Reach programing is on the Children's Division internet and intranet. The brochures have also been provided to the local CD 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 FAFSA, PowerPoint presentations on ETV/Missouri Reach, and other educational resources are on the website as well. Information regarding ETV and Missouri Reach is in the Child Welfare Manual. The brochures are included in the exit packet information. The Older Youth Program Coordinator

also shares information on Facebook via “Missouri’s Older Youth Program” page. The Department of Social Services shares information on Facebook. The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency’s website. FAFSA has the Older Youth Program Coordinator’s contact information available to individuals who apply and the OYPC responds to these inquiries. Most of these inquiries are not eligible but it is an added measure of outreach and assurance. The OYPC receives an average of two inquires a week. Missouri Children’s Division has a scholarship listing for youth and this handout is shared with all those who inquire.

In addition to financial assistance, Foster Care to Success 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 to Success. Although Foster Care to 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 to Success has developed a portal for Missouri Public Colleges and Universities to make the process easier for schools reporting on financial aid for ETV and for MO Reach students. The process allows for online reporting as soon as the student applies versus faxing paperwork. The student's digital signature meets the FERPA requirement that the student authorizes the school to release data to Foster Care to Success 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 to 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. Foster Care to Success answers any questions and asks for feedback on form recommendations, etc.

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 to improve outcomes for older youth.

For SFY23, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts to youth and stakeholders regarding the program.

## Chafee Training

All new Children’s Division employees are trained on a statewide curriculum which provides information on working with older youth.



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. Other topics include positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration. Professional Development and Training Unit staff have on-going processes for adjusting training as needed to meet current policy. They seek input from the Older Youth Program Coordinator and Older Youth Transition Specialists to ensure it is meeting the needs of the local agency. In addition to the formal training provided, the Older Youth Transition Specialists provide coaching on the use of the tools and forms to Children's Division workers, contracted staff, and supervisors in their respective regions as concerns are identified or requested.

The Casey Family Programs "Ready, Set, Fly" curriculum is an in-service training for foster parents. It provides foster parents and youth with hands on activities to develop independent living skills. Foster parents licensed for older youth are required to receive the training, as are Transitional Living Advocates. The training is conducted by Children's Division training staff.

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. Participants may receive three hours of college credit.

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 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 working with older youth.

In SFY 22, several informational sessions were provided on resources to community stakeholders.

Two informational sessions were held in September on the Community Connection Youth Program for staff in the coverage area of this program. Four informational sessions were held in

September on I Pour Life's LifeStrengths Program in the coverage are of this program. Both of these programs serve transition age youth and additional information on these programs can be found in the Chafee section.

A session was planned for the spring supervisory conference Shine Your LIGHT (LIGHT- Leading, Inspiring, Guiding, Hope, Trust) that was scheduled in April 2022. The conference has been postponed until the fall of 2022. The session will focus on increasing partnerships with the Children's Division and Chafee Program staff. Topics include Chafee and Aftercare services, transition plans and goals, exit planning, youth rights, FYI Housing vouchers, and re-entry to care.

Missouri is preliminary exploring participation in the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) pilot program to implement a youth engagement model, a training and coaching model for the child welfare workforce and a training on youth engagement for courts. Missouri has completed a survey on interest, participated in a webinar and is communication with the program lead of the project.

### Chafee – Consultation with Tribes

All benefits and services under the Older Youth Program which includes Chafee and ETV services are made available to indigenous 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/TLP support and services. As of February 28, 2022, 21 of 26 youth with indicators of race, Native American, or tribal affiliation have been referred for services and all youth have been referred that are eligible or due for a referral.

There are 17 youth identified with tribal affiliation. Of these 17 youth, one youth is not eligible due to placement in detention and will not be referred for services while in this placement setting. One youth has not been referred as they recently entered custody and per policy, is not within the required referral time frame (60 days).

There are an additional seven youth identified with American Indian/Alaska Native race in FACES. Of these seven youth, one youth has not been referred as they recently entered custody and per policy, is not within the required referral time frame.

Two youth have an indicator of "Yes" for Native American.

Three youth identified as Native American received ETV assistance the 2020-2021 school year.

The Older Youth Program Coordinator and Older Youth Transition Specialists monitor referral status and services for indigenous youth throughout the year to ensure referral and service equity.

## Consultation and Coordination between States and Tribes

As of January 1, 2022, there were 75 foster children in Missouri who have been 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. This information is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned.

Out of the 75 children mentioned above, 34 of them are from southwest Missouri, 21 of them are from southeast Missouri, 6 of them are from northeast Missouri, 10 of them are from northwest Missouri, 4 of them are from Kansas City, Missouri, and none are from St. Louis, Missouri. As of the 2020 US Census, Missouri population estimate was 6,168,987 with 0.6% being AI/AN. The southwest Missouri region continues to have the highest documented population of AI/AN children.

Although there are currently no federally recognized tribes in the state of Missouri, staff report working with Tribes in Kansas, Arizona, Oklahoma, Alaska, and South Dakota.

The Division is fortunate to have American Indian foster parents who are willing to help facilitate communication between the Children’s Division and Tribes as well as partnerships developed in the community with other native people. Missouri uses the Southwest Missouri Indian Center, located in Springfield, the Kansas City Indian Center and the American Indian Council, both located in Kansas City, for consultation and mediation services. Coordination and consultation continues to be maintained with WebEx meetings, phone and email conversations. Another partnership the Division has is with Dr. Bob Prue through University of Missouri Kansas City, School of Social Work. He assists with partnerships with other universities and professional Native Americans that can work with resources for families.

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 the child(ren) identified as an American Indian/Alaska Native or has AI/AN heritage. Early identification allows culturally competent services to be provided throughout 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 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 Social Services Specialist at the 24 hour meeting with the family. During this meeting, the Social Services

Specialist gives the family the Indian Ancestry Questionnaire, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

Per policy, phone contact to the appropriate ICWA representative of the Tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's heritage.

Children's Division ensures notification is provided to the parents, custodian, Tribe and Bureau of Indian Affairs 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 received Technical Assistance 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. Through their website, Missouri began working with them to link some of their on line training modules to the Employee Learning Center system so staff will be able to receive training credit and supervisors will be able to track this training for their staff. In the interim, staff has been encouraged to complete these training modules through the Capacity Building Center for States website. The Department of Legal Services developed an ICWA Legal Aspects training for staff to complete within their first 12 months of employment.

Missouri has partnered with the Research Project Director from The University of Kansas School of Social Welfare to provide families with free virtual Strengthening Families Program training through the Kansas Services Native American Families initiative. This opportunity serves the Jackson County area children and families.

Beginning in 2018, quarterly Roundtable meetings formed with participation from CD staff, contracted agencies, and Native American partners to increase the communication, partnership, and planning efforts to expand the knowledge of services available to AI/AN families and children. This has been a successful endeavor and has gained more awareness and resources for staff as they serve children and families.

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 was rolled-out in Southeast Missouri in 2019. This two day training provided child welfare staff with 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 helped staff understand culturally responsive engagement with AI/AN children, youth families and Tribes. Discussions were held on establishing a State-Tribal partnership protocol, how to work effectively with Tribal government and principles that guide good working relationships. This

training provided 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 on 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 the work already underway include:

- 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 Native American partners and Tribes by engaging with them through quarterly Roundtable meetings
- 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

The case review tool housed in FACES captures the following information, consistent with Item 9 of the federal On-Site Review Instrument (OSRI):

- Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?
- If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?
- If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act’s placement preferences?

Practice improvements are also addressed through on-going CQI processes at the local circuit level.

All benefits and services under the programs are made available to American Indian/Alaska Native youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services.

Missouri's APSR is posted on the Children's Division website and available to all Tribes. Additionally, the CFSR Advisory Committee has a standing member representing the Kansas City Native American Indian Center. The annual APSR is reviewed by this committee each year.

## Targeted Plans

As specified in ACYF-CB-PI-20-02, the following plans are being submitted as discreet sections:

- Health Care Oversight and Coordination Plan (Attachment A)
- Foster and Adoptive Parent Diligent Recruitment Plan (Attachment B)
- Disaster Plans
  - CD Emergency Operations Plan (Attachment F)
  - CAN Emergency Plan (Attachment G)
  - Out-of-Home Care Emergency Plan (Attachment H)
- Training Plan (Attachment I) and Training Plan Matrix (Attachment J)

### **Disaster Planning**

When disaster or emergency events occur in Missouri, such as tornadoes, damaging winds, flooding and power outages, and local assistance such as shelters and feeding operations or Multi Agency Resource Centers (MARC)s need to be opened, Department of Social Services (DSS) Central Office Emergency Management staff report to the Missouri State Emergency Management Agency (SEMA) State Emergency Operations Center (SEOC). At the SEOC, they staff the Emergency Support Function (ESF) desk along with SEMA Emergency Human Services staff and partner organizations. If the scope of the event does not require SEOC activation, Central Office staff responds to the event remotely. DSS staff working in a response role, whether at the SEOC or remotely, provides information to Children's Division staff regarding mass care activities, including situational information throughout the event. This allows Children's Division staff to be aware of the area(s) of the state affected and the seriousness of the event.



Children's Division staff follow pre-established disaster response procedures, pursuant to the Division's Emergency Plans, to begin assessing the well-being and potential needs of children, families, and resource providers. Activities include making contact with all resource providers caring for children in Children's Division custody to assess needs and provide assistance. Initiating contact with resource providers to ensure that they, along with the child(ren) in their care, are safe and do not have unmet needs related to the disaster is an expectation of field staff for all disaster and emergency events.

Resource providers and residential care facilities that serve children under state care or supervision are required to have an emergency plan. Resource providers' plans are to address various disasters and include a plan for what will happen if disaster strikes when the resource provider is away from the child. The plan is to display contact telephone numbers, including a number for local and regional Children's Division staff and a toll free number to contact Children's Division administration if other communication channels are not available. The family disaster plan, which is documented in the resource provider's record, is to be reviewed with foster youth in the home every six months.

The Children's Division has a statewide Emergency Operations Plan. The Children's Division Emergency Operations Plan includes direction and considerations in the accounting for, and responding to the needs of, children under state care or supervision. In addition, plans to continue essential agency functions, such as responding to new reports of child abuse or neglect and providing services, are incorporated into the statewide plan. During Calendar Year 2021, there were no disasters that required implementation of the Children's Division's Emergency Operations Plan. There are no known required changes or additions to the plan.

The Children's Division Emergency Operations Plan recognizes that following a disaster, it is likely children under the care or supervision of the agency may be relocated out of state. If the child remains out of state longer than 28 days, Interstate Compact for the Placement of Children (ICPC) protocols should be followed. Missouri Children's Division ICPC staff members have an established relationship with ICPC staff in other states throughout the country.

Each Children's Division office is required to have a local emergency plan that is regularly reviewed with staff and can be shared with stakeholders. The local emergency plan is an all-hazards plan that describes the local response with considerations for agency and community resources. Practice and Quality Improvement staff review the plan annually with each circuit to ensure the plan is updated and to make appropriate changes. Each circuit maintains emergency contact information for staff and managers, so essential Children's Division personnel are able to be located following a disaster. The Child Abuse and Neglect Hotline Unit also maintains contact information for staff and managers.

Essential program records are maintained electronically in Missouri's Family and Children Electronic System (FACES.) The records are accessible to Children's Division staff throughout

the state. The records are backed up and efforts are made to ensure they would continue to be accessible immediately following a disaster. The Information and Technology Services Division (ITSD) maintains and provides technical support for FACES and has an established disaster recovery plan. In addition, ITSD staff members are to have a presence at the State Emergency Management Agency if needed following a disaster to help maintain essential operations.

### **Preparedness Activities**

In 2021, trainings and exercises within the Department of Social Services and the Children’s Division were limited due to COVID-19 response. Additional training was added virtually to combat COVID hardships as well as adapting to meet the needs of our workforce. There was one statewide drill held in 2021. The Statewide Tornado Drill was held on March 2, 2021, during Severe Weather Awareness Week. The Great Central U.S. “Shake Out” was held on October 21, 2021. Preparedness information was distributed to Children’s Division staff prior to both events. In March 2021, information was distributed to Children’s Division staff regarding storm safety and inclement weather preparedness.

### **Supplemental Appropriations for Disaster Relief Act**

The Children’s Division used \$15,647.00 from the Supplemental Appropriations for disaster Relief Act funds for FY2020 to replace furniture that was destroyed in the tornado of 2019 that was located in the Four Seasons building in Jefferson City. A new office location was secured from existing office space as well as all other needed equipment.

## Statistical and Supporting Information

**CAPTA Data Items** – Please refer to the Annual CAPTA Report Update

### **Education and Training Voucher Statistical Information**

In 2019-2020, there were 249 youth funded from ETV. Of those 118, (47%) were first time recipients.

In 2020-2021, there were 241 youth funded from ETV. Of those, 101 (42%) were first time recipients.



Final information for 2020-2021 is not available at this time. As of March 13, 2022, Missouri's totals based on the information available at Foster Care to Success's web portal are:

Total Applications	Applications In Progress	Total Funded Students	Total Funding	Unable to Fund
461	81	228	\$ 907,750.00	152

- Applications in Progress:
  - Within 14 days of applying, every student is contacted three times to discuss the program; each time they are encouraged to complete their ETV paperwork.

Every 21 days, a list is sent to the appropriate State/IL/County-Regional liaison updating them on the status of new applicants and asking them to contact students who are missing ETV paperwork. Fourteen days after the initial list is sent to the appropriate worker (five weeks after application), nonparticipating applicants are moved to the category "Unable to Fund."

- Unable to Fund:
 

These are students who:

  - Are ineligible according to state eligibility criteria, or
  - Do not submit the required paperwork within five weeks of applying.

In most cases, "unable to fund" are those who do not enroll in school or who have adequate funding from other sources and choose not to participate in ETV.

Other reasons included in this number are applicants who do not meet the age eligibility requirement or foster care status requirement.

Missouri will continue to monitor for fluctuations in youth receiving these funds. If there is a significant change, Children's Division will evaluate with service providers. There is little change in numbers from SFY21 to SFY22.

### **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 calendar year 2021, 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** – Please refer to the Caseworker Visit Formula Grants and Standards for Caseworker Visits section of this report for details of the FFY21 submission. Data for FFY22 will be submitted by December 15, 2022.

## Financial Information

Please see the following attachments:

Attachment K – FFY2023 Financial Information  
Missouri FY2023 CFS-101