



# Child and Family Services Reviews

## Statewide Assessment Instrument

May 2017



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Administration on Children, Youth and Families  
Children's Bureau

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# Table of Contents

<b>Introduction</b> .....	<b>1</b>
The CFSR Process.....	1
Integration of the CFSP/APSR and CFSR Statewide Assessment.....	2
The Statewide Assessment Instrument .....	2
Completing the Statewide Assessment .....	3
How the Statewide Assessment Is Used .....	3
Statewide Assessment Instrument.....	4
<b>Section I: General Information</b> .....	<b>4</b>
CFSR Review Period .....	4
State Agency Contact Person for the Statewide Assessment.....	4
Statewide Assessment Participants .....	5
<b>Section II: Safety and Permanency Data</b> .....	<b>7</b>
State Data Profile.....	7
<b>Section III: Assessment of Child and Family Outcomes and Performance on National Standards</b> .....	<b>10</b>
Instructions .....	10
A. Safety .....	11
B. Permanency .....	16
C. Well-Being.....	22
<b>Section IV: Assessment of Systemic Factors</b> .....	<b>26</b>
Instructions .....	26
A. Statewide Information System .....	27
B. Case Review System.....	30
C. Quality Assurance System.....	43
D. Staff and Provider Training .....	55
E. Service Array and Resource Development .....	73
F. Agency Responsiveness to the Community .....	80
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention .....	90



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## Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

## The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb.>)



## **Integration of the CFSP/APSR and CFRS Statewide Assessment**

The CFRS process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFRS.

## **The Statewide Assessment Instrument**

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFRS. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFRS process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfrs-statewide-assessment>.

## Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

## How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)*

*Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.*

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

## **Statewide Assessment Instrument**

### **Section I: General Information**

Name of State Agency: Missouri Children's Division

#### **CFSR Review Period**

CFSR Sample Period: April 1, 2016 – September 30, 2016

Period of AFCARS Data: April 1, 2016 – September 30, 2016

Period of NCANDS Data: October 1, 2015 – September 30, 2016

(Or other approved source; please specify if alternative data source is used):

Case Review Period Under Review (PUR): April 1, 2016 – July 24, 2017

#### **State Agency Contact Person for the Statewide Assessment**

Name: JoDene Bogart

Title: CFSR Coordinator

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## Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

### State Response:

Insert names and affiliations of statewide assessment participants

Susan Savage, Deputy Director, Children's Division – reviewer

Julie Starr, Quality Assurance Unit Manager, Children's Division – contributor and reviewer

Tiffany Moore, Quality Improvement Unit Manager, Children's Division - reviewer

JoDene Bogart, CFSR Coordinator, Children's Division – contributor and statewide assessment contact

Sheila Tannehill, Fiscal Manager, Children's Division – contributor

Tricia Phillips, Leadership and Professional Development Coordinator, Children's Division – contributor

Christy Collins, Policy and Practice Coordinator, Children's Division, contributor and reviewer

Amy Martin, Unit Manager, Children's Division – contributor and reviewer

Ivy Doxley, Permanency Unit Manager, Children's Division – reviewer

Leanne Leason, FACES Unit Manager, Children's Division - reviewer

Sarah Bashore, Program Development Specialist for Adoption, Children's Division – contributor

Elizabeth Tattershall, Program Development Specialist for Licensing, Children's Division – contributor

Jason Kearbey, Program Development Specialist for Foster Care, Children's Division – reviewer

Kim Abbott, Office of State Courts Administrator – contributor and reviewer

DeAnna Alonso, foster/adoptive parent, CFSR Advisory Committee member – reviewer

Jennifer Carter Dochler, Missouri Coalition Against Domestic and Sexual Violence, CFSR Advisory Committee member – reviewer

Bill Dent, Family and Community Trust, CFSR Advisory Committee member – reviewer

Beth Dessem, Missouri CASA Association, CFSR Advisory Committee member – reviewer

Ryan Dowis, Cornerstones of Care, CFSR Advisory Committee member – reviewer

Donna Erickson, Fostering Healthy Children CFSR Advisory Committee member – reviewer

Dale Fitch, University of Missouri at Columbia, CFSR Advisory Committee member – reviewer

LeAnn Haslag, MO Alliance for Children and Families, CFSR Advisory Committee member – reviewer

Teresa Hayner, Good Shepherd Children and Family Services, CFSR Advisory Committee member – reviewer

Beth Isenberg, Missouri Department of Elementary and Secondary Education, CFSR Advisory Committee member – reviewer

Laura Malzner, Children’s Trust Fund, CFSR Advisory Committee member – contributor and reviewer

Keith Noble, Alternative Opportunities, CFSR Advisory Committee member – reviewer

Clark Peters, University of Missouri, Columbia, CFSR Advisory Committee member – reviewer

Nathan Porter, Children’s Service Worker, Children’s Division, CFSR Advisory Committee member – reviewer

Dr. Robert Prue, Heart of America Indian Center, CFSR Advisory Committee member – reviewer

Cindy Reese, Missouri Department of Health and Senior Services, CFSR Advisory Committee member – reviewer

Melissa Smyser, Missouri Department of Mental Health, CFSR Advisory Committee member – reviewer

Nickie Steinhoff, foster/adoptive parent, CFSR Advisory Committee member – reviewer

Paul Stevens, Children’s Service Worker, CFSR Advisory Committee member – reviewer

Tasha Toebben, Early Childhood and Prevention Services Program Manager, Children’s Division, CFSR Advisory Committee member – reviewer

Debi Word, Waldon University, CFSR Advisory Committee member - reviewer

## Section II: Safety and Permanency Data State Data Profile

### Missouri

Child and Family Services Review (CFSR 3) Data Profile

September 2016

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

#### Risk Standardized Performance (RSP)

##### Permanency Outcome 1

		13B14A	15B16A
<b>Permanency in 12 months (entries)</b>	RSP	32.4%	
	RSP interval	31.4% - 33.6%	
	National standard (NS)	40.5%	
	Performance relative to NS	Not met	
	Data used	13B-16A	
<b>Permanency in 12 months (12 - 23 mos)</b>	RSP		47.5%
	RSP interval	45.8% - 49.1%	
	National standard (NS)		43.6%
	Performance relative to NS		Met
	Data used		15B-16A
<b>Permanency in 12 months (24+ mos)</b>	RSP		33.4%
	RSP interval	31.9% - 34.9%	
	National standard (NS)		30.3%
	Performance relative to NS		Met
	Data used		15B-16A
<b>Re-entry to foster care</b>	RSP	6.1%	
	RSP interval	5.1% - 7.2%	
	National standard (NS)	8.3%	
	Performance relative to NS	Met	
	Data used	13B-16A	
<b>Placement stability (moves/1,000 days in care)</b>	RSP		5.75
	RSP interval	5.61 - 5.89	
	National standard (NS)		4.12
	Performance relative to NS	Not met	
	Data used		15B-16A

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

■ Met
 ■ No diff
 ■ Not met

## Section II: Safety and Permanency Data

### Missouri

September 2016

#### Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

#### Risk Standardized Performance (RSP)

##### Safety Outcome 1

	15AB, FY15	FY14-15
<b>Maltreatment in care (victimizations/100,000 days in care)</b>	RSP	6.13
	RSP interval	5.34 - 7.04
	National standard (NS)	8.50
	Performance relative to NS	Met
	Data used	15A-15B, FY15
<b>Recurrence of maltreatment</b>	RSP	6.0%
	RSP interval	5.3% - 6.7%
	National standard (NS)	9.1%
	Performance relative to NS	Met
	Data used	FY14-15

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

**National Standard (NS)** is the observed performance for the nation as described in the May 2015 Federal Register notice.

**Risk-Standardized Performance (RSP)** is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national standard.

**Risk-Standardized Performance (RSP) Interval** is the state's 95% confidence interval estimate for the state's RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

**Performance relative to the national standard (NS)** indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the national standard. "No Diff" means the interval includes the NS. For the permanency in 12 months indicators, "Met" is used when the entire interval is above the NS; "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS; "Not Met" is used when the entire interval is above the NS.

**Data Used** refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

The colors highlight performance (RSP Interval) relative to the National Standard:

■ Met     
 ■ No diff     
 ■ Not met





## **Section III: Assessment of Child and Family Outcomes and Performance on National Standards**

### **Instructions**

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

## A. Safety

### Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

### State Response:

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

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

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

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

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

The Children's Division Annual Report produced by Research and Evaluation indicates the time between receipt of a report and initial child contact in 0 – 24 hours was 84.4% for SFY 2016. The annual report

information is based on completed reports and does not include expunged reports or reports where the only category is educational neglect, which requires contact within 72 hours per state policy.

In contrast, the PERforM report extracts data based on the worker's ID who entered the safety assurance contact into the SACWIS system, whether through actual contact or use of multi-disciplinary contact. Staff are required to document initial contact and assurance of safety on the Contact Communication Log screen for all children whether victims or household members. This report is generated monthly and contains a rolling year. Initial contact within 24 hours was 82% for January – December, 2016.

In January 2017, the Children's Division implemented a new case review tool in the SACWIS system (FACES). The tool is based on the federal CFSR case review instrument. The initial case review completed 60 cases, both in-home and foster care, throughout the state to use for baseline data in the statewide assessment. Data for Item 1 from this review is not able to be collected due to inconsistencies in the rating logic. However, regional case reviews using Best Practice Review tools and the Online Monitoring System (OMS) have occurred during 2016. Both recognize timely initiation of investigations and assessments as critical data elements. For Best Practice Reviews, 751 hotlines were reviewed and a determination was made in 560 cases (75%) that initial contact was made in a timely manner. The OMS was utilized for 449 case reviews in 2016. Of those, 388 (86%) were rated as strength for Item 1.

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

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

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

There are many times when a Children's Service Worker will attempt to make contact, but no one is home. Without the ability to let the family know we would like to speak to them, the worker must go back out to the home, possibly during a time not conducive to the family. However, initial contact visits can occur while the child is at school. The Division had planned to propose legislation for the 2016 legislative session to provide improved language for this statute. However, due to other priorities, no legislative change was proposed during 2016 or 2017.

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

In partnership with Casey Family Programs, Missouri began exploration of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia and its practice has spread to many jurisdictions across America and throughout the world. This model centers

around three core principles: working relationships; thinking critically, fostering a stance of inquiry; and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on what are the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

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

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

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

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

Implementation of Signs of Safety began as a pilot in Jackson County in June of 2015. As of the end of 2016, each region of the state has areas that have received initial training and are using Signs of Safety approaches with the children and families they serve. A plan is in place to have all circuits in Missouri introduced to and using the practice model by the end of calendar year 2017. The Children's Division believes there will be a reduction in repeat maltreatment rates, a reduction in the amount of time children spend in care, and a reduction in re-entry rates as Signs of Safety is implemented statewide.

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

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

Feedback from the initial pilot site has been positive with increased family and worker satisfaction and improved family engagement. Additional circuits have been allowed to implement differential response practices based on their individual staffing capacities. By June of 2016, over half the circuits in the state were practicing differential response. Plans to expand differential response practices to the entire state are being discussed.

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

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

The State of Missouri has several preventive programs to help divert children’s removal by providing the family with services to ensure the child’s safety while remaining in the home. One of the program areas is Family Centered Services. Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment and promoting health and appropriate parenting skills. Family-Centered Services seek to empower the family and minimize their dependence upon the social service system.

According to the FY16 Child Welfare Outcome report, of the number of families served in the program (8,604), 1.71% had a substantiated report during the time the FCS case was open. This is a decrease from FY15 (1.95%).

Additionally, Missouri offers Intensive in-home services (IIS) for families with children at risk of being removed from the home. Of the 1,746 families served by IIS in FY16, 0.29% had a substantiated report within three months of exiting the program.

The Child Welfare Outcomes Report also reflects the State’s positive performance in preventing the recurrence of maltreatment. The Children’s Division federal proxy measure for recurrence of maltreatment assesses the percentage of children with a substantiated report who had a previous substantiated report within six months. In SFY16, 4.1% of children with a substantiated report experienced a recurrence of maltreatment. The state determined goal for this measure, based on previous national standards, is 6.4% or less.

In January 2017, the Children’s Division implemented a new case review tool in the SACWIS system (FACES). The tool is based on the federal CFSR case review instrument. The initial case review completed in February, 2017 reviewed 60 cases, both in-home and foster care, throughout the state to use for baseline data in the statewide assessment. Of the 32 cases applicable for Item 2, 97% (31/32) were rated as strength.

Item 3: Risk and safety assessment and management

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

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

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

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

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

Implementation of Signs of Safety began as a pilot in Jackson County in June of 2015. As of the end of 2016, each region of the state has areas that have received initial training and are using Signs of Safety approaches with the children and families they serve. A plan is in place to have all circuits in Missouri introduced to and using the practice model by the end of calendar year 2017. The Children's Division believes there will be a reduction in repeat maltreatment rates, a reduction in the amount of time children spend in care, and a reduction in re-entry rates as Signs of Safety is implemented statewide.

The statewide case review resulted in 85% (51/60) of the cases reviewed being rated as strength.

## **B. Permanency**

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

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

### **State Response:**

Missouri's CFSR Round 3 Data Profile dated September 2016 indicated that 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 40.5%. The Risk Standardized Performance noted in the data profile is 32.4%. Children's Division has struggled with this measure in the past and continues to do so.

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

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

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

The final permanency indicator is placement stability. The national standard is 4.12 or fewer placement moves per 1,000 days in care. According to the 2016 data profile, Missouri's performance is 5.75. Placement stability continues to be an area of concern warranting focus.

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

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

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

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

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

The TDM practice has expanded to the areas of St. Louis County and Jackson County. Both areas continue to work on building competencies in practice and bringing their external partners onboard with the process.

Plans are being made to implement a state wide rollout of the TDM practice. This began in CY2016 and will continue through CY2017. Missouri is again partnering with the Annie E. Casey Foundation (AECF) to assist with this project. The AECF will take a threefold approach, the first of which is bringing the practice in the current three sites back to fidelity of their model and to strengthen the skills of the facilitators of the meetings. The second is helping guide the plan for statewide expansion, including two circuits identified as sites for an evidence-based research project. The final main effort of AECF will be to implement an online database for data collection regarding TDM practice.

The Child Welfare Outcomes Report measures timely reunification within 12 months of entry into custody. In FY16, performance was 54.33%, falling well below the statewide goal of 75.2%. While the measure is not identical to the federal data indicator, it again identifies this as an area of need for Missouri.

The second statewide permanency measure establishes the goal that at least 36.6% of children who reach finalized adoption do so within 24 months of entry into custody. In FY16, the Children's Division exceeded the goal with 42.13% of adoptions occurring within the 24 month timeframe. Again, while the statewide outcome does not mirror the current national indicator, this data supports the 2016 data profile provided to Missouri which indicates permanency for children who have remained in custody for more than 12 months is an area of strength.

Closely tied to timely permanence is re-entry into foster care. While Missouri struggles with permanency within 12 months of custody, the re-entry rate is low. The statewide measure examines the children who exited custody one year ago and identifies the percentage that re-entered custody within 12 months of exit. The statewide goal is 9.9% or lower. In FY16, the re-entry rate for Missouri was 5.9%.

#### Item 4: Stability of foster care placement

In an effort to develop foster homes that meet the needs of the children in care, each Circuit Manager will develop, implement and maintain a year round written recruitment plan as well as develop printed and other informational materials and tools, with approval from the Department of Social Services (DSS) Communications. As circuit recruitment plans are developed, they are provided to the Program



Development Specialist for licensing and recruitment for review. QA Specialists have been involved in providing circuit data, such as demographics of the foster child population. The Northwest and Kansas City regions are supported in the development of foster homes through a foster/adoptive parent recruitment and retention contract. All resource homes in these regions are developed and maintained through the contract.

Some of the strategies which were explored and/or implemented by the placement stability workgroup and the sub-committees included expanded utilization of IIS Consultation. Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services. A Practice Point was posted in 2014 for staff to encourage the use of this consultation. The IIS specialists can provide additional support to resource providers and family support team members during times of placement instability by attending team meetings and/or providing strategies to help families.

The statewide outcome measure examines the children who have been in custody for up to 12 months and the percentage of those children who experience two or fewer placements during the first year. The statewide goal is 86% or higher. For FY16, Missouri's placement stability rate was 79.32%. This measure has seen a slight but steady decline since FY12 when the placement stability rate was 82.60%. The average number of placements children in CD custody experienced in FY16 was 3.19. Results of the statewide case review in February 2017 indicate that 95% (37/39) of the children reviewed were in stable placements.

#### Item 5: Permanency goal for child

Permanency goals are recommended by the Family Support Team members and are to be established no later than the 30-day meeting following custody. Identified permanency goals are reunification, adoption, legal guardianship, placement with a fit and willing relative and Another Planned Permanent Living Arrangement (APPLA). Recommended goals are presented to the court and court orders generally contain the established goal.

Permanency goals are recorded on the FST Screen in the SACWIS system. Workers receive an alert when a goal has not been entered prior to 30 days from custody. Additionally, circuit management staff receives data each month from the regional Quality Assurance Specialists which includes a listing of children with the identified primary and concurrent goal. As of Dec. 31, 2016, of the 12,968 children who had been in care 30 days or longer, 97% (12,566) had an established goal.

Termination of Parental Rights occurred for 1,276 children in FFY16. Of those, the total average days from entry in care to TPR finalization were 751 days. For a complete description of the process to achieve TPR, please see Item 23.

The statewide case review results from February 2017 indicate for 87% (34/39) of the children reviewed this item was rated as strength.

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

During FY16, 6,790 children exited CD custody to reunification, guardianship, adoption or Independence. An additional 431 children exited to "other" type of permanency. This would include custody provided to

the relative without legal guardianship, death, marriage, etc. The percentage of exits by type as well as the average length of time to achieve permanency is listed in the table below.

	<b>Percentage by Exit Type</b>	<b>Average Length of Time to Achieve</b>
Reunification	47.92% (3460/7221)	12.93 months
Guardianship	19.76% (1427/7221)	21.14 months
Adoption	20.25% (1462/7221)	30.17 months
Independence	6.11% (441/7221)	60.21 months

Of the 39 foster care cases reviewed with the new case review tool, 87% (34/39) were rated as strength for this item.

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

Recent changes to the SACWIS system allows Children’s Division staff to more easily track and identify family members for children in foster care. A Family View screen was implemented in March 2017. It shows the children and parents identified in FACES for each child. At the same time, the Sibling Information screen was initiated. Until now, the Children’s Division has not had a way to clearly identify siblings if they were not on the same case and opened at the same time. Now workers receive an alert of potential siblings prompted by same parental relationships. Workers then confirm if the sibling relationship does exist.

With the exception of relative placement, the Children’s Division must currently rely on case review data to understand performance for the items in Permanency Outcome 2. A new case review tool housed within the SACWIS system was implemented in January 2017 and includes all items and outcomes contained in the federal On-Site Review Instrument (OSRI). The initial case reviews were assigned in February with data to be made available for baseline measurement of the statewide assessment.

#### Item 7: Placement with siblings

Case reviews are currently the only mechanism to accurately assess placement with siblings. Recent FACES system changes were put into effect to allow workers to clearly identify all siblings. Data queries involving siblings placed together in foster care will be explored in the future. Results from the recent case review indicate 93% (27/29) of the children reviewed were placed with all siblings or a valid reason existed for the sibling separation.

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

- A child has special needs for therapeutic services, which may not be available in the proposed sibling placement;

- A child has inflicted physical, sexual, or emotional abuse on a sibling;
- Court ordered separation;
- Half-sibling placed with a biological parent/relative; and
- Large group of siblings are placed with two relatives and contact can be maintained.

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

- Placement in the same town/community;
- When placed in the same town/community, continue in the same school setting;
- Placement in the same geographic region; and
- Placement in a setting where the placement provider will encourage and facilitate frequent and meaningful contact.

#### Item 8: Visiting with parents and siblings in foster care

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

Benefits to visitation between family members are numerous.

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

Of the 39 foster care cases reviewed with the new case review tool, two were not applicable for this item. Of the remaining 37 cases, 78% (29/37) were rated as strength for parent/child and child/sibling visitation.

#### Item 9: Preserving connections

Efforts to maintain the child's connections to his or her significant relationships and communities while in foster care was rated as strength for 97% (37/38) of the cases reviewed in February 2017.

As of 1-31-17, 73 children of the 13,344 in foster care (.54%) are identified as having Native American heritage. There are no federally recognized tribes within the state of Missouri. The larger metro areas have Indian centers which the Children's Division has engaged for child-specific planning, as well as systemic conversations. The Children's Division is currently working with the Capacity Building Center

for States to ensure that Native American children are correctly and promptly identified and offered all services according to ICWA guidelines.

Item 10: Relative placement

Children's Division policy requires case managers to conduct an immediate diligent search to locate and place the child with grandparents or other relatives when appropriate. Missouri state law requires all grandparent notification 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. The Outcomes Report indicates 47.47% of children in care during SFY16 were placed with a relative or kinship provider at some point during the FY. The recent statewide case review results in 97% (33/34) of the cases received a rating of strength for this item.

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

Item 11: Relationship of child in care with parents

In addition to visitation between the child and his/her parents, it is important to support other activities which help to maintain the relationship while the child is placed in foster care. Some examples may include encouraging the parent to attend school programs, sporting activities or medical appointments.

Results from the case review completed in February 2017 indicate that 66% (23/35) of the cases were rated as strength, noting activities additional to visitation were occurring to help maintain the parent/child relationship.

## C. Well-Being

### Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

### State Response:

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

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

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

In November, 2016 a "stop-doing" list was provided to Children's Division case managers in an effort to eliminate redundant or ineffective processes so greater attention can be placed on activities which increase safety and enhance the well-being of children and families. The "stop doing" list provides an opportunity to take important steps toward seeing families more accurately; engaging and partnering with children, families and communities; making more informed decisions; and supporting front-line practice.

The prescribed forms used to assess the needs of families are no longer required for all staff to complete. Instead, the tools, such as the genogram, eco-map and timeline, remain available to staff to use in a "toolbox" to accurately assess children and families. A thorough assessment of each family is required and should be clearly documented, but the process for assessment is no longer prescribed. This gives staff the flexibility to use the tools which make the most sense for each individual family.

The results from the statewide case review show 83% (50/60) of the cases were rated as strength for assessing the needs of children, parents and foster parents and providing appropriate services as indicated.

#### Item 13: Child and family involvement in case planning

In CY14, the Division began exploring the use of Signs of Safety as a foundation of practice for working with families through the Family-Centered Practice Model. Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical

thinking, and workers as change agents. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

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

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

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

Fifty-three of the 60 cases recently reviewed were applicable for this item. Of the 53, 79% (42/53) were rated as strength for the involvement of children and families in case planning activities.

#### Item 14: Caseworker visits with child

Missouri performs very well on the foster care Monthly Caseworker Visit measure. During FFY16, 97% of children in care had at least monthly visits. In addition, 99% of the visits conducted during FFY16 were held in the child's placement.

The quality of the visitation between the case manager and the child will be monitored using the FACES case review tool. Of the 39 foster care cases reviewed in February 2017 90% (35/39) were rated as strength, with both the frequency of visitation with the child as well as the quality of the visitation being assessed positively.

In-home cases were also reviewed using the new case review tool. Of the 21 in-home cases, 57% (12/21) were rated as strength for frequency and quality of visitation between the worker and the child.

#### Item 15: Caseworker visits with parents

Data around visitation between the case manager and the parents is provided to Quality Assurance, Quality Improvement and supervisory staff on a monthly basis. The data is obtained from SACWIS and reported through the PERforM reports. For CY16, 70% of parents on intact family cases were visited at least once a month. For parents of children in foster care, at least monthly visitation occurred with at least one parent for 49% of the cases.

The case review data indicate similar needs. Of the 52 applicable cases, 63% were rated as strength for caseworker visits with parents (33/52).

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

#### Item 16: Educational needs of the child

Educational needs assessment and service provision was required for 39 of the 60 cases recently reviewed using the new case review tool in FACES. Of the 39, 97% (38/39) were rated as strength, receiving assessment and services as needed.

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

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

#### Item 17: Physical health of the child

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

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

Thirty-five of 45 (78%) cases recently reviewed received rating of strength for physical health.

#### Item 18: Mental/Behavioral Health Needs of Children

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

identify symptoms of traumatic stress, identify potential strategies to support children who have experienced traumatic events, and ensure children have access to timely, quality, and effective trauma-focused interventions.

Children's Division staff also understands the importance of supporting resource parents caring for children who have experienced trauma. Missouri appreciates the vital role resource parents have in supporting and nurturing the psychological safety of the children in their care and has committed to train all current and prospective resource providers on the NCTSN Resource Parent Curriculum. Increasing resource parents' capacity to understand the impact and manifestations of a child's trauma history and to recognize behaviors as symptoms of those traumatic experiences supports the child's safety, permanency, and well-being.

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

The recent statewide case review results indicate 85% (17/20) of cases were rated as strength for the assessment and provision of needed mental and behavioral health needs.



## Section IV: Assessment of Systemic Factors

### Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

## A. Statewide Information System

### Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

#### State Response:

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

When a child is placed in out of home care, FACES requires the worker to enter demographic information, permanency goals, and placement location. A case cannot be opened without this information. When a child becomes known to the Children's Division, a Departmental Client Number (DCN) is assigned in the Department of Social Services' common area. This number follows the child throughout any service provided by the Department, including the Children's Division. In addition to the DCN, the child's date of birth, race and gender is entered into the common area and subsequently populated into the FACES system. FACES was recently updated to allow staff to select "unable to determine" race in addition to another known race, as required for National Youth in Transition Database (NYTD) reporting.

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

In order to more fully assess this systemic factor, a random sample of 1% of all foster care cases open on 9-30-16 were selected and reviewed by the Children's Services Supervisor assigned to the case. Data such as status, demographics, placement location and permanency goals were reviewed for accuracy. In total, 132 children's cases were reviewed from both the Children's Division and the Foster Care Case Management (FCCM) contract agencies. The following chart details the frequency the demographic

category was correctly entered into FACES. In order to continue monitoring this item, the Children’s Division will conduct similar reviews on an annual basis.

Race	Hispanic	Gender	Legal Status	Permanency Goal	Placement Type/Location
93.9%	99.2%	100%	100%	93.9%	96.2%

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

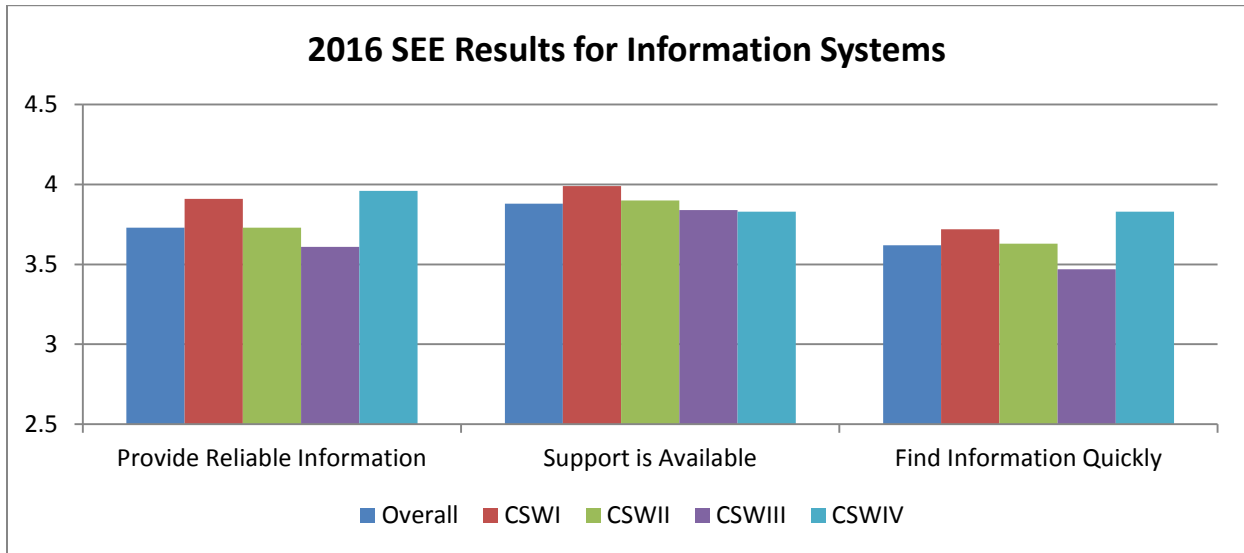
Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance Unit. Recent examples of data clean-up include identification and correction of foster care children who do not have an established permanency goal as well as ensuring TPR dates are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

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

The Children’s Division, through the Department of Social Services, provides all staff with the opportunity to voice their opinions through the bi-annual Survey of Employee Engagement (SEE). The most recent survey was completed in June 2016. Scores for the SEE items range from one to five, with most scores falling between 3 and 4. Scores over 3.5 are generally seen as more positive than negative. Scores below 3.5 are seen as more negative than positive. A score of 3.75 or higher indicates staff members have a positive perception of the item. Scores falling below 3.25 indicate general dissatisfaction with the item. Several items on the SEE are related to information systems.

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

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



The Regional QA Specialists were asked to identify this item as a strength or an area needing improvement. Overwhelmingly, the specialists indicated that the FACES system captures the information in a detailed manner and the demographic, placement and permanency goal is easily identifiable for each child in foster care. The Children’s Division believes the Statewide Information System is substantially compliant with the required elements set forth in this item.

## **B. Case Review System**

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

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

#### **State Response:**

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

FCOOHC policy dictates the Family Support Team is to meet within 72 hours of a child placed in the custody of the state. If the 72 hour time frame falls on a weekend or holiday, the FST meeting should be held the following business day. The FST members include the Children's Division worker and supervisor, along with the parents/caregivers, child (if age appropriate), 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. A child must have a FST meeting even though it is anticipated the child will be reunified with parents within a short period of time; or, the Division is planning to place the child for adoption within a short period of time. FST meetings are conducted according to the prescribed time schedule for children in foster care for as long as the court holds jurisdiction of the child, the Division has custody, and the child is in an out-of-home care setting. FST meetings are believed to be an effective vehicle for moving children to permanency.

The Children's Division is in the process of introducing Signs of Safety (SOS) to all regions of Missouri with implementation to be complete by the end of calendar year 2017. SOS is a family engagement practice and with its implementation, the initial written case plan is evolving. For areas in which SOS has not yet been introduced, the written case plan is documented on a Children's Division form (Written Service Agreement, CD-14B) and serves as the preliminary case plan developed at the 72 hour FST meeting. With the implementation of SOS, the worker and family develop a mapping document which identifies the worries associated with the child and family, what is working well with the child and family and what needs to happen next to help alleviate the identified worries. This map informs the initial case plan and is revisited frequently with the family. SOS engagement tools such as the House (to facilitate conversation around persons the child identifies as safe people to be in his/her home) and the Wizard (to facilitate a discussion about the child's wishes) can be utilized with children to include their voice in the planning process. The form FST-2 (72 hour plan) is available for staff and can be used as a guide for preliminary case planning. At the end of the first 30 days of custody, the Child Assessment and Service

Plan (CS-1) is developed as the written case plan and contains all federally mandated elements. The CS-1 is used to record the decisions made by the Family Support Team, with the FST members, including the parents and children, participating in the development of the case plan. The permanency goal is identified on the CS-1 as well as any identifying information and summary of prior services offered to the family. The CS-1 is completed within thirty (30) days of initial custody and reviewed for appropriateness at the 30-day FST meeting. The form is then reviewed and updated as needed every 30 days until adjudication and for subsequent Permanency Planning Review Team (PPRT) meetings. The CS-1 is designed to be a dynamic form to which information can be continuously added over the life of a case. The case manager provides every team member with a copy of each individual child's current Child Assessment and Service Plan (CS-1) after the FST meeting to ensure efficient communication and understanding by all team members.

Several enhancements to the CS-1 in the FACES program have occurred recently. The system now requires that certain elements be present (such as a visitation plan for each parent) before completion of the plan. There have also been changes made to better log prior and current services offered to the family.

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

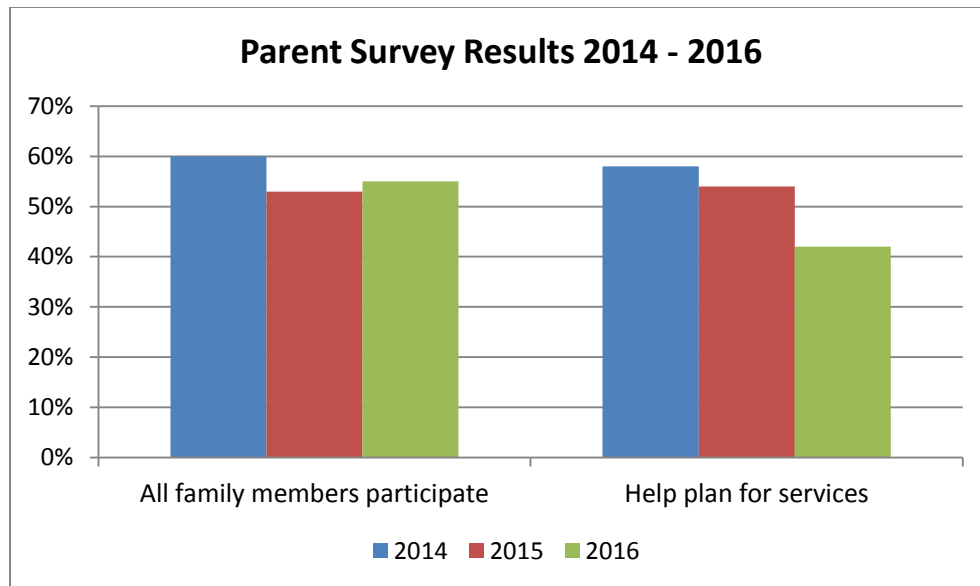
During FY2016, 7,360 children entered alternative care. The information in the middle column below provides FST and CS-1 data for those children. Similarly, 12,856 children were in alternative care prior to FY2016 and remained in care for at least some portion of the fiscal year. The information in the final column provides FST and CS-1 data for these children. Children represented in the final column may have exited alternative care prior to a 6-month FST meeting being required.

Parent participation in the FST meetings as well as their agreement with the permanency plan is also noted. While parents may be present at FST meetings and be involved in the development of next steps to reach permanency, their agreement with the overall permanency goal(s) may not always occur. For example, a parent may choose to indicate they disagree with the concurrent goal of adoption or may disagree with a court-ordered goal of pursuing guardianship with a relative. In these instances, the parent may be involved with developing a plan without being in agreement with the ultimate permanency goal. Attendance of the parent may be less frequent for children entering alternative care prior to FY16 due to termination of parental rights.

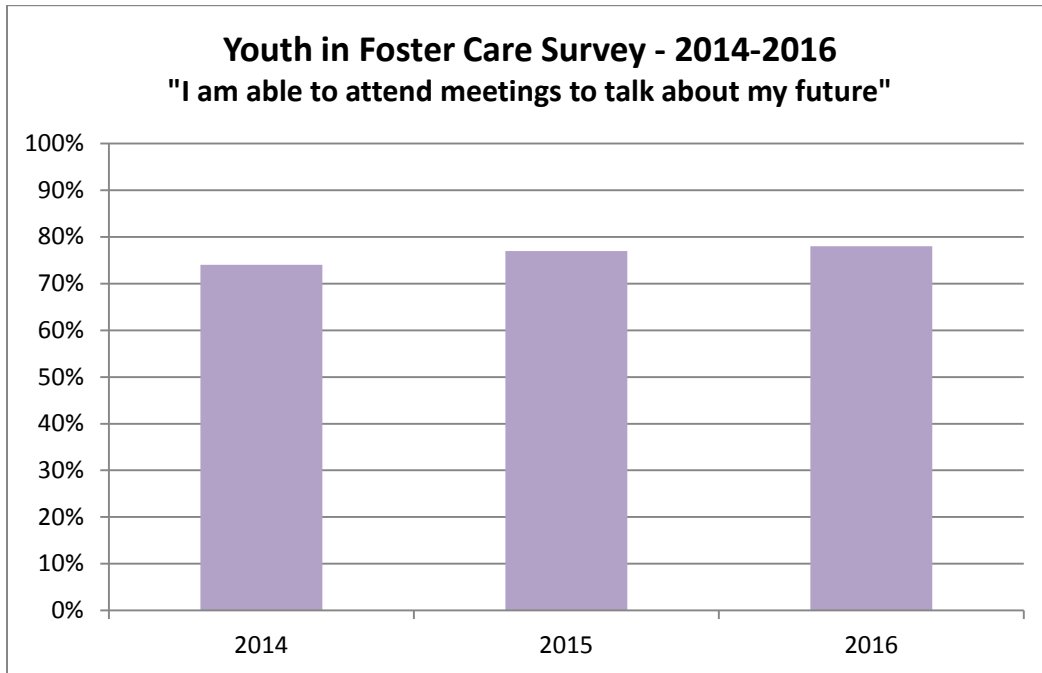
It is the policy expectation a written case plan (CS-1) be produced at the 30-day FST meeting and subsequent six-month meetings. The data provided below indicates this may not always occur. While planning discussions are held, documentation on the CS-1 form is not always consistent. Discussions may be documented on the FST screen or narrative entries in FACES. SOS mapping documents may also be used by field staff to document the conversations during FST/PPRT meetings.

	Children Entering AC During FY16	Children Entering AC Prior to FY16
72 Hour FST was held	72%	N/A
At least one parent present at 72 hour FST	79%	N/A
At least one parent at 72 hour FST agreed w/plan	98%	N/A
Had at least one FST of some type	95%	88%
Meetings with at least one parent in attendance	92%	63%
At least one parent at FST agreed w/plan	85%	80%
Child had a written CS-1 in effect during FY16	77%	50%

Consumer surveys are provided to 2.5% of parents with active Family-Centered Services (FCS) cases and Alternative Care (AC) cases each year. Parents are asked to respond to the statements “My worker encouraged all family members to participate in case planning” and “My family and I are able to help plan for the services we need.” The chart below shows the percentage of positive responses for the past three years. Monthly sample sizes in CY 2016 averaged 108 for an approximate number of 1,284 parent surveys sent during the year. The number of surveys returned in 2014 was 171; in 2015, 147 surveys were returned; and in 2016 at the time of data collection, 111 surveys had been returned.



Similarly, surveys are mailed to 100% of youth ages 12 and older in foster care each year. Youth are asked to respond to the statement “I am able to attend meetings to talk about my future.” In 2014, 74% of youth agreed or strongly agreed to the statement. The percentage of youth who agreed or strongly agreed in 2015 increased to 77% and 78% in 2016. The number of surveys returned in 2014 was 1,436; in 2015, 1,356 surveys were returned; and in 2016 at the time of data collection, 1,120 surveys had been returned.



The data presented in above is representative of the statewide performance for Item 20. Written Case Planning is identified by the Children’s Division as an area needing improvement. Emphasis on parental engagement has increased with the roll-out of Signs of Safety. Parent feedback from regions most experienced with SOS has been positive and the Division anticipates parents will continue to respond positively to the engagement practices of Signs of Safety. Written case plans containing all required elements for children in alternative care continue to be a need within the Children’s Division. Preliminary discussions have begun with the plan to review current case planning documentation policies and practices. Feedback from the Supervision Advisory Committee will be gathered prior to any recommendations being submitted to the CD Executive Team for consideration.



## Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

### State Response:

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

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

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

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

Children's Division data for children entering custody during the last six months of FY16 shows that 90.8% of children had a dispositional hearing within 6 months of the custody date (673/741). Data from

Item 22 (Permanency Hearings) indicate that 97% of permanency hearings in the past two years have been held within 12 months of the child's entry into custody (18,164/18,691 for CY2015 and 14,394/14,819 for CY2016). Data provided by the Office of Courts Administrator indicate the subsequent 6 month hearing was held timely 97.7% of the time during FFY16 (7,666/7,846).

The information presented is representative of children across Missouri. The Children's Division asserts that periodic reviews are occurring no less frequently than every six months for the vast majority of children. Item 21 is identified as a strength for the child welfare system in Missouri.

## Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

### State Response:

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The courts' effort to hold hearings on schedule enables teams to better ensure timely permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. OSCA shares the data in their CAN Permanency Report. The average days from custody to the first permanency hearing in FFY16 was 338 days. This is an improvement from 367 days as indicated in FFY13 data and 348 days in FFY14 and consistent with FFY15 data of 337 days. For all subsequent permanency hearings, the average days from hearing to hearing in FFY16 was 277 days. This has remained fairly consistent the last four years.

In an effort to meet federally required timelines, a plan was developed to extract data, monitor timeliness measures and implement methods to improve these measures. Court Operating Rule 23.01 requires the presiding judge in each circuit to submit a quarterly report to the Office of State Courts Administrator (OSCA) for each hearing not held within the specified time frame. The following information is to be reported: case number; style of the case; type of hearing; required hearing date; date of hearing (if held); date hearing scheduled (if not held); reason(s) for delay; compelling, extenuating circumstances found by the judicial officer to support each continuance outside the applicable time frame; and the plan of each judicial officer to comply with time frames during the next quarter. Exceptions for delays must be approved by the Family Court Committee. The Child Abuse and Neglect Quarterly Reports are distributed statewide on a quarterly basis to show the number of hearings held timely, the reasons for delays, and plans for corrective action. Court Improvement Project (CIP) staff compiles the reports and transmits a copy of all the reports to the Supreme Court of Missouri and to the Commission on Retirement, Removal and Discipline for review. Copies are also sent to all presiding judges and juvenile officers. The goal is for each circuit to hold 95% of hearings on a timely basis. As the number of hearings increase, circuits continue to maintain a 97%-98% average of holding required permanency hearings timely. Annual permanency awards are given to those circuits with an average of 100% timeliness. In FY16, 19 circuits received the Supreme Court Permanency Award.

During SFY2016, a total of 12,135 children had been in Children's Division custody for 12 months or longer and required at least one permanency hearing. Of the 12,135 children, 10,062 (83%) received a permanency hearing within 12 months of custody and every 12 months thereafter for their entire custody episode. A number of the children for whom permanency hearings have not occurred consistently every 12 months have been in Children's Division custody for a number of years. Early permanency hearings

may not have occurred timely, but as noted below, the most recent permanency hearings have been held in a timely manner.

Representing the same group of children, for all permanency hearings and permanency review hearings held in CY2015, 97.18% (18,164/18,691) were held within 12 months of the custody date or within 12 months of the previous permanency hearing. For CY2016, 97.13% (14,394/14,819) of permanency hearings were held within 12 months of custody or the previous permanency hearing.

The data above is representative of children in foster care in the state of Missouri. The Children's Division asserts timely Permanency Hearings is a strength for the child welfare system in the state.

## Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

### State Response:

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

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

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

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

Missouri’s case review system includes several new processes recently put into place to help workers be mindful of the Adoption and Safe Families Act (ASFA) time frames and requirements.

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

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

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

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

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

As of 11-30-16, there were 2,284 children who had been in foster care for at least 15 of the last 22 months with the goal of reunification or goal not yet established. The lack of Termination of Parental Rights filing information as described above had been collected for 1,219 of those children.

<b>Reason for not filing TPR</b>	<b>Number</b>
Child is being cared for by a relative	256
Compelling reasons exist why filing for TPR is not in the child’s best interest	824
The Children’s Division has not provided reasonable efforts	139

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

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

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

Termination of Parental Rights occurred for 1,276 children in FFY16. Of those, the total average days from entry in care to TPR finalization were 751 days. Data from the Office of State Courts Administrator indicate that TPR had been filed for 1,976 children as of 3-3-17. The filing occurred with 15 months of the child's entry in to Children's Division custody for 649 children (32.8%). The data presented is representative of all children in Missouri. The state recognizes the filing of Termination of Parental Rights in a timely manner is an area needing improvement.

## Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

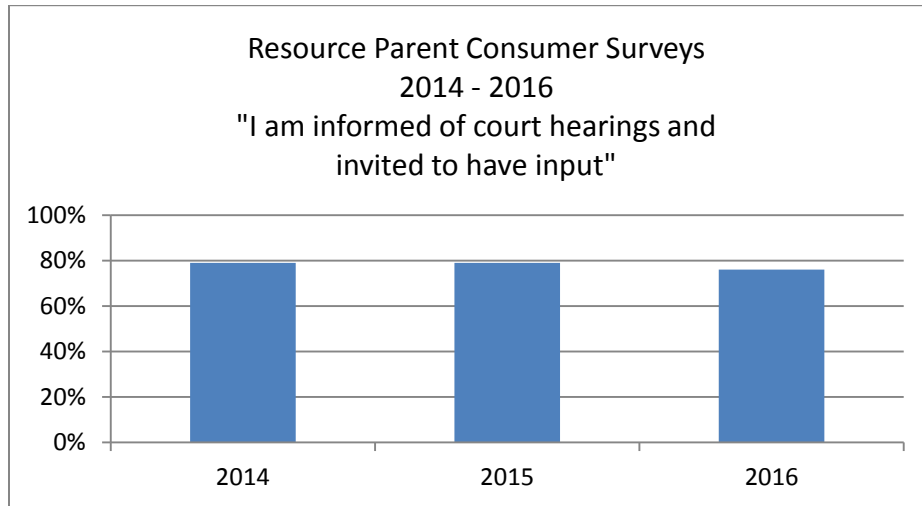
### State Response:

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

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

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





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

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

The Children's Division asserts the notification of hearings and court reviews to resource parents is a strength for the agency.

## C. Quality Assurance System

### Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

#### State Response:

##### Foundational Administrative Structure

Administrative oversight exists to ensure the Continuous Quality Improvement (CQI) system is functioning effectively and consistently, and adhering to the process established by the agency's leadership. There is consistent application of CQI across the state, including each circuit jurisdiction.

The CQI leveled meeting structure in Missouri involves all level of staff and stakeholders and encompasses multiple strategies. CQI examines practice performance and how practice, policy or values can be systematically improved.

CQI meetings are conducted at tiered levels beginning in every local county office with all types and levels of staff to ensure 100% staff participation and input into continuous quality improvement. This structure continues to remain the same but is able to be flexible to meet the needs of circuits and/or regions.

In January 2016, the State participated in a CQI assessment with assistance from the Capacity Building Center for States. There was a statewide meeting held to review the existing CQI processes and to plan for enhancements. The state level meeting consisted of staff from all levels, including front line workers, supervisors, regional QA staff, and administrators, such as regional directors and central office staff.

As a result of the statewide meeting, the Missouri CQI handbook and training presentation were revised through a work group in 2016 with completion in early 2017 as part of Missouri's work with the Capacity Building Center for States. The handbook provides written explanation of CQI standards, requirements, policies, procedures and practices outlining the various CQI activities and structured involvement of staff and stakeholders. The revised handbook will be posted on the Children's Division intranet as soon as final edits are made. The updated version will be available to state and contracted staff. The CQI process is also revisited through mandatory annual training for all staff which is provided online through the Employee Learning Center.

##### Quality Data Collection

Missouri has made continued improvements to Missouri's quality in data collection. Data quality in FACES (related to conversion to SACWIS) has improved. Staff contributed to enhancements of the FACES system by identifying priority changes which would improve data entry efforts.

The state reports NCANDS and NYTD data as required. Regarding NCANDS, ongoing meetings are held between policy and technical staff, who conducts the extraction of NCANDS data to review annual requirements provided by the Children's Bureau, to review the validation tool results and to ensure any challenges from prior year reports are addressed before the next submission.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance Unit. 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.

The Data Accuracy AFCARS training for Out-Of-Home care staff was updated in December 2016 with revisions being necessary due to changes made within the SACWIS system. All personnel with supervisory responsibilities in the area of Alternative Care, including CD and contracted supervisors, are required to review the training with their staff on an annual basis. The training was initially created with the input from the following groups: Supervision Advisory Committee, contracted case management providers, QA/QI unit, and regional management. As reinforced by the CQI assessment workshop, furthering staff understanding about the benefit of data entry efforts and advancing a culture of data informed practice is a continual area of desired growth.

The attitude of staff about data and how data is used is monitored in part through Survey of Employee Engagement data. Staff were asked to rate the statement "I believe data helps to inform decision making." The overall score for 2016 was 3.64 indicating an area of strength for the Division.

Employing creative strategies to build staff investment and understanding about the benefit of data is an important goal in the QA/QI units. Regional QA/QI teams assist circuits in building the data capacity of staff including being comfortable with data terminology, and percentages and statistics in discussions. However, due to the information and recommendations gathered at the CQI assessment, a Data Workgroup is currently identifying ways to assist staff in understanding the data source. Regional based QA/QI teams developed "Data Boot Camps" for managers on the different types of data available, and how to use the different data measures effectively with staff. The current plan is to develop Data Bootcamps for all levels of staff. This workgroup continues to be active and involved in developing training materials to meet this need.

Using strategies which increase staff appreciation of the need for data and nurture data-informed practice will continue to occur in order to reinforce quality data collection.

#### Current Missouri QA/QI System:

The Division continually evaluates the consistency of CQI processes throughout the state. Oversight is provided by the Quality Assurance (QA) and Quality Improvement (QI) Unit Managers to ensure consistent application of CQI processes and steps are taken to make adjustments when a lapse is

identified. Under the leadership of the Children's Division Director and the Deputy Director over Planning and Performance Management, Children's Division CQI staff includes a central QA Unit Manager, a central QI Unit Manager, fourteen QA and QI Specialists and three centralized CQI staff. The fourteen QA and QI Specialists receive strategic guidance and assistance in planning jointly from Central Office and Regional Supervisors through structured co-supervision. Two employees in central office are additionally part of the QA Unit. As Management Analysis Specialists, one is responsible for CFSR Coordination and the other provides support and oversight for field and centralized QA activities. A Program Development Specialist in the QI Unit central office provides statewide support and guidance to agency leaders. In addition, contracted case management agencies also have designated QA staff to carry out functions in support of CQI.

Measuring, monitoring, and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the division. QA staff evaluate trends and outcomes on a regular basis for Title IV-B programs in order to determine service delivery and program effectiveness and provide guidance to state, regional and circuit managers through a variety of mechanisms, including but not limited to, one-on-one coaching, presentations and involvement at strategic planning meetings, ongoing communication through emails, and newsletters. A variety of outcome and process measurements provide real and useful information which alleviate the need to rely on assumptions.

The following data reports are available to all staff: Monthly Management reports, Child Welfare Outcome reports, Children's Division Annual report, and Child Abuse Neglect Annual report. In addition, the Division has internal reports made available to all levels of management. Supervisors are able to use this information in consultation with workers to assist in decision making. These reports can provide child level data.

According to the 2016 Survey of Employee Engagement (SEE) results, when participants were asked to rate the following statement: "My workgroup regularly uses performance data to improve the quality of our work." The overall score was a 3.57 indicating an area of strength.

In addition, QA Specialists monitor case review information and assist staff in identifying trends and areas of improvement. During 2016, Missouri completed approximately 2,680 targeted case reviews and Best Practice Reviews across the state.

These reviews highlight Council of Accreditation standards, and ensure quality in safety, permanency and wellbeing. In addition, a few regions began work with the federal On Site Review Instrument (OSRI) and the On-line Monitoring System (OMS) in preparation for the roll out of the Children's Division new automated review system. After the reviews, the Quality Assurance Specialists compile the results and disseminate those results to managers and QI Specialists, in order to facilitate CQI within the circuits through staff meetings. The data is reviewed and strengths and challenges are identified during these meetings. The Quality Improvement Specialists assist managers, supervisors and/or workers with strategic development of how to move forward with replication of promising practices and targeted improvement efforts in circuit improvement planning. Follow up and evaluation of the improvement plan occurs at subsequent meetings with Q staff.

Much collaboration exists with stakeholders towards sharing of information including data and outcome information and the agency is committed to soliciting involvement in improving policy and practice as

described in the Collaboration section. Consumer surveys are conducted monthly and staff surveys are administered every two years.

Quality Improvement (QI) is a team process for achieving desired organizational results. QI specialists assist circuit managers, supervisors and workers in planning and implementing change through various methods including the following: developing improvement strategies in collaboration with regional and local staff, managers and stakeholders; assisting in COA accreditation preparedness, readiness and sustainability; and specialized training, case reading, situational modeling and employee shadowing. By employing a QI process which is founded on QA framework for data collection and monitoring, the Children's Division continues to improve its efforts to provide high quality and sustainable child welfare services.

QA and QI staff work together to identify gaps between desired and actual performance, identify root causes for poor performance, and strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice through CQI. Many structured CQI activities are in place to ensure practice effectiveness and the achievement of desired outcomes. CQI activities occur at a state level as well as regional level. All QA and QI activities work in conjunction with regional support to continually assess the quality of services and ensure steps are taken to address identified problems.

In 2015, Children's Division redesigned the intranet webpage to be user-friendly for staff. Updates included a diagram of the CQI process, map of the QA/QI location and coverage area, links to reports, trainings, and employee recognition programs. Staff can also find information about CQI, COA, and CFSR. The QA/QI Unit also created a top ten things staff should know about the Q team. These updates have provided staff opportunities to readily find and access information regarding Missouri's CQI system.

Even though the agency has dedicated staff to lead various CQI activities and provide oversight for CQI, staff and stakeholder involvement are a core component of CQI in Missouri. Staff and stakeholders are involved in a variety of CQI activities such as case reviews and strategic planning meetings. Structured CQI team meetings occur each quarter which involve staff at all levels. While an organized structure for CQI team meetings is in place in Missouri, the team meetings do not comprise CQI in its entirety. CQI is integrated through the use of data, information sharing, and adjustments to processes through the various QA and QI activities and collaborations occurring around the state. Stakeholders participate in CQI in a variety of ways.

Stakeholder involvement in the agency's structured CQI team meeting process is specific to their community, and depends on stakeholder involvement in other collaborative meetings occurring in the circuit or region. Stakeholder involvement may also be based on the specific issues at hand. For example, in one circuit's CQI meeting, a Guardian ad Litem might be a standing participant; however, in another circuit's CQI meeting a Guardian ad Litem participates in the Racial Equity workgroup. Stakeholders may join a CQI meeting at any level, with first level, front-line staff, all the way to state level, including representative staff members and executive team members. Stakeholders may be formally invited to a CQI meeting through a letter requesting their regular participation or a request may be made less formally through an email or telephone call.

Additionally, stakeholders participate in a variety of structured collaborative meetings or workgroups such as through the CFSR Advisory Committee, Juvenile Court Improvement Project (JCIP) or Fostering Court Improvement (FCI), Youth Advisory Board, Youth Empowerment Task Force, Foster and Adopt

Associations, Healthcare Coordination Committee, Task Force for Children's Justice, Child Fatality Review Panels, Supervision Advisory Committee, Racial Equity Workgroup or through a number of implementation projects. Through these collaborations, the structure exists for staff and stakeholders to be a part of data reviewing, strategizing, revising and implementing changes to policy and practice. Stakeholders involved in Missouri CQI meetings and processes include a wide range of stakeholder types such as attorneys, foster parents, current and former foster youth, educators, physical and mental health professionals, court staff, tribal representatives, parent representatives, contractors, service providers, or other community members.

Through the support of Casey Family Programs, the QA & QI staff members have been able to participate in on-going, annual training summits. These QA-QI Summits began in 2012 and have enlisted national and state experts to provide training and technical support. QA/QI Specialists attended the fourth annual two-day QA-QI Summit, hosted by Casey Family Programs, in December 12-13, 2016. The Summit's focus was on Safely Reducing the Number of Children in Foster Care by using a logic model to discuss and map the Circuits' challenges and strengths. Each region across the state selected one Circuit based on their foster care population and the readiness of the circuit to work through the process and develop plans going forward. The group included seven circuits, QA and QI Specialists and staff. Each circuit was allowed to bring a team of staff and stakeholders and Children's Division Central Office also had a team. Some team members included court personnel, Juvenile Office attorneys, contracted agency staff, and Children's Division Specialists. There were also representatives from the Missouri Office of State Courts, Court Appointed Special Advocates and the Children's Bureau in attendance.

The summit focused on facilitation skills and team building in regards to data and strategic improvement planning, and on letting the data tell the story to guide improvement planning. The QA/QI unit believes this will continue to support explaining where the data is coming from and how to use data to best serve children and families. The unit feels strongly based on the CQI assessment that Missouri needs to pivot from data that measures compliance to data that informs learning and improvement.

At the conclusion of the summit, each team left with an action plan to move forward and to continue the discussion started at the summit. The expectation is that the teams will convene quarterly via teleconference to discuss how the plans are going and what strategies have been introduced and followed in this process. The first teleconference was held on March 15, 2017. The Division anticipates other circuits will be exposed to the process by their regional QA/QI staff. At this point, the Division feels this has been a successful collaborative effort that will be continued.

#### Missouri CQI Assessment:

In January 2016, Missouri held a two day Continuous Quality Improvement assessment workshop facilitated by Ruth Huebner with the Capacity Building Center for States. To prepare for the two day workshop, Central Office staff and Ruth Huebner began planning in September 2015. Ruth Huebner interviewed 14 staff from each region and at all levels of employment. Ruth Huebner interviewed the 14 participants on three topic areas: the structure of CQI, the process of CQI, and learning culture. From these interviews the state found the following strengths:

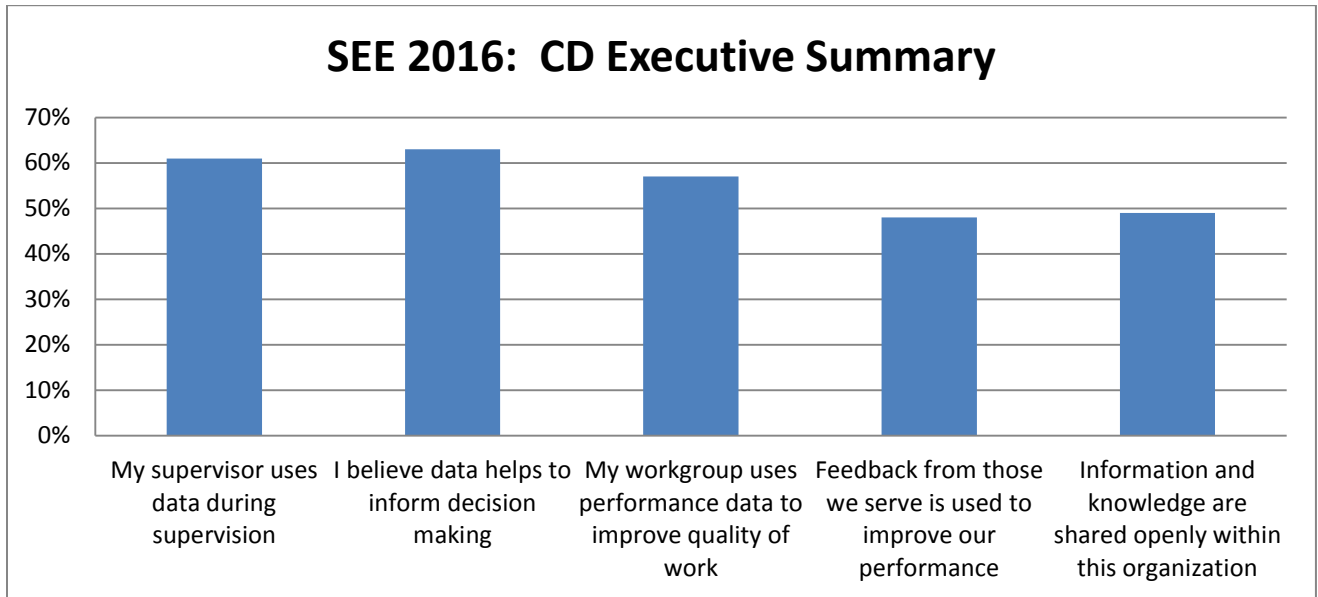
- Missouri's leadership is supportive of the CQI process and uses data to support improvement planning at state and local levels.
- Missouri has dedicated staff for CQI efforts.
- Data Reports on performance and practice are regularly shared with staff.
- Case reviews are an important part of the CQI structure and have been in existence for several years in multiple formats.
- Staff understands the CQI structure.
- Circuits have performance improvement teams where data is discussed and improvement plans are made.
- CQI has been in existence for several years which has helped the Division in problem solving at all levels.
- Special forums aid in the involvement of stakeholders.
- Children's Division's new practice model is viewed as positive.
- The CQI newsletter is an important source of information.

The interviews also gleaned opportunities for the state to improve the CQI process. The following opportunities were gathered from the interviews:

- Strengthen expectations around a comprehensive CQI system including the use of outcome data.
- Expand the role of dedicated CQI staff in analysis and presenting data on outcome measures.
- Provide comprehensive training for all staff including how CQI encompasses meetings focusing on data and improvement planning.
- Move forward with transformational coaching and sharing data stories.
- Move forward in the redesign of the new case review system.
- CQI meetings at all levels need to be more solution focused instead of issue focused.
- Increase involvement of stakeholders.
- Explore ways to use technology communication in order to close the feedback loop.

Based on the information from the CQI assessment workshop, Missouri developed a CQI Action plan with three goals; improve the culture of a learning organization by understanding the why and improving transparency of communication, refocus on the CQI level meeting process by improved training/coaching, and improve data knowledge and sharing, by streamlining reports, data training/coaching and accessibility.

Throughout 2016 Missouri worked on the action plan developed at the CQI assessment workshop. Below are items relevant to the discussion. These items from the 2014 SEE were originally reviewed in preparation for the January, 2016 meeting. Missouri completed the updated 2016 SEE survey in May 2016. The results for the data items are below:



The chart demonstrates of those who agree or strongly agree 61% report their supervisor uses data in supervision, and 63% report that data helps us make informed decisions.

Based on the analysis and interviews mentioned above in January 2016 and again at the completion of the 2016 SEE, Missouri needs to:

- continue to improve the confidence of data reports including providing reports which more accurately reflect the frontline practice
- provide comprehensive training and coaching on how data is pulled and compiled. While CQI staff have the knowledge, it is important to find data champions at all levels of the agency.
- consider streamlining the plethora of data reports available

### **Processes currently in place**

Missouri has had several case reviews as described below during 2016. At the end of 2016, Missouri's new case review system was in the testing phases and was unveiled in January 2017 with Memo CD17-03.

Additional details about this new case review process are included below. At the time of implementation, this new review process will be the case review system for all reviews with the exception of targeted reviews, Child Abuse Neglect Hotline Unit Peer Record Review and In-Home Intensive Services Peer Record Review.

### **Best Practice Reviews**

The Best Practice Review (BPR), formerly known as accreditation maintenance review, resulted in tools and processes that were streamlined in order to have consistency, and to have and use statewide results. The review tool contains qualitative and quantitative questions. Best Practice Reviews are designed to



ensure COA compliance and monitor best practice standards. Results can be used in circuit improvement planning.

#### Target Reviews

Target reviews are made at the request of the Circuit Manager, Field Support Manager and/or Regional Director. These reviews focus on specific aspects of safety, permanency and wellbeing. For example, regions conducted targeted reviews around the following types of cases in 2016:

- children under court supervision
- older youth
- children removed via emergency authorization (CS33)
- infants removed due to neglect or drug use

#### Child Abuse and Neglect Hotline Unit (CANHU) Peer Record Reviews

The Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the QA Unit developed a peer review system at the hotline unit in 2006. The CANHU Peer Record Reviews (PRR) has been a process which is used to support efficient processing of calls. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review. The ten percent random sample of CA/N reports is pulled by Research staff, and assigned by ITSD staff to a CANHU worker. The worker receives an email notifying them of the assigned PRR review. The review is a paper only review; however plans are in place to move this into a CQI database system. This is discussed in more detail below. CANHU PRR's are additionally used as one of CANHU staff performance appraisal outcome measures. Data is available for review in the Child Abuse and Neglect Hotline Unit oversight section of this report.

#### Intensive In-Home Services Peer Record Reviews

Intensive in-Home Service contracted providers also participate in a PRR process, which are 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 to 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. Of the cases reviewed in 2016, 99% reported that the services met the family's needs and 99% reported overall solid quality of service delivery. IIS quality of service is not only measured by case reviews but also by data gathered in the SACWIS system. For example in the 2016 Children's Division annual (draft) report 78.7 % of families exiting services remained intact.

#### Missouri's Case Review Tool

Missouri's new case review tool was introduced to all Children's Division staff via memo CD17-03.

The Case Review Tool will be used to conduct Alternative Care (AC) reviews, Family-Centered Services (FCS) reviews and Child Abuse Neglect Reviews (CA/N) reviews. A technical PowerPoint training has been developed and is available on the FACES Information page. Quality Assurance (QA) and Quality

Improvement (QI) staff will be following up with training to include interpretation and application of the review questions and the incorporation of interviews into the case review process.

For the case review process, it is the responsibility of Children's Division QA/QI staff to initiate a new Case Review. A random sample will automatically be provided based on parameters selected. QA/QI staff will be allowed to select and assign specific reviewers for each case to be reviewed. The selection of reviewers will be based on settings within the Office Worker Association screen. Staff who is designated to review AC, FCS and/or CA/N cases, must have the corresponding checkbox marked on Office Worker Association within their Primary Office and also must have an email address entered on the Worker screen in FACES.

The QA/QI Specialist will notify the assigned supervisor that the case has been selected for review. In addition to FACES information, the reviewer will contact the assigned worker to facilitate access to the paper case file. The paper file can be reviewed in person or the information can be scanned and emailed to the reviewer.

A list of all cases assigned to be reviewed and the due dates will display on the reviewer's Personal Home page. The list on the reviewer's Personal Home Page will serve as links into the Case Review Tool.

The Case Review Tool contains a Summary, Face Sheet and up to 18 items, depending on the type of the review being completed. Some of the questions contain data pre-populated from FACES. Reviewers will have the ability to navigate back and forth among the Items and save work completed prior to rating. All required questions must be completed before rating a particular Item. All Items must be rated before the tool can be submitted back to the QA/QI for approval.

Once the review is completed, it will be electronically submitted back to the originating QA/QI for approval. Upon approval, an email and worker alert will be sent to the assigned worker and supervisor of the case that was reviewed. New links into the Case Review Tool will be available on the Monitoring screen for the case reviewed. It is an expectation the supervisor will review and discuss the results with the assigned worker and jointly develop a plan for further case action, if necessary. Copies of the review results are not to be kept in the paper case file and are not included in case record requests.

A report with high level aggregate data is in development and will be available in FACES at a future release date. This report will allow management to look at results from reviews done in specific areas of the state and see strengths/areas of concern, determine trends and assist with practice improvement.

#### Case Review policy

The QA and QI Specialists will be responsible for initiating case reviews in their assigned regions. At a minimum, it is expected that each sub-region will have an annual case review comprised of 40 Alternative Care AC and 25 Family Centered Services FCS cases (to be consistent with federal Child and Family Services Review (CFSR) standards) and 5% of Child Abuse and Neglect CAN cases. The case review sample size may be adjusted based on the needs of the CFSR Statewide Assessment, ongoing Program Improvement Plan monitoring and COA maintenance.

Similar to current case review practices, reviewers will be identified by regional management and will be selected from current CD or contracted staff with knowledge of practice and policy. All staff selected as reviewers will be required to complete training prior to assignment of a case review.

The new case review tool provides the opportunity for contracted agencies to be involved in the case review process. One of the parameters for case sampling includes CD cases only, contracted cases only or a combination of both.

On February 7, 2017, initial training was provided by JoDene Bogart, CFSR Coordinator, for an initial pool of reviewers. The purpose of this training was to kick off a review to establish a baseline for CFSR purposes and to further test the tool.

## ANALYSIS AND DISSEMINATION OF QUALITY DATA

Analysis and dissemination of quality data is a strength for Missouri Children's Division. Data is analyzed routinely by the QA unit staff and manager. Data including analysis findings are distributed through a multitude of ways in support of CQI.

A quarterly CQI "In-Focus" newsletter continues to be a key method of focusing staff on key issues and supportive data sets. The newsletter directs staff on the issues to focus on during quarterly CQI meetings. In addition, the newsletter provides updates on progress and successes from the Continuous Quality Improvement Process. Links within the newsletter include circuit specific and user friendly charts for each data element which staff can use to determine performance in each of the identified areas. Staff then discuss their performance in their quarterly local CQI meetings and develop local level strategies for improvement where needed. The "In-Focus" quarterly newsletter is meant to provide guidance for the CQI Teams during each quarter. The newsletters are well received by staff and effectively aid in guiding the CQI meeting discussions. During the CQI Assessment several people reinforced the importance of the newsletter even though the amount of information can be overwhelming at times. The newsletters are theme based and bridge PIP issues with COA standards, related practice outcomes, Survey of Employee Engagement results, and updates from the Supervision Advisory Committee. A link is provided to the state level CQI minutes from the prior quarter. Issues featured during the past year have addressed the subjects of: quality service delivery, safely reducing the number of children in foster care, enhancing family engagement, supporting normalcy for children in foster care, organizational frameworks in the areas of safety, well-being and trauma.

Department and Division administration continue to routinely review, discuss and identify strategies for dashboard measures which include key outcomes during monthly management meetings. Dashboard measures are data indicators and outcomes the Department Director has identified as priority areas for monitoring with Division leaders. Examples of Dashboard measures include child abuse and neglect victims free from repeat abuse within 6 months, children in foster care free from abuse and neglect, children in intact families free from abuse and neglect, number of children in foster care, timely reunification and adoptions, customers treated professionally with quality services (using consumer survey scores of foster youth and resource providers), placement stability of foster children, length of stay of foster children, worker visits with children, children placed in residential settings, children placed in relative and kinship settings, finalized adoptions, timely response to reports of abuse and neglect, timely

Permanency Planning Review Team Meetings, employee turnover rates, and others. Division leadership uses this data to inform decisions, provide oversight, and to prioritize management of policy and practice.

The state is currently using data for Performance outcome measures (PERforM). The measures are based on staff level performance, providing the ability to create targeted strategies for improvement for identified staff or units not meeting the goals. PERforM measures are not only used for field staff and manager performance, but policy staff and administration are also held accountable for their respective measures continuing to bridge policy and oversight to practice. PERforM reports are posted on a shared drive which all CD supervisors and above have access to and are updated monthly or quarterly depending on the report. During the CQI Assessment, several concerns were raised about perform measures and how they do not reflect the work happening in the field. The CQI Data Workgroup has discussed with the Supervision Advisory Committee to identify relevant reports as well as needed reports. The group also developed and sent out a survey to CQI leaders to gather feedback on this issue. Missouri will continue efforts to improve relevant data to the field in 2017.

Missouri is fortunate to have a wealth of data available to use in evaluating the quality of the services provided to service participants. The Data Detective Award celebrates that although data can never be perfect, good data quality is achievable through constant monitoring. It is also critical for everyone to participate in this quality assurance endeavor by assuming a “data detective” role.

Several CD publications were available each year and posted on the Internet, Intranet or both. The publications include statistical information as well as outcome data. Publications include CD Annual, CAN Annual, Outcome Measures, Federal reports such as the previous ASPR and Monthly Management reports. Staff and managers are referred to the publications routinely by regional QA staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications which are posted on the internet. Stakeholders are also provided with data during the many collaborative meetings the Children’s Division either initiates or is a part of during which data is shared, discussed and analyzed. The data provided in these meetings is specific and understandable in order to meet the needs of the collaboration meeting. Each of the meetings and collaborative groups discussed in this report uses data routinely to identify issues and as a driver of agenda items.

The Children’s Division partners with various universities through sponsoring undergraduate and graduate students in practicum opportunities, through staff turnover data collection, support for Survey of Employee Engagement efforts, analysis of practice and outcomes, and as standing members in numerous collaborations such as the CFSR Advisory Committee and Supervision Advisory Committee, all of which involve the sharing and analysis of data and CQI quality information.

Regional QA Specialists routinely provide trends analysis and outcome data to the circuits for their local improvement plans and fostering court improvement efforts. Questions contained in Missouri’s Survey of Employee Engagement (SEE) evaluate the Quality Assurance system within the Division every two years. This evaluation tool allows the division to assess the buy-in of staff in Continuous Quality Improvement (CQI) and the extent to which staff are invested in data-informed practice. The Quality construct evaluates the organization’s focus upon the degree to which quality principals, such as customer service and continuous improvement, are part of the organizational culture.

Out of the 2,063 employees who were invited to participate in the 2016 survey, 1,569 (76.1%) responded. At 76%, the response rate is considered high. The sponsor of the survey suggests high rates mean employees have an investment in the organization, want to see the organization improve, and generally have a sense of responsibility to the organization. With this level of engagement, employees have high expectations from leadership to act on the survey results. The SEE assessment is designed to link scores on the survey to issues affecting the organization. It examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features, Information, and Personal Demands) which capture various aspects of the total work environment.

Supervision was the highest score (387) for the Division in 2016. A high score in supervision captures employees' perceptions of the nature of supervisory relationships within the organization. Higher scores suggest that employees view their supervisors as fair, helpful and critical to the flow of work.

Other higher scoring topics are workgroup and employee engagement. Workgroup captures employees' perceptions of the people they work with on a daily basis and their effectiveness. Higher scores suggest that employees view their workgroup as effective, cohesive and open to the opinions of all members.

Employee engagement captures the degree to which employees are willing to go above and beyond, feel committed to the organization and are present while working. Higher scores suggest that employees feel their ideas count, their work impacts the organization and their well-being and development are valued.

Each of these further supports the strength of CQI within Missouri Children's Division. However, job satisfaction ranked lower in 2016. Job satisfaction captures employees' perceptions about the overall work situation and ability to maintain work-life balance. Lower scores suggest that employees feel overworked, unable to perform at their best and unhappy with their work. State and regional leadership considers support of staff to be essential to our agency's mission and this balance continues to be a focus for Missouri.

The Quality Assurance system in Missouri is a strength for the Children's Division.

## D. Staff and Provider Training

### Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

### State Response:

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

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

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

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

Data pulled from Human Resource Center and the Employee Learning Center indicates from July 1, 2016 to March 1, 2017, 294 new Children's Service Workers began working for Children's Division. Initial training included "Child Welfare Practice Training", which 217 (74%) Children's Service Workers completed; "New Employee Orientation" training, completed by 263 (89%) Children's Service Workers;

“Personally Identifiable Info and HIPAA Protected Health Info” training completed by 260 (88%) Children’s Service Workers; and “Workplace Safety” training, which 263 (89%) Children’s Service Workers completed.

**Initial/Pre-Service Training Requirements:**

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

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

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

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

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

Jackson

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

Jackson County regional training structure currently consists of:

- 13.5 hours of Philosophy and Skills classroom training  
This skill based curriculum will introduce the participant to the agency's mission and principals; code of ethics, strengths based practice, Five Domains of Wellbeing, cultural competency, and a variety of family assessment tools.
- 24 hours of On-The-Job Training
- 14 hours of Philosophy and Skills classroom training  
This skill base curriculum will introduce participants to critical thinking skills and provide participants the opportunity to practice the use of these skills. Participants will be introduced to Signs of Safety and have the opportunity to practice using this model; participants will learn skills used to work within a team, how to further assess for safety, and how to apply these skills to their fieldwork. Participants will learn basics of report writing and court testimony. Participants will begin to practice obtaining records and maintaining confidentiality.
- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training  
Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in the Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reporting  
Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing.
- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training (including 6.5 hours of automated case management training)  
Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reports. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.  
Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.
- 24 hours of On-The-Job Training
- 14 hours of Reinforcement and Evaluation training  
Case Management: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a permanency planning process, display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-



personal stress and gather information and individually complete a map or maps using Signs of Safety.

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

### Northern Region

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

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

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

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

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

#### Phase 1:

Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter

narratives; assist in developing and writing court reports and referrals, gathering information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees OJT week. All OJT case-management work/activities should be reviewed by mentor and should not take precedence over CWPT attendance.

Phase 2:

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

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

Phase 3:

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

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

Phase 4:

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

Supervisor can determine if worker is sufficiently prepared to participate in the on-call rotation following completion of CWPT training. This should occur only if the worker has shown a successful understanding of assuring safety and the process by which to do so and only if the worker has had opportunity to shadow and observe each type of hotline contact and the supervisor has determined the worker capable of managing a hotline independently.

### Southwest Region

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

New caseloads begin to be assigned once CWPT and the worker's OJT are completed. Caseloads are gradually built up to full capacity. If staff competency is demonstrated, a full caseload assignment at one year is generally expected.

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

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

### Southeast Region

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

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

The current Southeast Region is providing the following training structure:

- Class 1: Foundation & Beginning Communication Skills, 35 hours
- Class 2: Interviewing Skills & Safety/Risk/Evidentiary Evaluations, 35 hours
- Class 3: Family Dynamics & Working with the Family System, 35 hours

### St. Louis Region

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

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

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

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

The Employee Learning Center is not utilized at this time for contracted agency staff members, employed by a private agency. Each contracted agency is responsible for the documentation and reporting of training received by their employees. In the fall of 2016, the Children’s Division discussed and assessed with the foster care case management contractors their ability to generate a quarterly quantitative data training report to the statewide coordinator. Currently, in the spring of 2017, Children’s Division is working with each foster care case management contractor to provide a training report that is as accurate and thorough. The next step is to integrate the foster care case management contractors’ training hours and topics into an overall training report with the Children’s Division report.

There is also the oversight responsibility of the regional training manger. There is a training manager designated in each of the five regions in the state. This person’s responsibilities include coordination and monitoring of the regional training program. The training manager along with the training office support staff, are responsible for submitting quarterly quantitative data reports to the statewide coordinator. The training manager ensures training timeframes are met by staff or are made aware of exceptions and develop strategies to address these exceptions.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of each training. These surveys are not aggregated, quantitative data but rather provide trainers who delivered the training topic with instant qualitative information about the topic delivered. It is the intention to begin delivery of online staff training surveys through the GovDelivery communication tool to every staff member that participates in a Children’s Division provided or supported training. Through

the GovDelivery communications format training surveys will be able to be delivered electronically and the Leadership and Professional Development unit will be able to analyze the return and response data. This electronic survey process will begin with a pilot test of one event in April 2017. It will then continue with surveys being shared and gathered on Child Welfare Practice Training, with the goal being full electronic survey dissemination on all training by the end of FY2018.

The Survey for Employee Engagement (SEE) which is a Missouri Department of Social Services employee survey given every two years has questions evaluating employee development. The foster care case management contract does not require contracted agencies to perform an employee satisfaction survey. The SEE survey can be drilled down to identify how Children’s Service Worker I’s responded to the questions. The Children’s Service Worker I’s were chosen for review because these frontline staff members would be most greatly impacted by initial staff training efforts. The results shared below are from the 2016 Survey of Employee Engagement.

The Survey of Employee Engagement framework is composed of twelve Survey Constructs designed to broadly profile areas of strength and concern so that interventions may be targeted appropriately. Survey Constructs are developed from the Primary Items (numbered 1-48). Constructs are scored differently from items to denote them as a separate measure. Using this scoring convention, construct scores can range from a low of 100 to a high of 500. Current Score is calculated by averaging the mean score of the related primary items and then multiplying by 100. For example if the construct score is 389, then the average of the related primary items is 3.89.

Any interpretation of data must be done in context of the organizational setting and environmental factors impacting the organization. In general, most scores are between 300 and 400. Scores below a 325 are of concern because they indicate general dissatisfaction. Scores above 375 indicate positive perceptions.

<b>Employee Development</b>		<b>Construct Score: 383</b>
The employee development construct captures employees’ perceptions about the priority given to their personal and job growth needs. This construct measures the degree to which employees feel the organization provides opportunities for growth in organizational responsibilities and personal needs in their careers.		Score
37. Training is made available to me so that I can do my job better.		4.04
38. Training is made available to me for personal growth and development.		3.89
14. I have opportunities to learn from my peers.		4.23
18. I am encouraged to seek further learning opportunities.		3.85

Specific item data gathered about training on the 2016 SEE:

**37. Training is made available to me so that I can do my job better.**

Response:

**86% Agreement**

**SCORE: 4.04**

Total Respondents: 160

All Organization score: 3.76

Response:	<b>Strongly Agree</b>	<b>Agree</b>	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	39	98	16	5	2	0
Percentage:	24.38%	61.25%	10.00%	3.13%	1.25%	0.00%

**38. Training is made available to me for personal growth and development.**

Response:

**79% Agreement**

**SCORE: 3.89**

Total Respondents: 160

All Organization score: 3.61

Response:	<b>Strongly Agree</b>	<b>Agree</b>	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	31	96	22	7	4	0
Percentage:	19.38%	60.00%	13.75%	4.38%	2.50%	0.00%

**Additional Question 14. I have opportunities to learn from my peers.**

Response:

**89% Agreement**

**SCORE: 4.23**

Total Respondents: 161

All Organization score: 3.89

Response:	<b>Strongly Agree</b>	<b>Agree</b>	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	59	84	14	4	0	0
Percentage:	36.65%	52.17%	8.70%	2.48%	0.00%	0.00%

**Additional Question 18. I am encouraged to seek further learning opportunities.**

Response:

**75% Agreement**

**SCORE: 3.85**

Total Respondents: 159

All Organization score: 3.62

Response:	<b>Strongly Agree</b>	<b>Agree</b>	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	29	91	26	9	3	1
Percentage:	18.24%	57.23%	16.35%	5.66%	1.89%	0.63%

The SEE scores for Children's Service Worker I's indicate they feel positive about the training they receive. The Children's Division's efforts towards initially preparing staff with the basic skills and knowledge they need to successfully carry out their responsibilities is seen as a strength within the agency. Further communication to ensure contracted case management staff receive an equivalent initial staff training package is being pursued. Initial staff training is considered to be a strength for the Children's Division.

## Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

*Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

### State Response:

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

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

Determination of what is offered as ongoing training in a region can be as broadly decided by practice model initiatives at the state level, such as Full Frame Initiative's Five Domains of Wellbeing, Signs of Safety or the Children's Division's efforts to become a trauma-informed agency; and/or they can be decided by the details of an individual worker's passion and need to develop a better understanding for working with an autistic child on his or her caseload. These decisions are made based upon reviewing a variety of



factors, including but not necessarily limited to strategic priorities, legislative mandates, outcomes data, funding, and resources within the community.

At a state level the executive team reviews these factors and determines what is deemed priority for the state. During FY2016 and through FY2018 priorities have focused on changing the culture of the agency through implementation and integration of the practice model, including the foundational practice initiatives of Five Domains of Wellbeing, trauma-informed care, and Signs of Safety, while at the same time promoting leadership at every level of the agency through the Career Ladder and the National Child Welfare Workforce Institute's Workforce (NCWWI) Excellence intervention and leadership development.

At a regional/local level the needs of the community and unique needs of the staff are considered. Communities that have been affected by heavy substance use or abuse need training resources that build staff member's competency and skill in how to keep children safe and support the families with the most appropriate resources necessary.

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

The annual 20 hours of required in-service (ongoing) training for investigative/assessment staff can be obtained through identified course offerings through the agency training program, such as Five Domains of Wellbeing, trauma-informed care, and Signs of Safety, as well as external conferences, workshops, seminars and certain local community trainings. Staff have until June 30, 2017 to complete the training hours for FY2017.

Trainings identified as "in-service" (ongoing) trainings are trainings that are required for ongoing professional development. Some of these trainings are mandatory and are required to be attended after the six months to second year of employment. Other trainings are not required trainings but rather electives, identified and put into an employee's training plan to attend because of their individual professional development goals or because of their specific program line/job classification.

At this time the reporting sophistication of training is limited but growth is occurring. There is ongoing development occurring with continued exposure to and accurate use of the Employee Learning Center. Additional support is currently being provided by the Employee Learning Center Personnel Analyst to the Children's Division Statewide Coordinator and Management Analysis Specialist to create regular and ongoing reports for review and analysis.

Supervisors also have a need for support and professional development. Through work with Full Frame Initiative Five Domains of Wellbeing for Clinical Supervision is being delivered across the state to offer guidance and practice on how to improve supervisors' ability to engage, support and coach their staff. Supervisors were included in the development process and pilot of this training.

Specific training that supervisors receive is eligible for Management Training Rule (MTR) credit hours. Supervisors are required to obtain 40 credit hours during their first year of supervision and 16 hours of

MTR every year thereafter. The training topics are determined by the direct supervisor in consultation with the supervisor through assessment and annual evaluation of PERforM competencies, based on the NCWWI Leadership Competency Framework, and the Employee Development Plan.

In FY2016, 96.7% of the supervisors/managers in the Children's Division that needed to take 16 hours of training completed this requirement. 98.3% of the supervisors/managers in the division that needed to take 40 hours of training completed this requirement.

Supervisors/managers have until June 30, 2017 to fulfill training requirements for FY2017. As of March 1, 2017, 49.5% of the supervisors/managers in Children's Division need to take 16 hours of training have completed this requirement. 82.1% of the supervisors/managers in Children's Division that need to take 40 hours of training have completed this requirement. This compares to the Department of Social Services' average which is 41.3% for the 16-hour training requirement and 87.5% for the 40-hour training requirement. The standardized and statewide professional development initiatives and the unique and tailored professional development opportunities are all tracked and logged in the Employee Learning Center.

Required training for supervisors includes:

- Signs of Safety Supervisor Introduction\*
- Signs of Safety Advanced Supervisor Training\*
- Signs of Safety Supervisor Depth Building Workshop\*
- The Five Domains of Wellbeing in Clinical Supervision
- Child Welfare Trauma Training Toolkit
- Civil Rights and Diversity for Supervisors
- Personal Health & Safety Training
- Legal Aspects for Investigators\*\*
- Legal Aspects for FCS/AC/Adoption\*\*

\*Training requirement when the Signs of Safety practice model initiative is phased into and being offered in the supervisors' region.

\*\*Training requirement for the specific program line (investigations or FCS/AC/Adoption) that is being supervised.

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

Regional training managers have oversight responsibility of ensuring training timeframes are met by staff or are made aware of exceptions and develop strategies to address these exceptions. There is a training manager designated in each of the five regions in the state. Regional training managers are responsible for tracking and reporting the quantity and quality of staff training through quarterly report submissions that are sent to the statewide coordinator. The regional quarterly report is used to collect training statistics, quantitative and qualitative data, for the statewide coordinator to submit a cumulative annual

report. The regional quarterly report is also used by the regional training manager to monitor and evaluate training goals and progress towards those goals, through supportive documentation of training evaluations and feedback from training participants.

The Employee Learning Center is not utilized at this time for contracted agency staff members, employed by a private agency. Each contracted agency is responsible for the documentation and reporting of training received by their employees. In the fall of 2016, the Children's Division discussed and assessed with the foster care case management contractors their ability to generate a quarterly quantitative data training report to the statewide coordinator. Currently, in the spring of 2017, Children's Division is working with each foster care case management contractor to provide a training report that is as accurate and thorough. The next step is to integrate the foster care case management contractors' training hours and topics into an overall training report with the Children's Division report.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of the training session. These surveys are not aggregated, quantitative data but rather provide trainers who delivered the training topic with instant qualitative information about the topic and provide the regional training manager with feedback on the topic as well as trainer performance. It is the intention to begin delivery of online staff training surveys through the GovDelivery communication tool to every staff member that participates in a Children's Division provided or supported training. Through the GovDelivery communications format training surveys will be able to be delivered electronically and will be the Leadership and Professional Development unit will be able to analyze the return and response data. This electronic survey process will begin with a pilot test of one event in April 2017. It will then continue with surveys being shared and gathered on Child Welfare Practice Training, with the goal being full electronic survey dissemination on all training by the end of FY2018.

The Survey for Employee Engagement (SEE) which is a staff survey given every two years has questions evaluating employee development. The SEE Survey is able to provide response feedback from every level of job classifications, below are responses from the 2016 SEE Survey by Children's Service Worker II's and Supervisors.

Within the survey is the construct of "Employee Development". This dimension reports on the level of overall job satisfaction and elements of actively engaging employees in the workplace. Personal and career development is assessed as to their ability to improve performance.

"Employee Development" - Employment Development captures perceptions of the priority given to the career and personal development of employees by the organization. The Children's Service Worker II Score is 362 and the Children's Service Supervisor Score is 383. The Supervisor's score on Employee Development is identified as an area of strength within the 12 construct measures of the SEE. Scores above 350 suggest that employees perceive the issue more positively than negatively, and scores of 375 or higher indicate areas of substantial strength.

Specific item data gathered about training on the 2016 SEE:

**Item 37. Training is made available to me so that I can do my job better.**

Response:

**68% Agreement – CSWII**

**81% Agreement - Supervisor**

**SCORE: 3.70**

Total Respondents: 498

**SCORE: 3.90**

Total Respondents: 187

All Organization score: 3.76

Response:	<b>Strongly Agree</b>	<b>Agree</b>	Neutral	Disagree	Strongly Disagree	Don't Know/NA
CSW II Respondents:	77	260	107	41	13	0
Percentage:	15.46%	52.21%	21.49%	8.23%	2.61%	0.00%
Supervisor Respondents:	22	129	32	4	0	0
Percentage:	11.76%	68.98%	17.11%	2.14%	0.00%	0.00%

**Item 38. Training is made available to me for personal growth and development.**

Response:

**58% Agreement - CSWII**

**76% Agreement - Supervisor**

**SCORE: 3.50**

Total Respondents: 496

**SCORE: 3.79**

Total Respondents: 189

All organization score: 3.61

Response:	<b>Strongly Agree</b>	<b>Agree</b>	Neutral	Disagree	Strongly Disagree	Don't Know/NA
CSW II Respondents:	68	221	123	60	24	0
Percentage:	13.71%	44.56%	24.80%	12.10%	4.84%	0.00%
Supervisor Respondents:	17	126	36	10	0	0
Percentage:	8.99%	66.67%	19.05%	5.29%	0.00%	0.00%

Children’s Division staff indicates through the SEE they feel positively about the opportunities they are given to further the skills and knowledge needed to better serve the children and families in Missouri. Further communication to ensure contracted case management staff receives adequate ongoing training is occurring. This item is considered a strength within the Children’s Division.

## Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

### State Response:

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

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

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

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

- What are the family's strengths? How does the family plan to build on these strengths? What are the concerns and stressors the family has regarding providing services as a resource provider? What are the family's goals within this program (continue as they are, change the ages of children they accept for placement, take teens or infants, become approved to provide level A foster care services, etc.) How is the family meeting each competency?
  - Protecting and Nurturing
  - Meeting the development needs and addressing developmental delays
  - Supporting relationships between children and their birth families
  - Connecting children to safe, nurturing relationships intended to last a lifetime
  - Working as a member of a professional team
- What training needs can be identified to address the concerns and issues identified in section I? (Targeted areas for skill development and enhancement – are they concerned about discipline techniques, need skills in working with teens, would like information on working with children who have been sexually abused, etc.)
- What specific areas will be improved when change has occurred? What will it look like when change has fully occurred? (goals)

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

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

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

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

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

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

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

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

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

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

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

The Children's Division does not currently have a process in place to aggregate data regarding licensed residential staff training. Further discussion will occur to establish protocol for data collection. This item is identified as a strength for the child welfare system in Missouri.

## E. Service Array and Resource Development

### Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

### State Response:

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

The Children's Division primarily becomes aware of children and families who might be in need of services through referral to the Child Abuse/Neglect Hotline. The Children's Division assesses the strengths and needs, to include service needs, of children and families through the investigation/assessment process. During SFY16, the Division served 106,067 children through child abuse and neglect investigations and assessments, an increase of 5.4% from SFY15. Investigation/assessment services reach all jurisdictions throughout the state of Missouri and are provided by Children's Division staff. If it is determined that families are in need of services, there are several avenues by which families can continue to be assessed and provided with needed assistance to address child safety and well-being.

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

Head Start and Early Head Start services are available throughout the state to help families ensure children are receiving quality child care services to help with school readiness. In FY16, 4,998 children received services through these programs. First Steps is another early childhood program that is available for families throughout Missouri. First Steps is provided through the Department of Elementary and Secondary Education and offers coordinated services and assistance to young children with special needs and their families. First Steps is designed for children, birth to age 3, who have delayed development or diagnosed conditions that are associated with developmental disabilities.

Crisis Care provides temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short term care, and without this care the children are



at risk for abuse and neglect or at risk of entering state custody. Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four hours a day, seven days a week. A child will be accepted at a crisis care facility at any time, day or night, if space is available. Currently there are 10 crisis care facilities across the state. The Department of Social Services sponsors a Home Visiting Program, an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families. The program provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of Home Visiting they are referred to Parents as Teachers to maintain educational services with the family. The Home Visitation program is located in 8 regions across the state.

#### Services Enabling Children to Remain Safely with their Parents when Reasonable

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services are available throughout the state and are provided to help children safely remain in their homes when possible. Services are aimed at preventing child maltreatment and promoting healthy and appropriate parenting skills. FCS programming is available in all areas of the state and is provided by Children's Division staff. In FY16, a total of 70,702 individuals were served through Family-Centered Services, representing 18,087 families.

Intensive In-Home Services (IIS) is a short-term, intensive, home-based program which offers families in crisis an alternative to out-of-home placement through the enhancement of family capabilities. Intensive In-Home Services are typically provided to families with a significant risk of maltreatment which would likely lead to child removal from the home if intervention to address child safety is not immediate. Intensive In-Home Services are delivered by contracted providers and are available throughout the state. An initial referral and in-take meeting with the family occurs to assess the family's need and commitment to participating in the program. A fiscal increase to IIS occurred in the last legislative session and additional contracted providers were able to be hired. In FY16, 1,795 families were accepted into the IIS program with 4,631 children represented. 1,727 families participated in the IIS program with 78.7% of the families remaining intact at the time of service closure. In FY15, 7.5% of children serviced through the IIS program and identified as at-risk were placed into foster care during the IIS intervention.

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

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

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

term until permanency may be achieved. The goal for most children in foster care is to return to their caregiver(s) when circumstances which led to out-of-home placement have been resolved. However, sometimes children are not able to return home and another avenue to permanency is pursued.

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

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

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

- The Jefferson County Community Partnership has a successful Safe Babies program that is aimed to decrease the number of tragic infant deaths by increasing awareness of preventable risk factors.
- The Ripley County Community Partnership focuses on children succeeding in school by providing comprehensive wrap around case management services, they provide a mentoring program to help youth transition from care in DYS, they provide Youth Mental Health First Aid and continue to offer the curriculum Building Strong Families.
- At the heart of The St. Francois County Community Partnership efforts is a program called Project Sunshine. It strives to end the cycle of child abuse and neglect in that region of Missouri. It uses a multipronged approach to raise awareness of abuse and neglect, facilitate community initiatives targeting prevention and coordinates resources so assistance is readily accessible for those who need it.
- The Alliance of Southwest Missouri holds an annual HOPE Conference that focuses on domestic violence and each year a track within the conference offers workshops to help community leaders focus on child wellbeing in their community. This Partnership also provides Child Parent Relationship Training led by a licensed counselor to help parents hone their parenting skills with a child centered approach.
- The St. Joseph Youth Alliance has focused their work on what they call "5 Keys for Kids". Their partners and the Youth Alliance have agreed on a platform that includes crisis intervention, early childhood education, substance abuse prevention, youth asset development and youth mentoring.

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

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

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

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

The table below is a compilation of 2015 IRS data for non-profit agencies in the state of Missouri. Agencies are responsible to self-report to the IRS the type of services they provide. The categories of service provision specified in the column headers were identified to be consistent with the Resource Log in the Children’s Division SACWIS system. For profit agencies and agencies not required to file taxes with the IRS are not represented. This information can be used to help the Children’s Division identify circuits (represented by the row numbers) in the state which may have gaps in certain types of services. For example, there are 43 non-profit agencies in Missouri which indicate they provide Interpretive Services. While there are many circuits represented with no non-profit interpretive services, the Children’s Division is able to fill the gap by utilizing CTS contracts to meet this need. Similarly, there are 21 agencies which provide non-profit medical care services. However, all children placed in foster care in Missouri are provided health care through MOHealthNet, shrinking the apparent gap in medical care services.

Service array in most areas of Missouri is a strength for the child welfare system. Very rural areas of the state may experience service array gaps.

Section IV: Assessment of Systemic Factors

Count of Circuit	Col														
Row Labels	Child Advocacy Centers	Child Care	Clothing	Counseling Services	Educational Services	Family Support Services	Financial Aid	Food	Housing/Shelter	Individual Support Services	Interpretive Services	Legal Services	Medical Care Services	Transportation	Grand Total
1	1		1			1		1	7	5					16
2	6		5	3	4	3	1	1	14	11			1		49
3	9			3	2	1		1	12	5		1			34
4	12	1	4	2		2	1		16	13					51
5	18	2	6	8	1	5		2	16	2					60
6	4	1		2	1	1	5		6	1					21
7	22	2	5	4	4	2	3		7	11					60
8	2		2	2		1		1	8	2					18
9	4		2	2					13	4					25
10	11		2	3	1	3			12	7					39
12	14	1	2	1		2	2	1	13	5	2				43
13	48	5	4	13	5	7	6	1	18	23	1	2	2	1	136
14	3	1	2			1	3		2	6				1	19
15	17	1	3	1			3		12	8		1			46
16	218	17	27	40	19	31	41	5	143	59	8	8	2	3	621
17	21	1	5	4	1	3	2	1	10	7		3			58
18	11		4			1		1	18	7					42
19	22	3	3	18	1	5	5		22	7		1			87
20	21	3	4	6		2	3	3	21	8			3	2	76
23	25	2	5	5	1	4	3		11	5		1			62
24	15	1	1	3		5		1	15	14	1			1	57
25	16	3	4	2	1	6	4		19	17					72
26	20	4	3	6	1	4	3	2	17	12				1	73
27	18	1		5		2	2		17	6	1				52
28	7	1	4			3	1	1	6	2					25
29	22	1	6	10	1	1	3	3	58	7			1		113
30	18	4	8	5	1	3	2	1	18	10		2			72
31	60	5	9	18	2	12	10	6	30	24	2	2	3		183
32	29		2	6	1	6	3		9	11	1	2	1	1	72
33	7		5	1		3	1	1	3	4					25
34	1		1		1	1		1	2	3					10
35	7					1	2		7	6		1		1	25
36	6	2	1			1		2	7	12					31
37	11	1	5	3		3	1	1	11	12					48
38	21		3	4	1	6	4		11	7	1	1			59
39	12	1	3	6		3	1	1	11	13					51
40	5		6			2	1	1	3	2		3			23
41	5		4	1		1	2		9	4					26
42	7	4	5	1	1	2	3	1	10	12	1	1			48
43	9	3	5	1		3	1	1	17	4					44
44	2		2			3	1	3	3	5					19
45	11	1	3	1		1	1	1	15	9		1			44
21	142	9	24	30	15	21	27	5	81	39	10	2	5	1	411
11	34	6	4	13	2	7	11	3	16	16	1		1	1	115
22	236	23	36	47	28	31	38	8	158	54	14	9	3	2	687
<b>Grand Total</b>	<b>1210</b>	<b>110</b>	<b>230</b>	<b>280</b>	<b>95</b>	<b>206</b>	<b>200</b>	<b>61</b>	<b>934</b>	<b>501</b>	<b>43</b>	<b>41</b>	<b>21</b>	<b>16</b>	<b>3948</b>

### **Item 30: Individualizing Services**

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

#### **State Response:**

The Full Frame Initiative's Five Domains of Wellbeing philosophy, which is being embedded into Children's Division policies and practices, encourages staff to look at families and children through the full frame of their lives, instead of focusing on the incident or circumstances which brought the family to the attention of the Children's Division. The five domains of wellbeing for every person, family and organization include safety, stability, mastery, social connectedness, and meaningful access to relevant resources. Some additional key components to the philosophy are:

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

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

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

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

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

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

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

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

This item is identified as a strength for the child welfare system in Missouri.

## **F. Agency Responsiveness to the Community**

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

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

#### **State Response:**

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

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

The responsibilities of the CFSR Advisory Committee are as follows:

- To provide feedback on the Child and Family Services Plan
- To provide assistance to the Children's Division with the CFSR process
- To identify additional local stakeholders throughout the state of Missouri who might provide assistance and/or services through or in conjunction with the Children's Division
- To assist the Children's Division in identifying and increasing resources for at risk families
- To assist in the development of a Program Improvement Plan (PIP)
- To develop a stakeholder process to collaborate on the PIP

For more information regarding the CFSR Advisory Committee and Charter, see <http://dss.mo.gov/cd/cfsr>. The Charter provides the scope of work which includes a review of the Program Improvement Plan and the Annual Progress and Service Report , including progress data.

The Children’s Division has worked diligently to educate attendees on complex issues facing child welfare. Through this education, key stakeholders are better equipped to understand the child welfare arena and the need for multiple disciplines and key stakeholders to make a difference in a life of a child. In turn, when appropriate, the advisory committee may create recommendations on various topics for consideration to the Children’s Division Executive Team.

During recent quarterly meetings, the committee has been encouraged to expand their role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare issues, the Division appreciates the wealth of knowledge available from the members of this group. The committee has been asked for input on a variety of topics, including recruitment and retention of foster parents, reasonable and prudent parenting legislation, and service array. The conversations on these subjects were structured so as to assist the Division in writing the CFSR statewide assessment.

In August 2015, the Committee was provided with an overview of the Division’s strategic direction by Director Tim Decker. The response was largely positive. The number and quality of questions and comments has assisted central office staff in formulating the manner in which information on the Division’s initiatives is shared with staff and stakeholders. The members asked for regular updates on the progress of implementation, and that is provided at each meeting.

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

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

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



development and modification of the plan. Missouri's APSR is posted on the Children's Division website and available to all child welfare partners.

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

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

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

In addition to the partnerships with OSCA described above, the CFSP outlines a plan to enhance judicial engagement. The Children's Division and the court have been working with Casey Family Programs in two jurisdictions with the overall goal to safely decrease the number of children in foster care and to decrease the time to permanency for children. Recently, the Children's Division met with the liaison from the Capacity Building Center for States and requested assistance to expand the efforts of judicial engagement to other jurisdictions.

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

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

state agencies in the improvement planning processes. This item is a strength for Missouri's child welfare system.

## Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

### State Response:

#### Interdepartmental Collaboration:

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

- Department of Mental Health (DMH) – Staff within the Children's Division's Alternative Care Unit participate on various workgroups, trainings, and child specific cases with both the Division of Developmental Disabilities and Division of Comprehensive Psychiatric Services. This has resulted in formalized Memorandums of Understanding to ensure transition of services from CD to DMH and for access to services offered while CD is involved with children and youth. CD and DMH share a staff position focused on trauma and its effect upon staff, children and service providers.
- Family Support Division (FSD) – CD staff coordinate with staff within the Family Support Division with regard to programs funded through TANF such as the Customer Service Partnership whereby former foster youth are enrolled in training and receive support services through collaboration with local community colleges, community partnerships, and Division of Workforce Development entities for the purpose of opportunities for employment in customer service jobs. TANF funding is also used throughout other child welfare programs including child care.
- MoHealthNet Division (MHD) – Children's Division has a specified liaison who works daily with MHD to ensure children in the Division's custody are appropriately enrolled in Missouri's Medicaid program. Coordination is necessary when children enter care from a Medicaid eligible household or return from foster care back to that household to ensure there is no disruption in services. In addition, CD coordinates with MHD with regard to rates paid for services in common. For example, psychology/counseling services offered to a parent who is not Medicaid eligible. MHD has been a partner with our Health Care Coordination Committee and has provided valuable information on specific initiatives such as the use of psychotropic medications. There is also collaborating with MHD to establish a health home model for children in foster care.
- Division of Youth Services (DYS) – It is not uncommon for youth who are involved with the Children's Division to also have involvement with the juvenile justice system. To that end, CD

and DYS are working with several jurisdictions on identifying and assisting these crossover youth to ensure that all needs are being met by the appropriate entity. CD has a specific liaison appointed for this project.

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

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

- Department of Health and Senior Services (DHSS) – CD provides funding related to supporting child care initiative to DHSS. These funds are used for providing health consultation services to child care providers and health and sanitation inspections of licensed child care facilities as well as funding for child care regulation. 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.
- Child Support Coordination - As required by Title IVE regulations, the Children's Division makes referral to the Title IV-D agency as appropriate. Title IV-E agencies are required to refer children receiving title IV-E foster care to title IV-D for child support enforcement, but are afforded some degree of flexibility by title IV-E in determining which cases are appropriate for referral. The Children's Division evaluates these on an individual basis, considering the best interests of the child and the circumstances of the family. For example, is the parent working towards reunification with the child, consistent with the case plan? Would the referral impede the parent's ability to reunify with the child? Has the parent agreed to pay for the costs of out-of-home care or to temporarily accept a reduction in the adoption assistance payment?
- Coordination of Funding Through TANF - Home Visiting programs with a focus on prevention of child abuse and neglect utilize TANF dollars as a funding stream. Home Visitation provides assistance to eligible parents whose family income does not exceed 185% of the federal poverty level and are currently pregnant or who wish to care for their children under 3 years of age in the home. Home Visitation provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. Home Visitation services are provided through training and

support groups for the families, developmentally appropriate books and toys for the children, modeling of appropriate parenting skills, and various other incentives to keep the parents engaged in the services. Home Visitation also allows families the opportunities to network with other families and to build a support and resource network. Funding is provided through grants to local community organizations. Once the child ages out of the home visiting program at age 3, they are referred to their local Parents as Teachers and/or other community agencies to maintain educational services until the child enters kindergarten.

- **Child Care Subsidy Program** - provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The Child Care Subsidy Program assists in supporting the safety and well-being of children in low income families by providing parents with choices for safe environments for their children. Maximizing funding for Child Care Subsidy ensures Department of Social Services (DSS) is able to serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.
- **Head Start** - Local collaboration plans are designed to improve the coordination of services for the children and families served by both the Children's Division and Head start. Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness.

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.

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

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

**St. Louis Systems of Care Council** - The SOC Expansion Planning Team provides a collaborative approach, called System of Care, to delivering services to children and families in the St. Louis Region for who traditional service delivery models have been ineffective. An imperative of these collaborative approaches is culturally competent assessment, service delivery, and evaluation, all of which must take into account the family's culture, ethnicity, religion, race, gender, socioeconomic status, language, sexual

orientation, geographical origin, neighborhood location and immigration status. The SOC Expansion Planning Team also emphasizes the inclusion of family members and youth in the development of the System of Care. The family and youth members will serve as the “voice” of other service consumers and advocate for the needs of St. Louis families and youth. The SOC Expansion Planning Team will be guided by the System of Care principles.

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

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

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

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

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

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

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

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

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

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

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

**Customer Service Partnerships** - The Missouri Customer Service Partnership program will bring together business, government, and young people aging out of Missouri’s foster care system to achieve mutually-beneficial goals. Through shared commitment and responsibility, the partners will address business demand for good customer service employees, meet public expectations for reliable and courteous service, get young people started on meaningful career paths, and grow Missouri’s middle class.

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

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

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

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

This item is identified as a strength for the child welfare system in Missouri.



## **G. Foster and Adoptive Parent Licensing, Recruitment, and Retention**

### **Item 33: Standards Applied Equally**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

#### **State Response:**

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

In addition to the reviews described above, beginning in February 2017, two Central Office staff began reviewing a 10% sample of those resource homes developed by Child Placing Agencies. The purpose of these reviews is to identify gaps in standards being applied equally as well as to collaborate with the agency staff to provide support and training to assure equal application is achieved consistently statewide. To date there have been record reviews from 10 licensed Child Placing Agencies, with a total of 125 resource files reviewed. The review will continue with all the Child Placing Agencies and Children's Division circuits with the planned conclusion by end of the 2017 calendar year. The reviews have provided an opportunity to give support regarding Children's Division policies and processes for these agencies which strive to be consistent in providing services to resource parents aimed toward retention and support.

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

1. Protecting and nurturing;

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

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

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

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

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

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

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

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

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

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

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

(4) Health of Foster Family.

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

that the health of foster children is not at risk. A tuberculosis (TB) test and a chest X ray may be completed, if recommended by the physician.

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

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

(5) Foster Parent Training.

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

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

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

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

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

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

(D) Lifestyles and practices of the foster parents;

(E) Educational practices of the foster family; and

(F) Employment of the foster parents.

(7) Parenting Skills Information Elicited in the Home Assessment.

(A) Foster parent structures environment so that it is safe and healthy for the child.

(B) Foster parent expresses positive feelings toward the child verbally and physically.

(C) Foster parent recognizes and responds appropriately to the child's verbal and physical expressions of needs and wants.

(D) Foster parent consistently uses basic behavior management techniques in dealing with the child.

(E) Foster parent consistently uses appropriate techniques to discipline the child and does not use or will not use corporal punishment on any child in the custody of the division.

(F) Foster parent guides the child toward increasing independence.

(G) Foster parent behaves in a way that recognizes the immaturity of the child.

(8) All information which is collected by the division in the licensing study will be condensed to comprise a foster home profile which will be available to team members when children are placed into the care of the division, in order for placement decisions to be made in the best interests of the child. The profile will not contain any protected health information, financial information, or information on biological or adopted children of the foster family.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

There were 94 relative homes approved for foster home license in CY16 using one of the non-safety licensing standards. There were 21 relative homes renewed in CY16 waiving the 30 hours of in-service training requirements for license renewal. The standards that were waived to license the 18 homes were:

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

The 96 relative homes licensed using a non-safety standard represents .046% of the 2,083 relative homes licensed during CY16.

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

13 CSR 35-71.045 Personnel

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

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

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

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

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

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

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

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

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

Residential Treatment Agencies for Children and Youth (RTACY) are supervised by a Regional Licensing Consultant (RLC) with the Residential Program Unit (RPU). RLC's may or may not review staff training during a routine supervisory visit at a non-accredited RTACY. RLC's review agency staff training and an agency annual training plan during a license renewal visit for non-accredited RTACY. A

non-accredited RTACY is visited at a minimum of twice a year. A licensure period is for two (2) years. An accredited RTACY is visited a minimum of once a year. Training records are not reviewed at an accredited RTACY during routine supervisory or license renewal visits due to the accreditation rule which states the following:

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

1. The organization shall provide to the Children's Division, sufficient evidence that they are accredited in the service or program for which they are requesting a license.

2. If a service or program, including but not limited to child placing, maternity, infant/toddler, residential treatment, and intensive residential treatment in residential child care, is not accredited by the accrediting body, than the organization must apply for and meet all other licensing requirements as put forth by the division.

3. Application/Reapplication for license for accredited organizations:

A. The organization shall present to the division,

1. a copy of the organization's official final accreditation report and accreditation certificate, and

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

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

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

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

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

4. Information sharing.

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

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

1. a death of a child in one of the organization's facilities; or
2. a serious injury of a child in one of the organization's facilities; or
3. a fire in a location routinely occupied by children, which requires the fire department to be called; or
4. An allegation of child abuse, physical or sexual, or neglect which is substantiated by the division or through an internal investigation by the organization which occurs within a facility; or
5. an employee is terminated from employment in relation to the safety and care of children; or
6. there is any change in the chief executive officer; or
7. there is a lawsuit filed against the organization by or on behalf of a person who is or was in the organization's care; or
8. Any known criminal charges are filed against the facility, organization, any resident of the facility, or any employee or volunteer who has contact with children.

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

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

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

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

With results of the ongoing case reviews pending to determine future actions which may need to be addressed, this item remains an area needing improvement.



### **Item 34: Requirements for Criminal Background Checks**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

#### **State Response:**

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

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

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

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

Case.net, the Missouri State Courts Automated Case Management System, is examined for any reference to Orders of Protection filed, either for a child or an adult.

Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services (DHSS) and searches the following systems:

- CA/N records (findings of "Preponderance of Evidence" or "court adjudicated", or prior to August 28, 2004, "Probable Cause" findings)
- Employee Disqualification List, maintained by the Department of Health and Senior Services (DHSS)
- Child-care facility licensing records maintained by DHSS
- Residential living facility and nursing home records, maintained by DHSS
- Employee Disqualification Registry, maintained by Department of Mental Health
- Foster parent licensing records, maintained by the CD
- Sex Offender Registry information, maintained by Missouri State Highway Patrol (MSHP)

State and national criminal record checks are completed for each household member age 17 or older, or any person under the age of 17 who has been certified as an adult. Fingerprints are required. The MSHP completes a state criminal record check and then electronically sends the fingerprint images to the FBI for a national search of criminal records.

The criminal record check may reveal open and closed record information on individuals consisting of arrests, prosecutor and court actions, correctional supervision, and release. All felony and serious misdemeanor arrests including sexual offender registration information as defined under 589.400, RSMo. All alcohol and drug related traffic offenses are considered reportable criminal offenses.

The division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Automated Criminal History Site, MACHS, which is maintained by Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP. During CY16 there were a total of 14,482 fingerprints captured for statutory reasons 210.482, 210.487 and 43.540. The state conducted a pilot in one area in June 2015, with staff from each circuit trained to access the MSHP's electronic access to MACHS. By December 31, 2015 all Children's Division circuits had trained staff to access the fingerprinting results. This has cut the time for obtaining criminal history results down to as little as 11 minutes from the time the applicant's fingers are scanned.

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

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

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

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

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

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

The court of jurisdiction may also order a child be placed or left in a home which does not meet licensing standards. The home remains an unlicensed relative or kinship home. In the unlikely event it is determined the best interest of a child would be served by placement in an unlicensed home, and a court of law has ordered the child placed in the unlicensed home, written approval must be obtained through supervisory lines to the Regional Director. The Regional Director must review the request and, if in

agreement, forward with their recommendation to the Deputy Director for Children's Division for final consideration. Written requests include a thorough description of the applicant's situation and why it would be in the child's best interest to be placed in an unlicensed home. If approved by the Deputy Director, IV-E funding may not be used and the worker will be responsible for notifying the Eligibility Specialist who will ensure that state only funds are used.

This item is an area of strength for the child welfare system in Missouri.

## Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

### State Response:

Section 422(b)(7) of the Social Security Act requires that the state provide for the diligent recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are sought. There are no prohibitive policies or laws in Missouri that limit the state's ability to recruit foster and adoptive parents that reflect the diversity of children in Children's Division's custody.

To plan for years 2015-2019 Missouri took a collaborative approach of engaging private and public partners in considering the questions posed in the Diligent Recruitment Navigator provided by the Children's Bureau as developed by the NRC for Diligent Recruitment at AdoptUSKids. During 2015 meetings continued with the following groups to illicit input on the most effective collaboration for recruitment planning:

- Adoption Resource Centers in Kansas City, St. Louis, Central Missouri and Springfield
- Resource Team of Southwest Missouri
- Cornerstones of Care Recruitment and Retention Privatization Contractor in Kansas City and the Northwest Region
- Global Orphan Project in Kansas City and the Northern region
- Adoption Exchange of Missouri
- Recruitment and Retention Workgroup
- CFSR Advisory Committee
- Missouri State Foster Care and Adoption Board

During these meetings many of these groups were asked to identify a representative to attend the statewide recruitment committee in 2015-2019. Not all groups were asked to provide a representative as they were interested in providing feedback within their ongoing meetings and requested updates as the plan develops. In addition to the representatives identified the team is comprised of standing members including:

- Staff from the Adoption Exchange of Missouri
- Communications Director from the Department of Social Services
- Foster Care/Adoption Manager
- Quality Assurance/COA Manager and a QA/QI Field Staff Representative
- Quality Improvement Unit Manager

- Privatization contract representative
- Private case management contract representative

Data Gathering: In response to the questions posed to each of these groups using the Diligent Recruitment Navigator the following data was compiled to enhance recruitment efforts. In addition to these data points Quality Assurance staff provides local reports upon request such as zip code information or school district codes and specific point in time demographic information to tailor information to specific recruitment activities and the groups in attendance. In addition to the data points below, determining the reasons foster parents stop fostering, other than adoption, is a focus of the recruitment and retention pilot, the state foster and adoption board and monitored through surveys of foster parents who cease fostering to make adjustments to training and retention methods.

**Statewide Resource Family Data as of 2/2/17**

**Foster and Adoptive Homes with Availability by Region**

	<b>Foster Homes</b>	<b>Adoptive Homes</b>
Kansas City	<b>171</b>	<b>215</b>
Northeast	<b>330</b>	<b>336</b>
Northwest	<b>183</b>	<b>219</b>
Southeast	<b>200</b>	<b>281</b>
Southwest	<b>566</b>	<b>782</b>
St Louis	<b>304</b>	<b>407</b>
Total	<b>1754</b>	<b>2240</b>

**Foster Parent Race by Region (of homes with availability)**

	White	Black/African American	American Indian	Asian	Native Hawaiian	Multi-Racial	Unknown
Kansas City	<b>173</b>	<b>70</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>21</b>
Northeast	<b>466</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>116</b>
Northwest	<b>286</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>20</b>
Southeast	<b>294</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34</b>
Southwest	<b>903</b>	<b>10</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>85</b>
St Louis	<b>222</b>	<b>215</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>11</b>
Total	<b>2644</b>	<b>372</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>16</b>	<b>287</b>

**Adoptive Parent Race by Region (of homes with availability)**

	White	Black/African American	American Indian	Asian	Native Hawaiian	Multi-Racial	Unknown
Kansas City	<b>211</b>	<b>73</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>40</b>
Northeast	<b>509</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>142</b>
Northwest	<b>311</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>43</b>
Southeast	<b>442</b>	<b>29</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>20</b>
Southwest	<b>1254</b>	<b>20</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>84</b>
St Louis	<b>271</b>	<b>271</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>
Total	<b>2998</b>	<b>441</b>	<b>6</b>	<b>9</b>	<b>2</b>	<b>19</b>	<b>360</b>

**Statewide Alternative Care Population Data:**

Total Alternative Care Population as of 1/31/17 - 13,334

**Gender**

Males	6985	52.3%
Females	6359	47.7%

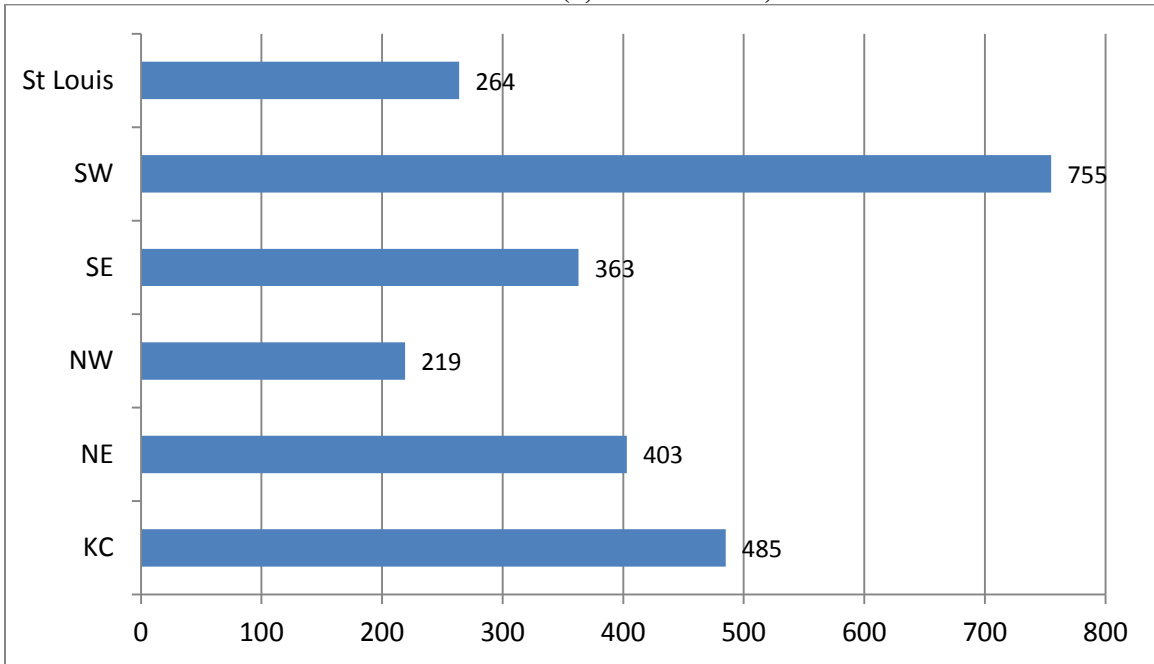
**Race**

White	9464	70.9%
African American	2731	20.5%
Amer. Indian/AK Native	43	0.3%
Asian	14	<1.0%
Native HI/Pac. Islander	12	<1.0%
Multiracial	226	1.7%
Unable to Determine	854	6.4%

**Age**

0-2	2825	21.2%
3-5	2205	16.5%
6-9	2506	18.8%
10-12	1679	12.6%
13-16	2655	19.9%
17+	1474	11.0%

**Number of Children in Children’s Division Custody with Goal of Adoption  
As of 1/31/17 (2,489 Statewide)**

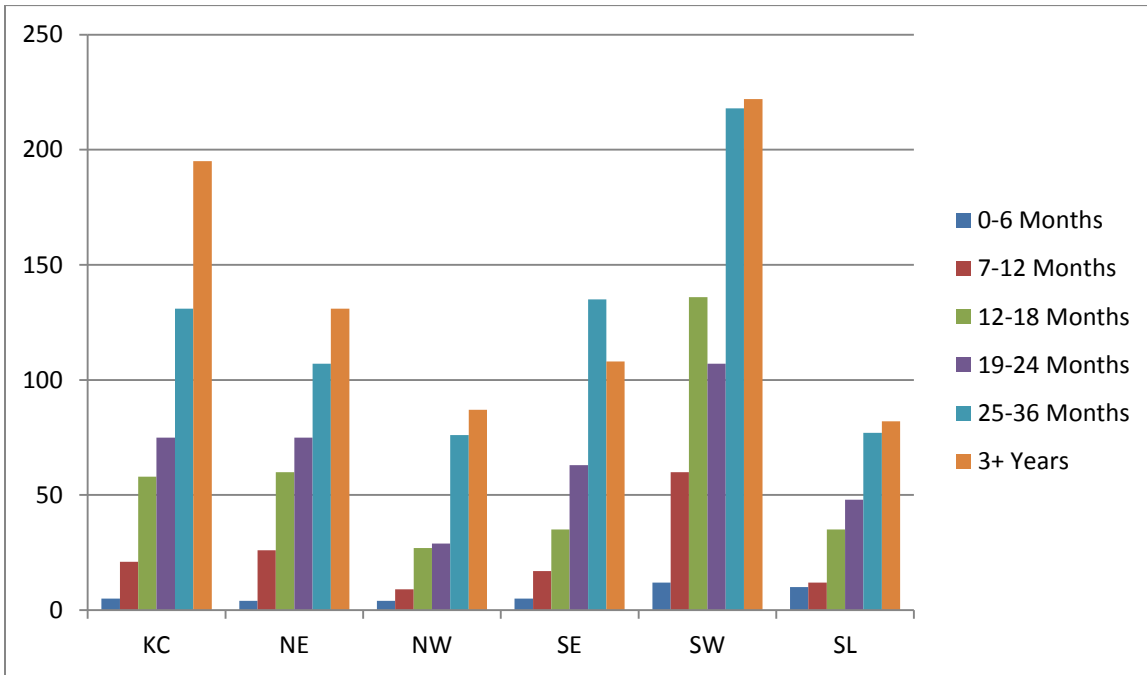


**Age of Children with Goal of Adoption as of 1/31/17**





**Length of Stay for Children with Goal of Adoption  
As of 1/31/17**



**Placement Types of Children Awaiting Adoption by Region as of 1/31/17**  
(May be adopted by the foster or relative family)

	Adoptive Home	Foster Home	Relative Home	Kinship Home	Residential Facility	Other	Total
<b>KC</b>	2	250	108	58	46	21	485
<b>NE</b>	6	216	68	65	41	7	403
<b>NW</b>	0	107	61	31	11	9	219
<b>SE</b>	4	162	57	63	71	6	363
<b>SW</b>	6	420	135	88	85	21	755
<b>SL</b>	4	135	75	30	15	7	264
<b>Total</b>	20	1290	504	335	269	71	2489

Missouri’s capture of sibling data is being refined therefore no sibling data was included in this report.

Of the 3,240 licensed FH homes on December 31, 2016, there were 1,755 homes, 54%, that had an open bed per the amount of children they are approved to provide foster care.

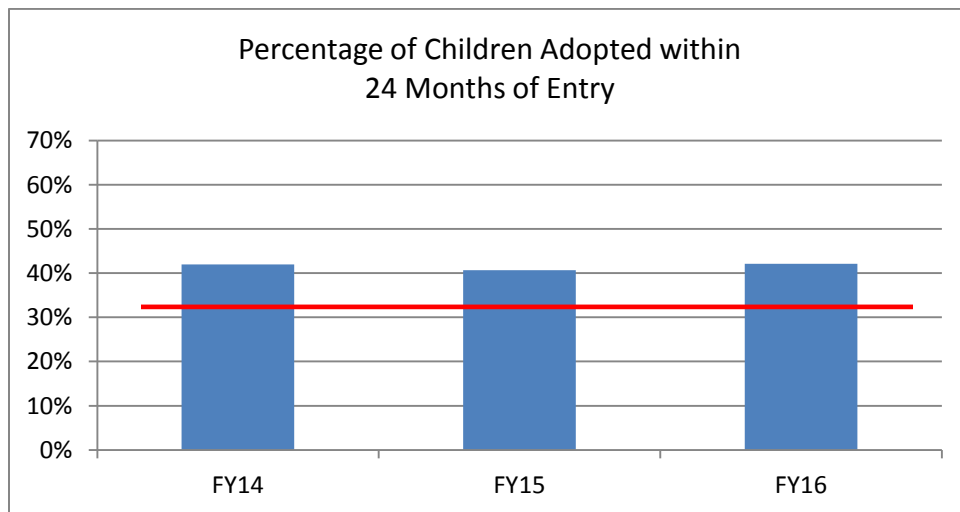
**New Efforts or Initiatives in Recruitment:**

During 2016 the Division took a closer look at the Heart Gallery process and partnered with the Adoption Exchange to streamline the process. Registration for the Heart Gallery is now open year round.

Photographers will be initially contacted by The Adoption Exchange to have children assigned to them. Each region of the state will have a contact person assigned to help with communication between the worker and photographer to arrange time and location. Photographs are now printed twice a year, for the traveling Gallery. Each region receives an 8x10 image of the children from their region who are featured in the Gallery for display at their events. The Adoption Exchange has a new look and updated registration process. For children to be listed on The Adoption Exchange website, staff now complete a new on-line registration or relist if a child is already on the site. When registering a child, staff now have the option to choose registration with the Adoption Exchange, AdoptUSKids and the Missouri Heart Gallery at the same time. Staff are able to upload a current photo of the child and are able to save an electronic copy of the registration form. The Adoption Exchange is now completing initial registrations of children on the AdoptUSKids website when staff initiate a registration with the Adoption Exchange online form. The Adoption Exchange lists the child on the site, adds the photo, profile and all other information required at the time of registration. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e. churches, school functions, and community events. Prospective adoptive families should be directed to the online Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions. The Children's Division is continuing to hold focused grassroots efforts at events such as PTAs, fairs, and churches, etc.

2016 Outcomes:

As outlined in the Diligent Recruitment plan, the Children's Division has devised several strategies aimed at continuing to meet the statewide goal of 32% for all children who exited care to a finalized adoption do so within 24 months of entry. The most recent performance with this measure follows.



In addition to the items outlined for recruitment, local circuit meetings continue to be held with Juvenile courts to address procedures for filing of Termination of Parental Rights (TPR) petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. As a result of efforts to recruit resources to meet the needs of the children

who await adoptions and the efforts to assure TPR's are completed appropriately and timely, the finalized adoptions for SFY 2016 increased 15.9% from the previous fiscal year.

	Number of Finalized Adoptions
SFY 12	1,148
SFY 13	1,222
SFY 14	1,250
SFY 15	1,315
SFY 16	1,524

**Ongoing Recruitment Efforts:**

The Division continues to utilize the internet link [Missouri Foster Care Events](#) for circuits to post specific recruitment activities and events in their areas and to inform local offices of efforts to increase the number of resource homes. The multifaceted approach includes:

- Person to person contacts by current foster/adoptive parents with potential foster/adoptive parents which has proven to be the single best method for recruitment,
- Utilization of bus and grocery store checkout ads in locations consistent with the ethnic and racial make-up of children in foster care for a specific area,
- Use of a billboard in a tourist area of the Mark Twain district in Hannibal, MO
- Recruitment of distinct individuals based on profession or prior involvement with a child as mandated by a child's special need,
- Community informational meetings and events to educate about foster care and adoption (shopping malls, fairs, libraries, bookstores),
- The news media (newspapers, radio station, television station, cable network station, special interest bulletins),
- Displaying flyers, pamphlets, posters, handouts and electronic web notices
- Coordination with faith-based partners in communities throughout the state to feature photos and profiles of children currently waiting for adoption and informing churches of the need within their community by providing zip code specific information to the faith-based partners for recruitment.
- Distribution of informational packets
- Completing family assessments timely, within 90 days
- Regular use of the media for recruitment
- Utilizing AdoptUSKids site and the Adoption Exchange websites where Missouri's waiting children are featured
- Celebrating National Foster Care month (May) and National Adoption month (November) and including media campaigns and print materials for recruitment
- Linking Hearts Event in Rolla MO which is a collaborative effort between the Phelps County Community Partnership and the Panhellenic Society at Missouri S and T University. This is an effort to have families interact with available children and receive information about foster care and adoption.
- National Recruitment Saturday Celebration in St. Louis County and Jackson County.

Follow up work from the Recruitment and Retention of Foster and Adoptive Parents Task Force has continued in 2015-2016. Policy and practice changes regarding recruitment and retention of foster and adoptive resources that resulted from the task force workgroup recommendation during FY14 are:

- Introduction of training for inquiring applicants and respite providers, CD14-17 which requires all applicants to receive respite care training prior to becoming foster or adoptive parents to obtain parenting experience with children and youth in the foster system before fully committing to licensure/approval.
- Revision of respite policy, CD14-17 which requires respite training and allows for half units of respite care to accommodate foster/adoptive parent needs.

Policy and practice changes that were incorporated in FY 2016 included:

- Approval process for Large Family Resource Homes which is a revision of Missouri's prior Group home policy. The new approval process includes a training specific to Large Family Resource Homes. In addition to the new training component the maximum number of children to be housed in Large Family Resource Homes is reduced from 12 to 10.
- Introduction of training to resource providers regarding protecting children from secondhand smoke exposure. This policy was introduced with memo CD15-75
- Revision of 3 forms used for resource development and support introduced with memo CD15-54
- Introduction of additional resource for resource parents to support foster youth in making healthy choices with memo CD15-61

Policy and practice changes to be incorporated in FY 2016 include:

- Development of a process for licensed relative and kinship providers to become licensed foster homes for foster youth with whom they are not biologically related nor have an established relationship.

**Planned Recruitment Efforts for 2016-2019:**

Quarterly meetings are to continue with the Diligent Recruitment Team developed in the first year to continue to plan additional recruitment strategies and share information amongst team members of successful recruitment activities as well as feedback on the recruitment materials being used and strategies being used.

- Continued coordination with the Adoption Exchange of Missouri to:
  - Further expand their role in recruitment of foster and adoptive parents for youth.
  - Increase connections for youth in foster care and awaiting adoption through targeted recruitment meet and greets with waiting youth and waiting families with similar interests
  - Increase Heart Gallery recruitment efforts by developing digital stories of youth waiting for permanent families through adoption as well as short video presentations which can be featured on the Heart Gallery website to bring the kids to life for prospective families

- Make available to current foster and adoptive resource parents the RPC (Resource Parent Curriculum) from National Child Traumatic Stress Network and infuse these principles into pre-service and in-service trainings. The focus during FY 2016 has been development of facilitators to provide these trainings in addition to the trainings already being conducted. This effort has been very successful with 30 facilitators having been prepared to provide this training and a waiting list developed of individuals who will be trained using the train the trainer model.
- Continued refinement and expansion of the new recruitment materials developed and released in 2015 as well as development of a recruitment power point for use by any staff person planning or attending a recruitment or community event.
- Ongoing assessment of the efficacy of the privatization pilot in Jackson county and the Northwest region to determine promising practices being used in that contract to recruit, license and retain resource families as well as, releasing a request for proposal to continue the privatization in the existing areas to be awarded by end of calendar year 2016.
- Expand outreach of current foster and adoptive parents in recruitment of new resources using the demonstrated strategies of the partnership of the strategies demonstrated by partners on the Diligent Recruitment Team. Refine these strategies based on the information provided by the data reports being shared to assure families are being recruited consistent with the demographic makeup and needs of the alternative care population and in turn the subgroup of that population awaiting permanency through an adoptive home.
- Expansion of recruitment materials to include giveaway items for recruitment events such as book marks and make adjustments to materials developed as a result of the input of field staff. This expansion is anticipated with the use of IV-E reinvestment dollars as the Adoption Incentive funding received was invested into Adoption Resource Center Services.
- Exploration of use of Learfield Communications to produce commercials using the Life is Better with Kids around campaign for radio and web in 2016-2017. During FY 2016, with the input of the Diligent Recruitment team, the platform for the Heart Gallery which is managed by Learfield was improved and set to launch in May 2016.
- Expansion of partnerships with other school districts and professional organizations for recruitment materials to be featured in newsletters and at events they are sponsoring.
- Ongoing evaluation and expansion of use of *SAFE* approach as well as exploration of training adjustments to accompany the *SAFE* assessments being initiated.
- Continue refinement of data available to resource development staff for use in recruitment outreach including capturing sibling information and trauma history information. A system change request has been developed to refine *FACES* to allow the capture of the sibling information

- Continued partnership with Faith and Community Partners to:
  - Ensure outreach to all communities representative of the youth population in care. Accomplish outreach to neighborhoods for development of resource homes where children are removed to ensure children can remain in close proximity to family, school and social connections.

In addition to recruitment efforts conducted by the Children's Division, Foster Care Case Management (FCCM) agencies are involved in developing resources to help meet the needs of the children served in their regions. Most often, this development involves the licensing of relative and kinship providers for children served. In addition, FCCM partners are involved in collaborative meetings with the Children's Division which may include discussions regarding the foster/adoptive resource needs in the

This item is an area of strength for the child welfare system in Missouri.

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

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

### State Response:

Missouri has a strong Interstate Compact Unit to assure placements for children are made cross-jurisdictionally across state lines. The ICPC Unit processes referrals within 3 days of receipt in their office and follows up to assure timely completion of home assessments by staff in Missouri so as not to delay potential placements into the state and works in collaboration with other state ICPC offices to assure cases are processed in those states to allow Missouri children to be placed into other states when appropriate and safe. Internally, the Children's Division assures through an intercounty placement request that resources in other counties are contacted and assessed timely to assure placements can be made inter jurisdictionally within the state also.

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

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

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

In SFY15, 3,469 children were served, which included 1,058 requests for services to other states for Missouri children, and 1,097 out-of-state requests for Missouri to complete studies on behalf of children from other states. Missouri placed 452 children out-of-state, while receiving 392 children into Missouri. In SFY16, 35% of home assessments were completed within 60 days.

Missouri continues to honor border agreements with the states of Illinois and Kansas in coordination with the Interstate Placement Compact (ICPC). This is a provision for employees of bordering states to cross geographical areas to complete home studies for placement of waiting children. The agreement was no longer utilized after the Association established Regulation 7 (requires states to complete studies within 20 working days after assigned to the receiving state's local office).

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

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

Missouri is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA). The Compact ensures children receiving an adoption subsidy and continued eligibility for medical coverage will receive Medicaid in the state of residence. In 2014, ICAMA as the governing body began to explore the possibility of developing a national database for the processing of ICAMA referrals electronically. This database has been developed and is now being finalized. The expected national implementation date for this database is February 2015.

In SFY-15 Missouri ICAMA processes 237 request, which included 83 Missouri adoption subsidy children out-of-state, and Missouri provided Medicaid for 154 children residing here.

This item is identified as an area which needs improvement within Missouri.