

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



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SERVICE REPORT**

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**Title IV-B Child and Family Services Plan
2018 Annual Progress and Services Report**

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

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Link to 2018 Annual Progress and Services Report found at: <http://dss.mo.gov/cd/cfsplan/>

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INTRODUCTION

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

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

GENERAL INFORMATION

Collaboration

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

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

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

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

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

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

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

Community Based Child Abuse Prevention

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

The Children's Trust Fund has historically worked with Missouri's Children's Division at the state level. Work has primarily centered on the promotion of the Strengthening Families Protective Factors in both agencies' grant programs, collaboration through initiatives such as Early Childhood Comprehensive Systems (ECCS) and the Maternal Infant and Early Childhood Home Visitation (MIECHV), and, most recently as part of a state team planning a parent leadership summit. CTF also consults with CD staff regarding information maintained by CD (services and child abuse reports) and how child abuse and neglect prevention service providers can use the data to develop family plans and improve outcomes. CTF requires potential grantees to use CD data in assessing need.

At the local level, the Missouri model promotes collaboration among all community service providers including local Children's Division staff. Representatives from the local Children's Division Circuits

participate on the Provider Networks in all three of the CBCAP Lead Agency Sites. Children's Division staff provide program referrals, participate in family support teams and share information as part of their roles with the CBCAP-funded programs.

Background Information

Over the past 17 years, the Missouri CTF has primarily used CBCAP funding to partner with 18 communities to implement a coordinated services delivery/collaborative models to prevent child abuse and neglect. Efforts have centered on overcoming challenges which have historically diminished the effectiveness of child abuse prevention efforts.

Children's Trust Fund approaches child abuse and neglect prevention on the premise that Missouri families and children often suffer from intertwined economic, social, educational, behavioral health, and physical health problems. Families commonly have multiple issues which cannot be addressed as individual discrete problems (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.), as issues are interwoven often in complex ways and require a broad array of services which are more effective if offered as part of a coordinated and integrated system.

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

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

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

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

outcome measures to support the evaluation and collection of data. Given the small number of funded sites, this data is not used for statewide planning. However, local Children’s Division is often represented on the Provide Network, so may be aware of local data.

The Missouri Model

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

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

In FY17, CTF continued supporting this model by awarding Community Based Child Abuse Prevention continuation grants (CBCAP) to three sites:

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

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

Adair County – Great Circle – “Project THRIVE”

Each CBCAP community is awarded an average of \$100,000 in funding for up to five years. During the first six months of the first year of the project, each site enters a capacity building phase focusing on: 1) developing the CBCAP leadership structure (advisory board and network coordinator), 2) forming relationships in order to implement a network development strategy to leverage the diverse abilities, information, ideas, and support services that community-based organizations and professionals possess to promote family/child protective factors, resilience, and reduce risk factors in order to prevent child abuse and neglect, and 3) engaging community stakeholders in joint planning efforts to develop an integrated service delivery model that incorporates the Missouri lead agency/family support team coordination model.

In the second six months of the first year, the sites initiate the operational phase of the project, which includes enrolling and serving families, continuing efforts in developing their provider networks, enhancing provider commitment to the lead agency/family support team model, and augmenting community services to fill service gaps to meet families’ needs.

Data Collection/Evaluation

An important part of this grant is the collection of data on outcomes of these services and evaluation of the overall model. In addition to the Client Satisfaction Questionnaire, required assessments include the Parental Stress Index (PSI), the Child Abuse Potential Inventory (CAPI), the Adult Adolescent Parent Inventory (AAPI), and the Dunst Family Resource scales. The AAPI and Dunst scales were added in FY12 to gather information on the CBCAP's impact on strengthening the Protective Factors. CBCAP sites continue to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

Parent Engagement and Leadership

In addition to the parent engagement and leadership activities that community-based sites are required to build into their programs, CTF has used CBCAP dollars to support a state level Parent Advisory Council (PAC). The PAC has evolved through the collaborative work of stakeholders including CTF, the Department of Mental Health, Department of Health and Senior Services, Department of Social Services/Children's Division, Lutheran Family and Children's Services and the Head Start Collaboration Office among others. The first Missouri PAC officially formed in late 2016 and had its first in-person meeting March 23, 2017. The PAC is comprised of parents from around the state with various experiences with child and family programs.

Training

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

- Missouri's Prevent Child Abuse America chapter, Missouri KidsFirst, is taking the lead on providing the Stewards of Children, Darkness to Light child sexual abuse prevention training. As a sustainability strategy, a network of trained Stewards facilitators has been developed and continues to grow;

Another focus of training has been on the Strengthening Families Framework© Protective Factors. Through a partnership with Project LAUNCH Missouri (state Department of Mental Health), ECCS (Department of Health & Senior Services, CTF and the University of Missouri Extension, the *Strong Parents, Stable Children* training curriculum and toolkit was developed. The training and toolkit are designed to be user-friendly, cost neutral and appealing across sectors. It is also modularized, so that it can be presented in one extended training or used as an ongoing learning tool. The curriculum and supporting videos is accessible at <http://ctf4kids.org/about-prevention/protective-factors-training/>

School-Based Service Worker Contracts

During the 2016-2017 academic year, Children's Division contracted with 38 school districts throughout the state for 59 school-based service worker positions. The school-based service workers are employed by the school districts and serve the administration's school(s) of choice. The primary goals of the

school-based service worker agreement include the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families. The contract reimburses school districts 35% of the school-based service worker's salary and benefits, not to exceed \$12,049.80 per academic year.

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

Restrictions under the Family Educational Rights and Privacy Act (FERPA) prohibit the schools from providing identifying, child-specific information which limits the ability to determine true effectiveness of the program with respect to the prevention of child abuse/neglect. While certain data is not available, the Children's Division liaison uses the contractual relationship to engage school-based service workers in the organizational culture shift Children's Division is making toward strengthening frontline practice and improving outcomes for the children and families both have in common. School-based service workers have been provided information on the Division's practice model foundations and invited to various trainings and community conversations of each to expand their knowledge and understanding. The Children's Division liaison also notifies school-based service workers of trainings and workshops offered outside the Children's Division which support the safety, permanency, and well-being of Missouri's children.

Crossover Youth Initiative

In 2012, Missouri was selected to participate in the Crossover Youth Initiative. Crossover youth is defined as any youth who has experienced maltreatment and engaged in delinquency and has had any level of contact with either the dependency (child welfare), or delinquency (juvenile justice) systems.

These youth have a unique set of risks and challenges and typically require a more intense array of services. Risk factors include parents who may have mental health problems, substance abuse, have an incarceration history, or exhibit severely ineffective parenting styles. A significant population of crossover youth are minority girls who have truancy, poor school performance and strong negative social influence. When compared to their delinquent peers without abuse/neglect history, crossover youth are typically perceived by professionals as higher risk and receive harsher dispositions, remain in 'the system' for longer periods of time, have more numerous placement changes which often involve congregate care, have higher need for special education, and experience teen pregnancy, STD treatment and substance abuse at higher rates.

An implementation team from Missouri, comprised of a former crossover youth and representatives from the Children's Division, Division of Youth Services (DYS), Department of Mental Health, Missouri

Supreme Court, Office of the State Courts Administrator (OSCA), and Missouri Juvenile Justice Association attended training with Georgetown University in 2012. At the close of the training, the team completed a Capstone Project outlining their commitment to Missouri's youth including both system level and community level goals as part of the statewide initiative, based on the research-supported values and principles of the Crossover Youth Practice Model (CYPM).

System level goals include the establishment of a Missouri Crossover Youth Policy Team to drive the initiative forward. Team membership includes representation from the Missouri Supreme Court, Department of Mental Health, Division of Youth Services, Washington University, the Office of State Courts Administrator, Children's Division, Department of Health and Human Services, Missouri Juvenile Justice Association, and the Department of Elementary and Secondary Education. Members have become champions of the cause within their agency and throughout their networks, and facilitated concrete support in the form of funding to support a state level coordinator position within the Children's Division, which was filled in July 2014. Resources are provided to contract with local focus group facilitators in model sites, provide trauma training, conduct research, collect and report data, provide technical assistance to communities, as well as to develop, implement and support sustainable best practices throughout systems involving crossover youth.

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

Additionally, the Georgetown Center for Juvenile Justice Reform (CJJR) training, consultation, and technical support is provided as a result of a Memorandum of Understand between the Department of Social Services and the Office of the State Courts Administrator (OSCA).

Progress on Community Level Initiatives

1. The Crossover Youth Practice Model was piloted in two communities and was expanded in 2015 with two additional sites. All model sites have been provided with training and technical assistance from CJJR team and Missouri's Crossover Youth Initiative Coordinator.

Progress: The model pilot communities were selected based on need (data on prevalence of crossover youth), interest (commitment from court and local stakeholders) and capacity (prior history with system change or reform efforts) through an RFI process. Of the submitted applications of interest, the initial sites, 31st and 23rd Judicial Circuits inclusive of two counties, were selected due to their commitment from court and stakeholders and prior history with system change efforts. The minority populations of the selected circuits were comparable to other applicants. These sites have implemented new protocols and have completed an initial process and outcome evaluation. Areas where CYPM improved outcomes included fewer new status offenses, fewer new sustained petitions, more youth attending or graduating school, improvement in mental health issues, fewer new juvenile arrests, more diversion or dismissals, and more youth in permanent living situations.

The cohort two model sites, 17th and 26th Judicial Circuit are inclusive of seven counties. One county faced significant challenges with collaboration and was not able to launch the full model.

However, several Juvenile Justice and Child Welfare partners are moving forward with implementing promising practices to improve service to Crossover Youth. The 26th Circuit continues to implement promising practices to improve cross system collaboration and decrease crossover between child welfare and juvenile justice. The 26th Circuit will also participate in a formal evaluation with the support of the Center for Juvenile Justice Reform.

2. As part of the planning process, partners mapped out the life history of approximately 40 youth. This included a review of their system involvement and identification of missed opportunities and turning points in their lives.

Progress: A sampling plan was developed and 20 children in each community were selected for review. File reviews were conducted and a timeline from birth to present was developed, noting system contacts, services received and their duration, significant milestones, significant environmental issues and other relevant information. The purpose of the case reviews was to detail system involvement, identify missed opportunities, and turning points in their lives. OSCA compiled a list of missed opportunities which was provided to the local sites and statewide policy team. This data continues to be utilized in planning for model sites.

3. The Crossover Youth focus group coordinator and OSCA researchers conducted focus groups with youth, their parent figures, foster parents, and youth-serving professionals in the 31st and 23rd Circuits to receive feedback on their experiences with the system and increase their engagement in the process.

Progress: Two coordinators were selected in each community to recruit participants. Focus groups were held in August 2013. The major theme of the groups was “help”, kinds of help given and received, its impact, and ideas for how to improve the help given to children and families. Focus group information was provided to sites and the statewide policy team. Common themes centered on information sharing and trust. This data continues to be utilized in planning for model sites. The data has been integrated in the implementation of training and programming impacting Crossover Youth. Findings have also been shared with juvenile justice and child welfare professionals at various statewide conferences.

4. The Crossover Youth State Policy Team offers training and technical assistance to communities desiring to make system improvements for crossover youth but are not ready to launch the entire CYPM.

Progress: An assessment and intervention process was developed for circuits to address the unique needs of Crossover Youth. The Crossover Youth Initiative Coordinator facilitates the assessment in partnership with circuit leadership to make recommendations to improve the experience and outcomes for crossover youth. The assessment and interventions are based on the values and principles of the CYPM. The State Policy Team has provided this training and technical assistance to the 2nd and 22nd Judicial Circuits inclusive of four counties. The 2nd Circuit developed and implemented an effective protocol for dually adjudicated youth committed to Children’s Division and Division of Youth Services. The 22nd Circuit developed a new protocol for Child Welfare involved youth who become involved with the courts for delinquency.

Progress on System Level Initiatives

1. Develop an assessment tool for risk of crossing over/offending to administer in child welfare cases.

Progress: Assessment tools were collected and reviewed by the state policy team. An OSCA researcher completed an initial review of a validated risk assessment tool in Los Angeles . It was determined the infrastructure did not exist for validation and use in Missouri. The State Policy Team is seeking alternative uses of the current data collection tools to assess and address risk for crossing over. Currently model sites are using new protocols for information sharing while maintaining the use of current assessment tools.

2. Develop state policy guidance and a joint case management protocol, allowing youth to receive services in a more fluid and integrated way from multiple systems.

Progress: The State Team is in the process of developing a statewide protocol aligning the practices of multiple systems to improve services and outcomes for youth. The team has developed a shared framework for crossover youth, a philosophical foundation to the development of an aligned practice model. Juvenile Officer Standards were passed by the Missouri Supreme Court and are inclusive of requirements for every Circuit Juvenile Court in Missouri to have a protocol for Crossover Youth reflecting best and promising practices. To support implementation of this standard and bring alignment across youth serving agencies, the State Team is committed to developing training and technical assistance for all circuits. A gap analysis has been developed to assess current factors influencing practice for multi-system involved youth. The State Policy Team, in partnership with the Center for Juvenile Justice Reform will use this tool, learning from pilot sites, and collective knowledge to develop a training toolkit for use by all youth serving agencies to bring alignment to the entire system. This is expected to take place over a 2 year period from 2017-2019.

3. Expand trauma informed practices and training across systems, including juvenile detention centers. Screen court involved youth for trauma exposure by modifying existing needs assessment tool.

Progress: Both DYS and CD have division-wide commitments to becoming trauma informed and have engaged in progressive training including awareness training, secondary trauma training and skill building in recognizing and responding to the effects of trauma in clients and staff. Trauma awareness is also included in the shared framework document intended to serve as a philosophical base for the development of statewide practices. Trauma awareness training was implemented in all model sites and across the primary youth serving agencies at various levels including training for child welfare staff, juvenile office staff, implementation teams in each circuit and additional community partners. Juvenile Offices in three circuits have also taken on additional commitments to becoming trauma informed, making changes to environment, protocols, forms and other items to reflect a more trauma informed approach.

4. Develop method to identify dually involved youth in the OSCA Juvenile Information System and implement a statewide data integration tool across youth serving state agencies.

Progress: No update. (Both DYS and CD have an division-wide commitment to becoming trauma informed and have engaged in progressive training including awareness training,

secondary trauma training and skill building in recognizing and responding to the effects of trauma in clients and staff. Trauma awareness is also included in the shared framework document intended to serve as a philosophical base for the development of statewide practices.)

5. Advocate for legislative changes which are necessary to create and sustain evidences based practices effective for dependent and delinquent youth.

Progress: Members of the State Policy Team have provided testimony in support of legislation which will enhance well-being of older youth involved with the child welfare system including H.R. 4980, Preventing Sex Trafficking and Strengthening Families Act. This H.R. includes a reasonable and prudent parenting standard which provides for developmentally appropriate life experiences for foster youth.

Challenges

At both the state and community level, the initiative has engaged many participants from a wide range of community partners. Challenges include the multiple, often competing, priorities across youth serving agencies. Another related challenge involves the level of collaboration necessary to implement wide sweeping changes to impact practice across youth serving agencies. Although there is a deep commitment to improving Missouri's youth-serving agencies, changes of this magnitude are coming along slowly and there are systemic challenges among local jurisdictions that must be addressed for successful implementation. Some of the systemic challenges include ineffective cross-agency communication, role confusion among staff and poor histories of collaborative work. As the Crossover Youth Practice Model expands to additional jurisdictions, changes must be sufficiently embedded in the system through a set of best practices. These best practices will have to accommodate variations in community characteristics. Additionally, the current limitations in data systems do not allow for the kind of data collection and sharing necessary to support needed changes. Philosophy, culture, practice, and financing will all have to align for maximum impact and sustainability. The Missouri Crossover Youth Policy Team envisions system-wide implementation of comprehensive policy and practice changes within 2-3 years.

Brief Update

The Crossover Youth Initiative includes a collaborative effort among several youth-serving state wide entities comprising the Crossover Youth State Policy Team which supports both statewide and local level priorities to improve practices for youth involved in both child welfare and juvenile delinquency. Since 2012, in partnership with Georgetown University's Center for Juvenile Justice Reform, four judicial circuits inclusive of nine counties are implementing the Crossover Youth Practice Model. Process and outcome measure reports for the first two pilot sites became available in 2016. Additionally, two research efforts, state wide case reviews and pilot site focus groups, were completed to identify risk factors and missed opportunities to better serve Missouri's crossover youth. The results of this research were used in model sites to inform the protocol development for this population. There are also state-level priorities aimed at system and culture change toward best practices. One goal is the development of a data platform to break down silos across agencies to improve assessment of risk of crossing over, and the creation of targeted interventions. After an initial assessment of the current data platforms and review of a potential model for data integration, it was determined additional resources are needed to accomplish this goal. Missouri submitted a letter of interest for a grant from the National Council on Crime and Delinquency in

support of this effort. There is a varying degree of buy in from the statewide agencies that would be involved in information sharing. A second and fairly comprehensive goal is the development and implementation of standard multi-system responses reflective of best practices. A gap analysis was developed to assess specific opportunities for policy and practice changes across several state agencies to improve services to this population. Additionally Juvenile Officer Standards, including best and promising practices for Crossover Youth, have been approved and will go into effect July 2017. There are several outcomes expected through both the local and system-wide changes including a reduction in foster youth who formally crossover to delinquency, improved cross-systems functioning among youth-serving agencies, a safe reduction in out of home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

State Youth Advisory Board

The Children's Division recognizes the importance of and remains committed to youth involvement, development, and empowerment. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the Older Youth Program (OYP) training which is provided to all new employees. The Professional Development and Training Unit receive the State Youth Advisory Board members' contact information on a quarterly basis and work with the contracted Chafee providers to provide speaking engagements for youth. Other opportunities for youth include Transitional Living Advocate and Court Appointed Special Advocates trainings. Youth are often invited to participate on panels and to facilitate and lead workshops. Youth will continue to speak at events as requested, such as foster parent appreciation dinners held throughout the state.

Through the State Youth Advisory Board (SYAB), youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn, can empower other youth in out-of-home care. SYAB members and other current and former foster youth have been involved in panel presentations and various state/area conferences regarding what the Chafee Foster Care Independence Program (CFCIP) has meant to them and how it can make a difference.

Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing Children's Services policy and procedural input to CD administrative staff/Juvenile Court. The SYAB determines the goals and activities to pursue for upcoming meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). The youth must be ages 15-21 to serve, but if a youth turns 21 or leaves Children's Division custody during the term, he/she can finish the remainder of the term if in good standing. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, and Censor. Officer elections are held annually each summer. The board also may consist of three non-voting, ex-officio members. An ex-officio member must be a current or former foster care youth who served at least a one-year term as a board member or alternate within the last three years. Currently, there are two ex-officio members on the board. One of the ex-officio members is a youth who recently transitioned from

care at 21, attends college, and was on the board as a member from September 2012-June 2016. The other ex-officio member was appointed in March 2017 to assist with the Older Youth Conference. She was on the board from June 2013 until September 2015. She is in foster care and placed in a Transitional Living Program. Prior to this year, there had not been any ex-officio member for seven years. Youth on the board at the point of “aging out” have at times expressed an interest in ex-officio membership but have not pursued the position. This board is benefitting from these youths’ commitment to serve.

Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance. The community member understands and respects the guidelines as adopted by state board members. In SFY17 to date, the SYAB has had four community members.

In June 2016, after submission of the SFY17 plan, three guest speakers came to the SYAB meeting. A representative from the Ozark Region YMCA, received input from the youth on a housing program potentially being developed in the Springfield area through the YMCA for youth aging out of foster care. The Children’s Division Director, spoke to the youth about current legislation and financial capacity building. The Director of the 30 Days to Family program, spoke to the youth about a conference idea.

In September 2016, a representative from Preferred Family Healthcare (PFH), Chafee Provider, spoke to the group about the possibility of PFH sponsoring a carnival at the Youth and Adult Leadership and Empowerment Conference to be held in July 2017. Input was sought on games and other activities.

In November 2016, the CEO and a board member from Missouri Girls Town spoke to the youth about a program Missouri Girls Town is considering. The program would be a transitional living program for young women to help prepare them for a military career. The program would assist with test preparation and training for entry into the military. They were seeking input from the board regarding this type of program. In addition, a Program Development Specialist from the Children’s Division, provided information to the youth on Missouri Healthnet.

In March 2017, the Constituent Unit Manager from the Children’s Division attended to discuss emergency disaster management planning. This was to gauge the youth’s knowledge and to help guide the Children’s Division in preparing youth on this subject.

An alumni youth and former SYAB member from August 2009-June 2013, attended to share her experiences in conference planning and implementation which she has gained through her current employment.

The Program Development Specialist from the Children’s Division returned to speak to the youth on possession of medical cards – at what age this should occur and how this is currently being handled with youth in care.

A representative from Preferred Family Healthcare (PFH), Chafee Provider, spoke again on the progress of the carnival planning for the Youth and Adult Leadership and Empowerment Conference to be held in July 2017.

The Children’s Division Director has attended all meetings in SFY17 and the youth have stated he is an “honorary member”. The Director listens to the youth’s opinions on various topics. He facilitated a

specific discussion on normalcy at the September meeting and on advocacy at the November meeting. He continued the discussion on advocacy at the March 2017 meeting. The youth feel valued and empowered by his attendance and participation. Several youth have sought assistance from him outside the meetings with situations they are encountering. In addition to the Director attending, a Deputy Director has also participated in most of the meetings as has a regional Field Support Manager. The Family-Centered Service Out-of-Home Care Unit Manager in Central Office attended one meeting. Two intern college students attended a meeting in March 2016. Guests are welcome as long as there is space to accommodate them and they agree to the confidentiality of the personal information shared by the youth. Guests are discussed with the SYAB officers prior to the meeting.

In SFY17, two of Missouri's FosterClub All-Star representatives were also members of the SYAB. One youth has assumed a leadership position as the Co-Chair. Both youth have assisted the board with conference planning, leadership and advocacy training from their internships.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well but membership overall is kept under forty to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. The SYAB has final authority on membership approval. Some regions have more than one local youth advisory board and therefore send several more than the required three representatives.

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

As of February 2017, there are 35 members on the SYAB.

The Transitional Living Program contract contains language for youth to participate in a local board as well. Contracts for Chafee were rebid in SFY16 and are in process of being awarded for the Transitional Living Program. There are no changes to the requirements and processes regarding SYAB. With the award of the Chafee contract in SFY16, a new provider holds the contract in one region. This region had a difficult time getting a local board established; however, a board was established in October 2016. The Independent Living Coordinator (ILC) attended a meeting in February 2017 to observe. There were eight youth in attendance, all residing in residential care. Although it was a newly formed group, it was encouraging to see a board meeting in a residential setting, providing this opportunity to youth in this type of setting. Other meetings have been held throughout this region and some dates for future meetings have been scheduled for SFY 17.

The SYAB did not make any changes to the handbook in SFY17. The handbook will be reviewed and revised as needed in SFY18.

The SYAB met on a quarterly basis for SFY17 and will continue to meet quarterly in SFY18.

The SYAB as well as other foster youth and alumni youth have been active in participating in speaking engagements and workgroups to promote the needs of youth in foster care. The following are activities which occurred in SFY17.

- An “adult former victim” of child abuse/neglect is a member of the Missouri Task Force on Children’s Justice. The task force is a Citizen Review Panel that reviews the Children’s Division’s compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children’s Division in the coordination of foster care/adoption program, reviews child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.
- One SYAB youth is a member of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.
- Two youth are members of the Children and Family Service Review (CFSR) Advisory Committee.
- Two youth are members of the Trauma Committee. This committee is composed of Central Office staff representing various program areas, as well as a relative provider and a foster care provider. The committee provides oversight and recommendations to the Division’s work toward becoming a trauma-informed agency. Practices and policies are reviewed to ensure consistency with trauma-informed principles.
- A SYAB member is available to participate in the Continuous Quality Improvement (CQI) Statewide meetings as requested. CQI is a process by which all staff looks at the agency as a whole and develops plans for improvement. However, in SFY17, their attendance was not requested. The voice of youth has been added as a regular feature to the CQI InFocus Newsletter each quarter beginning in 2016. In January of SFY17, two youth from SYAB participated in a two day Missouri CQI Assessment workshop hosted by the Capacity Building Center for States.
- SYAB members participate ongoing in STARS training.
- At least one Missouri SYAB youth participated in Congressional Youth Shadow Day in Washington, D.C. in May 2016. She was invited to participate in another event held in California in December.
- Numerous youth from the Northwest Region participated in Older Youth Summit held in Trenton for the 3rd, 9th, and 43rd Circuits. The event was in part youth facilitated. Youth were also involved in a youth panel discussion and small group discussions at each table with youth sharing their views and experiences on items discussed at the summit. The Older Youth Summits are an extension of the Youth Independence Interdepartmental Initiative which began in April 2010. Another summit occurred in April 2017 in the Northeast part of the state. Missouri plans to continue summits throughout SFY18 and youth will be an integral part of these events.
- In February, seven youth applied for the FosterClub All-Star internship.
- Youth were nominated for FosterClub’s Outstanding Young Leaders.
- Missouri encourages youth to apply for the Congressional Coalition on Adoption Institute internship but it is not always known if a Missouri youth was selected.
- A SYAB member is a part of the Youth Empowerment Task Force. Three alumni youth also sit on this task force through their professional capacities.

- In SFY17, Children’s Division worked with the Capacity Building Center for States on ICWA compliance. Missouri was chosen as a pilot site for an ICWA learning experience. A curriculum for training was provided and a youth participated in the two day training in October. The experience was more of an intimate group setting versus training for all staff. The purpose was to expose those who will become leaders in ICWA practice and policy.

The activities represented in this section are at the state level in which the ILC has assisted in coordination of representation. However there are many local activities in which youth participate as well.

Youth are made aware of opportunities for speaking engagements and memberships in advisory committees and internships as they become known or requested at the local, state and national level via meetings, email, and Facebook and this will continue in SFY18.

The Children’s Division provides SYAB members and other current and former foster youth with a \$25 per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement to any such event if they are transporting themselves.

Spurred by ILC listserv conversation, it was requested that this amount be increased in SFY17 and this was approved. Youth attending leadership events via SYAB are reimbursed \$25. Youth attending meetings, workgroups, or committees that require most of the day, receive \$35.

The SYAB provided youth input on several different topics in SFY17:

- Members developed talking points and a brochure for Child Advocacy Day;
- The SYAB’s thoughts were solicited for inclusion in the In-Focus Continuous Quality Improvement quarterly newsletters throughout SFY16 and 17:
 - April 2016 – Voices of youth on youth participants making an impact
 - October 2016 – Voices of youth on the impact of parental substance abuse
 - January 2017- Voices of youth on issues and impacts relating to Reasonable and Prudent Parenting Standards legislation
 - April 2017 – Voices of youth on emergency preparedness and planning

Input was also requested for projects on various topics in SFY17 outside of the SYAB meetings via email:

- Feedback was sought on a tip sheet for youth, providers, birth parents, and case managers regarding normalcy in July and for the development of rules on the state normalcy legislation in December.
- The Children’s Division’s Service Delivery Grievance Administrative Rule was provided to the SYAB for review and comment in August.
- Input was sought on Child Support information and knowledge in February in preparation for a Frequently Asked Questions and memo which is being developed.

Input will continue to be provided as needed in SFY18.

Youth participated in two workshops on the topic of normalcy at two statewide conferences in SFY17. One workshop was at the Alternative Care Conference held in August entitled “Normalcy in Foster Care” in which four youth, a Transitional Living Provider and Children’s Division staff participated. The other workshop was at the Missouri Juvenile Justice Association Fall Educational Conference and entitled “Reasonable and Prudent Parent Standard Decision Making”. This panel consisted of three youth and a resource parent. Both panels were facilitated by youth and topics covered were selected by the youth. The ILC heard many positive remarks regarding both presentations, with one professional stating the information was life changing in the work she does.

In April 2017, SYAB members and youth from regional boards participated in Child Advocacy Day. Missouri’s annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri’s children a top priority for the state. The SYAB developed talking points and met with legislators from their area to talk about issues important to the youth. Youth participated in a rally at the Capital. An educational workshop on advocacy was provided. Lunch was hosted by the State Youth Advisory Board which allowed all youth in attendance to meet one another, talk about their experiences during the day, and hear what is happening with the State Youth Advisory Board.

Items youth defended include normalcy, funding for education, Medicaid, the increase in maintenance payment and clothing allowance, and protecting funding for Chafee.

Items youth want to improve: Sibling Bill of Rights could grow (what happens when one sibling gets adopted), foster youth Bill of Rights, less children in a foster home (make sure providers can handle what they have), someone voiced concern about being placed in a foster home with 15 boys (she’s female), efforts to recruit foster families, think about siblings (if there is a restriction on number of people in a foster home which could break up a sibling group), shortage of foster homes, addressing the use of psychotropic medication, clothing vouchers, permanency and school stability.

Participation in Child Advocacy Day will continue in SFY18.

Children’s Division has invested in the FosterClub All-Star Program to send a youth to leadership training and participation in national leadership events. The FosterClub All-Star program is in Seaside, Oregon during the summer. Youth are provided with intensive leadership and public speaking training, and then sent to teen conferences and foster care-related events across the country. In addition to motivating, educating and empowering foster youth across America, the FosterClub All-Stars raise awareness about foster care. Missouri utilizes the youth upon his or her return to teach other youth, particularly SYAB members, leadership and advocating skills as well as to represent Missouri in speaking engagements.

It is the philosophy of the agency by providing this type of leadership training and national exposure, one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. Since 2006, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY17-18. Each of these youth has been and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The 2014 All-Star became a peer consultant for the State Youth Advisory Board for the youth conference planning. She attended every State Youth Advisory Board Meeting from September 2014 through July 2015. She shared her experiences with FosterClub and advised the youth on workshop topics. She also assisted Missouri in statewide train-the-trainer sessions on the Permanency Pact along with other FosterClub All-Stars in March 2015.

The 2015 All-Star became a member of the State Youth Advisory Board and has participated in the CQI Assessment Workshop and the Youth Empowerment Task Force.

The 2016 All-Star has been a member of the SYAB since June 2014. She has participated in two youth panels at statewide conferences at the request of the ILC. She does not have a leadership role on the SYAB however; she uses her skills and provides input at the meetings and facilitates group discussions.

The 2017 All-Star has been a member of the SYAB since March 2014. He is currently the co-chair of the board and has previously served as chair.

It is anticipated participation in the FosterClub All-Star program will continue in SFY18.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients are honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. In 2015, four youth received this honor. In 2016, one youth received this honor. Four youth in Missouri were selected for this honor in 2017. Missouri will continue to nominate youth for this honor in SFY18.

A young person was selected to be a representative from Missouri to the Congressional Youth Shadow Program in Washington, DC in May and was invited and attended a meeting in California in December. She is the Censor on the SYAB.

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

The SYAB feels it will be a great opportunity to bring youth and adults together to share what they have in common and to empower them toward leadership and self-advocacy. Youth in attendance will be between the ages of 15 to 20 and youth of Native American descent will be specifically asked to be considered for attendance.

The majority of meeting time for SFY17 has been devoted to planning for the conference.

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference and no changes have been made to the plan. The youth continue to value and work on the goals set out in the strategic plan.

The three goals are as follows:

- SYAB will plan and facilitate a conference for youth in summer 2017 – including developing workshops and eligibility for attendance and seeking donations.
- SYAB and regional boards will continue to make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.
- SYAB will be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

Although the SYAB has grown and been stable throughout the last eight years, some local regional boards struggle with implementation and development in some parts of the state. Work on this issue will continue in SFY18. In an effort to understand what is happening at the local level, the State Independent Living Coordinator, who is the SYAB liaison, began attending some of the local meetings and will continue to do so in SFY18 until each region is visited. However, this is somewhat difficult due to the travel requirements involved and the notification of the meetings not always being timely to allow schedules to permit participation.

In SFY15, the St. Louis and Kansas City local boards were visited. In SFY 16, the 25th Circuit board was visited. In SFY17, the NW Region was visited. Older Youth Transition Specialists have attended local meetings as well.

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

There are two youth with membership of over 4 ½ years (includes one ex-officio member), one youth with 3½ years of membership, and one youth with 2 ½ years membership. As members are asked to make a year commitment, members with a longstanding history reflect the importance of the board and are vital to the success of the board for historical knowledge, particularly in a conference planning year. Even though these youth with longstanding history do not always serve in the role of an officer, they become natural leaders of the group. It is also typical for many youth to join after a conference and remain involved until the next bi-annual conference is held. The conference often inspires youth to get involved and stay involved to be on the other side. Some older youth remain on the board to participate in a final conference and resign immediately after, having been a part of something special. The conference is viewed as a recruitment opportunity as is Child Advocacy Day. As the membership age has

been slightly lowered in recent years, it is anticipated Missouri will continue to see longevity in membership.

The board currently has two sibling sets as members. The need for connections with siblings in the child welfare system is often a discussion topic of the board.

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

The Children's Division will continue efforts to include Native American youth participation in leadership activities. Representation has been on the board from March 2012 to September 2015. In March 2016, a Native American youth joined the SYAB and remains on the board. In March 2017, a Native American youth became an ex-officio member. The Children's Division will continue efforts to include Native American youth participation in leadership activities in SFY18 as well as incorporate diversity of all cultures. It should be noted three youth on the board in SFY17 are first generation Americans.

Chafee and Transitional Living providers are asked to extend leadership activities invitations to youth as appropriate.

The SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care. Throughout SFY17, youth input on the topic of normalcy was sought via many different avenues and topics. The youth voice impacted the direction of the work. Continued focus on how this important legislation is becoming part of everyday practice from the youth perspective will continue in SFY18 to improve the work on normalcy for youth in foster care.

SYAB members, as well as other older youth in care throughout the state, will continue to be active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members will continue to present at statewide Children's Division events as well as local presentations. SYAB will continue participating at the national level in an internship in Washington, DC, through Foster Care 2 Success and the FosterClub All-Stars.

The SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities in SFY18.

The Children's Division is always looking at ways to improve practice with older youth. The youth voice is powerful and when possible and feasible, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY18.

State Foster Care Advisory Board

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

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

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

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

- (a) The northwest region;
- (b) The northeast region;
- (c) The southeast region;
- (d) The southwest region;
- (e) The Kansas City region;
- (f) The St. Louis area region;
- (g) The St. Louis City region;

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

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

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

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

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

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

7. The board shall establish such procedures necessary to:

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

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

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

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

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

The Children's Division created a mailbox for the Board to facilitate communication between the board members. All policy regarding resource parents and foster youth is presented to and discussed with the MSFCAB using email and at the quarterly meetings. Each member in turn provides information to their local boards and peers. Policy for resource parents and foster youth is only published after the MSFCAB has provided review and comment. Some examples of policy that the board reviewed during FY2016 include:

- Medication guide document for resource parent in-service training credit
- OHI correction action plan for resource homes
- Form revisions in response to CQI process
- Revisions to the adoption staffing process
- Successor guardianship policy revisions

In addition to policy revisions, the Foster Care Advisory Board also received a condensed Five Domains of Well-Being training.

Task Force on Children's Justice

The mission and responsibility of the Missouri Task Force on Children's Justice is to assist the state in developing, establishing, and operating programs designed to improve child welfare; in particular, the handling of child abuse and neglect cases, the handling of child abuse related fatalities, the prosecution of child abuse cases, particularly sexual abuse, and the handling of cases involving children with disabilities or serious health related problems. The Task Force is also charged with the oversight and distribution of

federal grant money and reformation of policy and state laws related to the improvement of the investigative response to child abuse and neglect and the reduction of trauma to child victims.

The Task Force has been focused on improving the investigation and prosecution of child abuse and neglect and reducing trauma to children over the past two reporting periods. The Task Force has also been making efforts to connect its work to other child welfare program areas and objectives. At the February 2017 meeting of the Task Force, in an effort to help the Task Force better understand how the work of CJA and other child welfare program improvement efforts come together and impact each other, Children's Division Director Tim Decker presented the Task Force with an update on the progress of the Child and Family Services Plan (CFSP) 2015 – 2019 and the Annual Progress and Services Report (APSR). This update also included an overview of the Children's Division's progress on implementation of Signs of Safety, Five Domains of Well-Being, piloting of the Differential Response Model, and Trauma and Secondary Trauma Training. The Task Force was able to ask questions of Director Decker, and provide feedback. In the future, the Task Force intends to consider these efforts, plans, and programs when discussing and planning activities and making recommendations for potential projects for improvements in the investigation and prosecution of child abuse and neglect cases.

In FY2016, the Task Force continued to make significant progress in its efforts. The Task Force examined its work from previous years and re-evaluated its recommendations, including those identified in the three year assessment submitted in 2016, for improvement of the child welfare system's investigative and prosecutorial response to determine whether or not those recommendations continued to be priorities. Members maintained a high level of commitment to the work and were very active, engaged, and motivated to find ways to improve the investigation and prosecution of child abuse and neglect. The Task Force increased its efforts to link the work of the Task Force to the Child and Family Services Five Year Plan (CFSP), Annual Progress and Services Report (APSR), the Child and Family Services Review (CFSR), and the Court Improvement Program (CIP). During the past year, the Task Force met quarterly, reviewed and discussed activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation; cases involving suspected child maltreatment-related fatalities; and cases involving a potential combination of jurisdictions, such as intrastate, interstate, Federal-State, and State-Tribal, in a manner which reduces additional trauma to the child victim and the victim's family and also ensures procedural fairness to the accused.

In addition to meeting quarterly, the Task Force via the use of subcommittees, held in-person meetings and conference calls, conducted case reviews, reviewed policy, tracked and evaluated proposed legislation, reviewed reports, and engaged in discussions which clearly displayed the value of having a multidisciplinary task force involved in the evaluation of the child welfare system's response to reports of child abuse and neglect.

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

Missouri Coalition Against Domestic and Sexual Violence

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research and public policy. While work with adult survivors of child abuse and neglect is not the program's focus area, individuals coming to the programs may have a long history of abuse (or multi-abuse trauma history) which may include childhood abuse and neglect. MCADSV is a key partner in Missouri's child welfare system who has been actively involved in the Task Force on the Prevention of Sexual Abuse of Children, assisted with curriculum development for mandated reporter training, as well as work being done around children with problem sexual behavior. The Children's Division has contracted with MCADSV since the nineties to provide training and technical assistance on domestic violence for frontline staff. MCADSV is in the process of updating this training curriculum to better meet the needs of staff, with plans to eventually create advanced training modules. As a part of the development of advanced curriculum, MCADSV has partnered with the Children's Division to develop in-depth child welfare policy related to identifying and addressing domestic violence. New protocols at the Child Abuse and Neglect Hotline Unit (CANHU) have been developed, in collaboration with MCADSV, to improve screening practices related to children who are involved in or witness domestic violence. Policy has been developed to better educate staff on confidentiality requirements specific to individuals who receive services from domestic violence shelters. MCADSV continues to work with The Full Frame Initiative to incorporate the Five Domains of Well-Being into the practice of its member agencies, which the Children's Division is also actively incorporating into its foundation of practice. Staff from MCADSV have participated in Team Decision Making (TDM) domestic violence training to support the implementation of this model within the Children's Division. The Children's Division has incorporated MCADSV's standards and guidelines for batterer intervention programs into service and provider requirements under the Children's Treatment Services (CTS) contract which was revised and released in March 2016. MCADSV has also worked with the Children's Division's Continuous Quality Improvement (CQI) process to include information on domestic violence, and is actively involved with the Child and Family Services Review Advisory Committee.

Full Frame Initiative

Beginning in 2013, Missouri Children's Division began a partnership with the Full Frame Initiative (FFI) to embed the Five Domains of Wellbeing philosophy on a child, family, agency and system level. The Missouri Children's Division, in partnership with FFI and with support from Casey Family Programs and Dinky Pictures, hosted a series of seven Community Conversations across Missouri in late 2014. In the Community Conversations, FFI uses the award-winning documentary film RICH HILL to illuminate the lives of families facing poverty and other challenges; introduces FFI's Five Domains of Wellbeing as a lens through which to understand children and families more completely; and facilitates, with the co-sponsoring agency, discussions about resiliency, family engagement, and sustainable change.

The goals of the Community Conversations were as follows:

- Enable stakeholders to collectively explore the system's approach to families (i.e., their "starting place") and what else might be possible for both the system and the families if there were a different approach.

- Find allies and champions for change within public agencies, nonprofit organizations, and communities.
- Introduce FFI’s Five Domains of Wellbeing, a lens which helps understand children and families in the “full frame” of their lives, and has potential to amplify the impact of other strengths-based, trauma-informed practices and models.
- Identify opportunities and readiness for applying this wellbeing framework within public agencies, organizations, and the community.
- Nurture collaboration and connection across programs, agencies, and fields.
- Create a forum that signals the commitment of the co-sponsor’s leadership to learning across programs, agencies, and fields, and to making fundamental change.

Evaluations from participants were resoundingly positive, with individuals describing their realizations that there is “more to a family than what is seen initially,” and “not everyone sees things the same way.” The Community Conversations offer a space to confront one’s own assumptions and practice: “I have had very preconceived opinions based on first observations,” noted one participant. Participants identified many areas into which they would like their agencies and programs to incorporate a wellbeing framework. Participants articulated value of this work in multiple areas, from “the front end to prevent foster care entries and unnecessary involvement,” to “assessment,” and more. They have suggested ways the common language of the Five Domains of Wellbeing and its asset-based approach might help facilitate communication, such as between the courts and child welfare agencies. A Community Conversation document explaining the process, reaction from participants and data was released to the public.

In 2014, FFI and CD designed and implemented an introductory training for all staff to recognize the Five Domains of Wellbeing in their own lives. The key concepts of the training were;

- Seeing families in the Full Frame of their lives
- Understanding the concept of tradeoffs
- Exploring how individuals can support making change that last
- Understanding choices, behaviors and how families balance tradeoffs within the Five Domains of Wellbeing

To prepare for the training, FFI held a two day train-the-trainer session for staff. The two days consisted of experiencing the introductory training in its entirety, skill building, practice sessions and coaching. FFI also observed each trainer conducting the training and certified the trainers before they were allowed to continue presenting the material. FFI also provide in-person and conference call coaching sessions to ensure competencies with the material. FFI also provided a frequently asked question documented to further support the preparedness of the trainers. In the fall of 2016, another two day train-the-trainer round was held for staff identified as potential trainers and the current certified trainers attended as well, for enhancement of their knowledge and skills. The new trainers went through the same process as identified in the first round, however, they had the added benefit of having colleagues, who had experience and insight, to aide and support their development. Some of the currently certified trainers were identified as “active coaches”.

In 2016, FFI presented the Intro training to the Foster and Adoptive Board of the State of Missouri. The training was modified to include a discussion on minimizing tradeoffs to reduce trauma and support foster parents in new placements. Further work is planned to collaborate with the Five Domains of Wellbeing around the Reasonable and Prudent Parenting Standard.

In 2016, FFI, in partnership with CD, held three half day workshops for program development specialists (PDS). The workshop key concepts for participants are to;

- Gain a deeper understanding of the concept of tradeoffs in the Full Frame Initiative's Five Domains of Wellbeing framework.
- Be introduced to a policy tradeoff tool which will help guide discussions and support policy calls
- Explore options for minimizing tradeoffs created by policies
- Receive additional skill development for facilitating conversations with colleagues about identifying tradeoffs.

The policy tool and process have been dispersed to unit managers in state office. PDS will begin using this process in development of new policy, and workgroups meetings. FFI also provide CD with Five Domains of Wellbeing in a Policy document. This was shared with PDS staff and top level managers to aid them in sharing the Five Domains of Wellbeing with stakeholders.

FFI prides its organization on true collaboration which was experienced again in 2016. FFI and CD were tasked with designing a supervisor training which supported the Five Domains of Wellbeing Framework. Instead of FFI creating training and then submitting it to the Children's Division; FFI chose to involve the supervisors from the beginning of the design. Conference calls were held with supervisors from across the state and FFI explore with them strengths and challenges in their daily work. The training was then introduced to the Supervision Advisory Committee in early 2016. At the end of the training session, supervisors were asked to give feedback on how to improve the training. Two follow up conference calls and a survey were conducted to obtain additional feedback. FFI incorporated the supervisors' feedback and began implementation in late April 2016 – January 2017. The goals of the supervisor training are as follows:

- Increase understanding of the Five Domains of Wellbeing
- Understand how the Five Domains of Wellbeing is to be used in a clinical supervisory context
- Understand how our brains filter information without our realizing it, and how this contributes to bias

FFI continues to be a key partner in collaborative efforts to integrate the practice model initiatives once past initial implementation. In 2016, FFI worked with Dr. Patsy Carter, Children's Division's trauma-informed expert, to create an integration document to share with staff and other partners. These efforts of integration have continued on into 2017, as FFI has been in discussion with Children's Division and other key partners about how to align and integrate values, language, skills development and activities with common fidelity measure. FFI is working closely with Children's Division to start initial integration in the next round of supervisory training by the end of 2017.

FFI also worked with CD to create a workshop for the 2016 & 2017 Leadership Symposiums to promote wellbeing in the workplace. FFI created a CD values Prezi presentation to be shared with staff and

partners. FFI has been in partnership with CD presenting at several conferences including the Fostering Strategies for Change, Missouri Juvenile Justice Association, and Council on Accreditation. Also FFI partnership with CD was highlighted in the Synergy; The newsletter of the Resource Center on Domestic Violence, Child protection and custody for Juvenile and Family Court judges.

In 2015, CD presented the Five Domains of Wellbeing to the State Youth Advisory Board. This presentation included a discussion of the Five Domains of Wellbeing and Diamond McMillion, MA Unaccompanied Homeless Youth Commission representative's advice for young people moving into housing.

FFI is extremely responsive to requests from the field. For example in 2015, FFI designed a workshop for the Southwest region after the Regional Director requested engagement skill building and in 2016, FFI supported a focus group in St. Louis region to learn more about staff understanding and engagement with older youth in foster care. Furthermore, FFI joined forces with CD to create a half day workshop for specialists in charge of On-The-Job training/coaching. The workshop provided hands-on application of the Five Domains Wellbeing for staff.

FFI is working with CD in 2017-2018 on the following sustainability efforts:

- Improve quality assurance and increase sustainability of wellbeing orientation in supervisors and frontline staff through advanced capacity building.
- Revise and update supervision training to specifically intercorporate Signs of Safety and trauma informed care language and concepts.
- Equip Active Coaches to improve quality assurance and increase sustainability of wellbeing orientation throughout CD.
- Provide quarterly learning network session to active coaches with follow-up coaching calls.
- Provide bi-monthly coaching calls with certified trainers.
- Building the capacity of central office staff to recognize and minimize tradeoffs within the CD system for improved positive impact with staff and with improved results for children and families.

Foster Care Case Management Partnerships

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. Missouri believes child welfare is a complex arena and remains open to innovative approaches for case managing foster care children. Open communication with contracted providers is a critical component of Missouri's privatization effort. This was evident throughout contract development and continues through meetings which occur on a regular basis at the local, regional, and state levels.

This partnership includes Continuous Quality Improvement (CQI) meetings at the local, regional, and CEO levels to address operational and collaboration issues at all possible levels. Issues which could not be resolved at the local level are referred to the regional CQI. Issues which cannot be resolved at the regional level are referred to the Program Manager's meetings.

Though Missouri is now in the 12th year of a performance based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions. As such,

invitations for the regional CQI meetings are sent to the public and private Quality Assurance (QA) and Quality Improvement (QI) Specialists.

Program Manager meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. These meetings are co-facilitated by a contractor and state agency representative. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. In recent years the group has discussed strategies to increase parent/child and sibling visitation, identify evidence based mental health practitioners, transition foster youth to adulthood, and improve placement stability.

CEO meetings are also held on a quarterly basis. Items of discussion have included resource development, improving outcomes for older youth, performance measures, and SACWIS compliance.

Joint QA/QI initiatives at the regional level includes CFSR Readiness Assessments, Program Improvement Plans to address deficiencies identified through the circuit self assessments and Peer Record Reviews. Contracted staff, including their QA Specialists, is invited to attend the local CFSR/PIP meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice.

Joint QA initiatives at the state level include federal reviews such as worker visits with children and CFSR and AFCARS/data integrity. Contracted QA staff is invited to attend CD QA Unit meetings. The contracted QA specialists are now routinely engaged in data quality initiatives developed to achieve improved data integrity.

The Foster Care Case Management agencies have case management representatives on the CFSR Advisory Committee, which continues to meet on a quarterly basis.

In February 2009, Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools. Summits in 2013 and 2014 focused on the importance of effective messaging when relaying data and were sponsored by Casey Family Programs. In December 2016 there was an additional QA Summit that included QA staff from CD and the FCCM providers. This summit focused on the increasing LS1 population for the state of Missouri. All staff in attendance collaborated and brainstormed on actions that could be taken to safely reduce the number of children in alternative care.

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a statewide plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Such activities include numerous multi-disciplinary, collaborative educational opportunities. Original members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator (OSCA) staffs both committees.

Appointed members include:

- Honorable Elizabeth Swann, Associate Circuit Judge, 11th Judicial Circuit. Judge Swann is also the liaison to the Family Court Committee.
- Honorable H. Mark Preyer, Associate Circuit Judge, 35th Judicial Circuit
- Honorable Anne-Marie Clarke, Family Court Commissioner, 22nd Judicial Circuit
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- Mr. Aaron Martin, Associate Circuit Judge, 26th Judicial Circuit
- Ms. Cindy Garrett, Deputy Court Administrator, 13th Judicial Circuit
- Mr. Robert Prue, Assistant Professor, University of Missouri-Kansas City, School of Social Work
- Mr. Dean Aye, Foster Parent
- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services
- Ms. Julie Lester, Deputy Director, Children's Division, Missouri Department of Social Services
- Ms. Tricia Phillips, Leadership and Professional Development Statewide Coordinator, Children's Division, Missouri Department of Social Services
- Ms. Ellen Haynes, Legal Aspects Trainer, Children's Division, Missouri Department of Social Services
- Vacancy due to retirement

Fostering Court Improvement Project

One initiative of the Juvenile Court Improvement Project is the Fostering Court Improvement (FCI) project. This is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on case flow management with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through the AFCARS website and other sources within the Children's Division and the courts. Other data sources from CD Quality Assurance (QA) staff assist circuit court staff to identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. They received initial training in October 2006 and several circuits have requested refresher training as needed. Over the next several years, the project expanded to include the following nine circuits: Circuit 23 (Jefferson County), Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties), Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties), Circuit 2 (Adair, Know, and

Lewis Counties), Circuit 5 (Andrew and Buchanan Counties), Circuit 45 (Pike and Lincoln Counties), Circuit 19 (Cole County), Circuit 42 (Crawford, Dent, Iron, Reynolds, and Wayne counties), Circuit 11 (St. Charles County) and Circuit 12 (Audrain, Montgomery and Warren Counties). The 32nd Circuit (Cape Girardeau, Perry and Bollinger Counties) was added in January 2015. In the spring of 2017, the 33rd Circuit (Scott and Mississippi counties) was added. Currently, 16 of Missouri's 46 circuits participate in the FCI project. One additional circuit joined this effort while several others are considering.

The 10-15 member FCI teams attending the training include the following: judges, court personnel such as juvenile officers and court administrators, juvenile clerks, attorneys who represents the state (JO attorney & DLS attorney), attorneys who represent parents, GAL/CASA, CD staff, and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly basis. The Office of State Courts Administrator and the CD provide technical assistance to the project sites to assist them in identifying systemic areas for improvement and to develop and implement improvement efforts. This support includes on-site visits and attendance at the monthly meetings.

The circuits are responsible for reviewing the data collected by the Children's Division and the Juvenile Court to determine areas for improvement. Several circuits have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These materials range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Court and agency practices have changed to better serve children. Guardian's ad litem are being appointed sooner. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. Collaborative relationships with schools and law enforcement have formed. Foster parent recruitment initiatives have increased. In addition, communities are being involved in ways not seen before.

Statewide meetings are held for all of the participating FCI sites on an annual basis. Training on trending child welfare topics is generally provided at the statewide meetings. There are also networking activities such as breakout sessions on different child welfare topics as well as program updates given by each FCI circuit.

Small local grants are awarded to the FCI sites to assist in their ability to implement strategies to improve services and outcomes for children and families. Many of the sites utilized the funding for the development of parent handbooks, foster care school liaison handbooks, older youth resource handbooks, video education programs, older youth activities, collaboration trainings, sibling visitation initiatives, local court trainings, and crossover youth trainings. Many of the FCI teams hold lunch meetings to assist them in their ability to implement strategies to improve services and outcomes for children and families and provide meals so that staff may attend without taking time away from daily activities.

The future of the FCI Project continues to grow as additional circuits continue to request to participate. Utilizing a judicial engagement project will be a way to increase participation and enhance existing

locations. The goal of FCI is that every circuit will adopt these practices and it will no longer be a project but a common practice statewide.

Adoption Resource Centers

Missouri adoptive parents have had the benefit of having Adoption Resource Center (ARC) services available since House Bill 11 (2007) provided funding for establishing centers in Kansas City and St. Louis. During the 2013 Legislative session, funding was increased by \$150,000 to fund two new ARCs in Jefferson City and Springfield Missouri. The motivation for these centers was the prevention of adoption disruption. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers in effect serve the eastern, western, central and southwest portions of Missouri and were awarded funding in the SFY17 budget of \$150,000 each.

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

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

In FY16 there were 5,968 families served, 10,364 children served and 127 adoption disruptions avoided.

In addition to post adoption supports being provided by the Adoption Resource Centers, the Eastern, Western and Southwestern Centers were awarded funding in the SFY17 budget of \$300,000, to carry on Extreme Recruitment Activities. Extreme Recruitment (ER) is a 12-20 week intensive intervention to identify relatives and kin for youth awaiting permanency in foster care. The ER staff includes family finders, as well as a private investigator who mines the records of waiting children, identifies and then locates relatives and kin to be explored for potential placement. In addition to ER, the Adoption Resource Center on the eastern side of the state is using 30 Days Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care.

State Technical Assistance Team

Partners through the Department of Social Services (DSS), the State Technical Assistance Team (STAT) assists in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality and other child-related investigations at the request of the department, law enforcement, or other child protection agencies. STAT is responsible for managing Missouri's Child Fatality Review Program (CFRP) including training and support for the 115 county-based multidisciplinary CFRP panels, as well as collecting data to identify trends, patterns and spikes in the number of child deaths to facilitate the development and implementation of prevention strategies.

STAT is managed by a DSS Deputy Director and is available 24 hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During CY16, STAT opened 193 investigative cases, an increase from 180 in CY15. Of the 193 cases, (70) 40% were sexual abuse, (81) 46% were exploitation or child sex offenses worked in the high tech unit, (3) 2% were child fatality, (18) 12% were physical abuse and neglect related and (2) were listed as other. It should be noted additional felony charges may have been filed by other investigative agencies, but if STAT was not the primary investigative agency, they would not be included in these totals.

In 2016, there were an additional 14 cases of sexual abuse which resulted in high technology forensic examinations. Thirty-five individuals were arrested and charged with more than 65 felonies as a result of the High Technology Unit investigating exploitation cases. STAT original cases resulted in 40 arrests. STAT Cases of support resulted in another 25 arrests.

This multidisciplinary approach has proven to be a key link in the investigation of children's events and evaluation of child fatalities which ultimately leads to meaningful prevention strategies.

The Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern, identified trends and patterns of risk. The State Panel continues to recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, among other types of child deaths. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports from 2002 to 2015 are available for review at the following website: <http://www.dss.mo.gov/re/cfrar.htm>.

As a result of the reviews of individual child fatality cases, local CFRP panels made other specific recommendations for prevention during CY16. Some of these included: adequate prenatal care during pregnancy, appropriate safe sleep arrangements for infants, traffic safety, proper restraints and following traffic laws, appropriate parenting techniques and adequate supervision of young children, suicide prevention, firearm safety, when to seek medical care, fire safety, never leave a child alone or unattended in or around a vehicle, signs of child abuse and when to report, water safety, outdoor weather safety, ATV and bike safety, farm equipment safety, illegal drugs and prescription abuse, recognition of mental health concerns, and road signage and maintenance.

STAT notifies Central Office policy staff of all identified trends, patterns and spikes of risk to children. Practice Alerts have been sent to all CD staff addressing safety issues involving children, infants and toddlers. Practice Alerts remind staff of important policies or practices and help ensure best practice continues to occur. The CA/N hotline number is available on the website accessible by the public, and information about the 1-800 hotline number is routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training on investigating child fatalities. Additional prevention efforts in the form of PowerPoint presentations and information fact sheets can be reviewed at the following website which is updated as needed: <http://www.dss.mo.gov/stat/prev.htm>.

Missouri Prevention Partners

Missouri Prevention Partners is a collaborative group of public and private agencies who have implemented interventions on a statewide basis addressing the prevention of child abuse and neglect. This group of partners represents diverse approaches and perspectives in dealing with child maltreatment within a spectrum of prevention at the individual, family, community and societal levels. Missouri Prevention Partners meet about every two months and are presently engaged in developing a strategic plan or framework to guide statewide and local efforts in providing evidence-based and best practice approaches to the primary prevention of child abuse and neglect.

Goals for this group are:

- Administration and Leadership - Create an infrastructure to enhance and support child abuse prevention in Missouri
- Public Education and Outreach - Increase public awareness and involvement in child abuse prevention efforts in Missouri
- Prevention Programming – Promote the identification and use of evidence-based practices and promising approaches
- Resource Development – Develop flexible and sustainable funding mechanisms to support child abuse prevention efforts statewide
- Influencing Policy and Legislation – Impact policy and legislative issues through child abuse and neglect prevention focused advocacy

The agencies involved in the Missouri Prevention Partners include: Department of Social Services, Department of Health and Senior Services, Department of Mental Health, Department of Corrections, Department of Public Safety, Children’s Trust Fund, Kids Hope United, Practical Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Association, State Technical Assistance Team, and Missouri KidsFirst.

Head Start

During FY16, the Missouri Department of Social Services entered into a contract with the Curators of the University of Missouri on behalf of the University of Missouri – Missouri Head Start State Collaboration Office (MHSSCO) - Columbia. This contract includes both Early Head Start and Head Start. The contract period is for March 1, 2016 through February 28, 2017, with a renewal to go into effect March 1, 2017 through February 28, 2018. The funding amount is a firm, fixed price of twenty-five thousand dollars and zero cents (\$25,000.00) for services provided pursuant to the contract.

The local collaboration plan is designed to improve the coordination of services for the children and families served by both agencies. Children’s Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area which may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions Children’s Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness. Accessing services also aids in ensuring:

- Reduction in the recurrence of child maltreatment
- Consistency in addressing risk of harm
- Consistency in addressing families' needs for services and/or provision of services
- Availability and accessibility of needed services
- Fully engaging parents in child care choices
- Providing input to Children's Division field staff for consideration in case planning, service delivery, and goal attainment through the Family Support Team involvement
- Diligent efforts to meet children's early educational needs
- Assessment of mental health needs of the parent, as well as developmental and social/emotional needs of the child and provision of mental health services

Missouri Community Partnerships

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

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

The Family and Community Trust (FACT), also a non-profit corporation, is comprised of 10 state department heads and nine leaders from the corporate and civic arenas. This 19 member board provides guidance and direction to the 20 partnerships. The board meets regularly each year and most of the Community Partnerships are represented at those meetings. The FACT web site is www.mofact.org. Since 2014, FACT has been the Annie E. Casey Foundation KIDS COUNT grantee for Missouri and recently has taken on the mantle to end childhood hunger with its No Kid Hungry Program.

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During this fiscal year the partnerships have generated over 250,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$8.50 for every \$1 of state funding provided them in FY16. They continue to be a good return on investment.

The main focus of the Community Partnerships is the wellbeing of Missouri's children and families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. Attachment A, the Mississippi County Caring Communities Report, provides an example from the Partnerships Annual Result Reports which each Partnership submits. Across Missouri, the network of Community Partnerships has efforts similar to these to help each

community's unique needs. The ability to coordinate their services with other local partners produces very effective results.

CFSR Advisory Committee

Formation of a committee to provide feedback for the Program Improvement Plan began in 2005 and has evolved into a Child and Family Services Review (CFSR)/PIP Advisory Committee governed by a charter. The CFSR/PIP Advisory Committee's centralized focus is to build an advisory infrastructure which leads to a broader collaboration which will improve access and service availability, as well as reduce services and funding fragmentation.

The responsibilities of the CFSR Advisory Committee are as follows:

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

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

The CFSR 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.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. They are committed to protecting Missouri's children by improving the response to child victims and educating communities on how to prevent child abuse from occurring. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws. Missouri KidsFirst provides child abuse investigative training to Missouri's Children Division workers. Missouri KidsFirst has three main program areas: The Missouri Network of Child Advocacy Centers, Prevent Child Abuse Missouri and Sexual Assault Forensic Exam, Child Abuse Resource and Education (SAFE-CARE).

The Missouri Network of Child Advocacy Centers is a membership program under Missouri KidsFirst. The Network operates with program guidelines developed by the Network Directors. Each Director of the accredited regional centers in Missouri serves on the Network. There are 15 regional child advocacy centers in Missouri, with 23 locations, serving each of Missouri's counties. Missouri KidsFirst works with the Network Directors in achieving the goals of the Network. Missouri KidsFirst works with all the Child Advocacy Centers coordinating service delivery, providing support, advocacy, training and technical assistance to each of the regional centers in Missouri.

Prevent Child Abuse Missouri, a program of Missouri KidsFirst, strives to create a statewide movement that explains how child abuse and neglect can be prevented and the role adults and organizations play in achieving that goal. The economic and social viability of every community depends on the healthy growth and development of children, supportive environments for children, and healthy, stable and nurturing families. Prevent Child Abuse Missouri works to create this movement through several projects including: Stewards of Children Child Sexual Abuse Prevention Education, Mandated Reporter Training, Pinwheels for Prevention campaign and the promotion of Child Abuse Prevention Month. They also offer a framework for building home-school-community relationships through training, a variety of resources, networking, technical assistance and other professional development opportunities.

Missouri KidsFirst contracts with medical resource centers to provide training and support to medical professionals working with children who are suspected victims of child maltreatment. Missouri Child Advocacy Centers provide access to qualified, trained SAFE-CARE providers. Quality SAFE-CARE evaluations are an integral part of the response to child maltreatment. The primary objective of the SAFE-CARE Network is to provide comprehensive, state-of-the-art medical evaluations to alleged child victims in their own communities. The Network includes medical professionals from a wide range of experience, from urban to rural, small private practice to large children's hospitals. Each plays a valuable role in providing a coordinated multidisciplinary response to child maltreatment in Missouri. The SAFE-CARE Network also provides training to Missouri Children's Division Workers to help clarify the role medical forensics plays in child abuse investigations. New legislation, passed in 2017, also requires the use of SAFE-CARE providers in all Children's Division investigations on children under the age of four.

Supervision Advisory Committee

The Supervision Advisory Committee (SAC) consists of twelve supervisors representing all regions of the Missouri Children's Division. Additionally serving on the committee are the Children's Division Quality Improvement Unit Manager, member of the Training Unit, CFSR State Lead and a University School of

Social Work faculty member. The membership and activities of the SAC are conducted in accordance with the group's Charter. The agency provides support to ensure the implementation of the SAC's strategic plan. The SAC provides formal recommendations to the Director following quarterly meetings in an effort to influence Children's Division leadership in moving forward the agenda of continually improving supervision in the state of Missouri.

During each quarterly meeting, the Supervision Advisory Committee reviews the strategic plan and determines which goals and objectives have been achieved or if not met, then members separate into smaller committees to work on each strategic plan goal. The following is a description of each strategic goal and includes a summary of progress towards completion.

Strategic Goal 1: Supervision Skill Building

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

The second benchmark for supervisor skill building was to develop an intranet based resource page for supervisors. The supervisor resource page was completed in 2016 and includes tools to enhance clinical supervision and consultation, human resource and personnel links, team building and self-care. All supervisors were given opportunities to provide input to support the development of the supervisor resource page. The supervisor resource page is active and available to all supervisors across the State.

Strategic Goal 2: Supervisor Conference

This goal focuses on developing annual supervisory leadership and peer networking opportunities for all supervisors across the state. The Supervision Advisory Committee, along with support from the Leadership and Professional Development Coordinator, hosted a Supervisor Leadership Symposium in 2017 for all supervisors and their support teams. Participants included specialists, trainers and Children's Service Worker IV's. The agenda included opening and closing plenaries focused on Leading Culture and Practice Change and Adaptive Leadership. Participants were given the option to choose three of nine workshop sessions which included High Performance Transformational Coaching, Administrative & Financial Management, Data-Informed Practice, "Staying Power" Recruitment & Retention Strategies, Community Collaboration, Resiliency & Stress-reduction Practices, Adaptive Leadership and other child welfare topics of significance. Guests participated in interactive presentations from field practitioners on Missouri Practice model initiatives including Signs of Safety, Five Domains of Well-being in Clinical Supervision, Team Decision Making, Trauma- Informed Practice, The New Family Centered Service Practice model and Differential Response.

Strategic Goal 3: Recruitment and Retention

This goal focuses on increasing the recruitment of employees and increasing the retention of all employees. The Children's Division created a Management Analysis Specialist II position dedicated to statewide recruitment and retention efforts. The Management Analysis Specialist has regular meetings

with SAC and shares information on turnover rates, demographic information on degree background, location, and years of experience, recruitment efforts with universities and the current recruitment and retention initiatives throughout the state. The committee agreed that the recruitment and retention strategies identified by the Management Analysis Specialist were in alignment with SAC action plans and therefore SAC agreed to support these efforts and not pursue additional strategies at this time. The SAC committee has also designated one member of the SAC committee to participate on the Recruitment and Retention workgroup to continue the feedback loop and support the development of new recruitment and retention strategies. The current recruitment and retention strategies include increasing recruitment efforts with colleges and universities, offering employment presentations to CD staff, including student loan forgiveness information at hiring, reviewing different hiring practices around the state to develop a more comprehensive statewide hiring approach and reviewing and piloting incentive programs such as work from home and using virtual desktop on the phone and personal computers to conduct agency business.

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

Regional Collaborations

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

Northern Region:

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

Communication, and Boundary Setting. The vision is in five years to see faith partners and community agencies providing this evidence based intervention program to families. Currently the involvement for this includes a few Children's Division staff from each office, several local faith partners, a few non-for-profit agencies, and the local Juvenile Offices.

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

Jackson County:

- Jackson County continues to have workers co-located with several community partners to support wellbeing and decrease the need for foster care in the community. Jackson County has

memorandums of agreement with six municipal jurisdictions to have workers co-located at a local law enforcement station. There is a team of workers located with Kansas City and one or two workers with Independence, Grandview, Blue Springs, Lee's Summit and Sugar Creek police departments. For nearly three years, one specialist works from an office within The Children's Place, a therapeutic day treatment child care center and for nearly two years, there has been a Children's Division specialist co-located within the Social Work Department at Children's Mercy Hospital. The presence at The Children's Place amplifies treatment coordination and seamless service delivery, and an office at Children's Mercy Hospital augments health and safety planning collaboration and supports discharge planning for children in families who may be involved with the agency and extraordinary medical needs. Again this year, Synergy Youth Resiliency Center provided space at no cost to the county for adoption recruitment/ family funfest activities, providing a natural festive arts and recreation venue for children and families to get to know each other and make a possible permanent connection.

- In the past four years, Jackson County's collaborative efforts alongside the faith community have strengthened. A terrific partnership with Global Orphan Project in Kansas City has provided a ministry connection to several local congregations for a variety of services that support positive wellbeing. In late March, there was a celebration for the two year anniversary of Care Portal, which is an on line request system that connects state workers with congregations who may be able to fulfill needs of a family - such as concrete/ physical goods or relational services such as transportation or mentoring. Jackson County began Tier Two requests in the Care portal, which are requests for relational services such as mentoring and tutoring. ; The downtown campus of the Church of Resurrection provides meeting space once a month at no charge for Permanency Planning Review Team (PPRT) meetings and the congregation coordinates the community partner (third party) attendance for these meetings. Congregations volunteer to provide space, snacks and drinks for our workforce team meetings and adoption recruitment/ family funfest activities and each spring, there is coordination by a local church for prom dress boutique which provides prom dresses at no cost to youth in care. Several congregations called out to their congregations to develop or support new foster and adoptive parents.

Southwest Region:

- The 40th Circuit currently engages with the Friends of Newton/McDonald Counties to increase the health and wellbeing of children and families. Friends provides monetary assistance for preventative services (gas vouchers, prescription assistance, utility assistance, furniture, etc.) as well as assists with the wellbeing of children in foster care by sponsoring school supply drives, toy drives, and the foster kids Christmas parties. Friends have enabled foster children to attend camps, Boys State, and proms/dances they may not have been able to attend without this assistance.
- Dade County has a monthly meeting – County Connections – which includes individuals from Health Department, Work Force Development, Emergency Management, Ministerial Alliance, OACAC, Conservation Department, CD, schools, County Commissioners, BARCEDA Families, Community Partnership, and other individuals who have an interest in service to the community. The group has been involved in Drug-Take Back programs, school back pack weekend food

projects, domestic violence prevention, child abuse/neglect prevention discussions, foster parent recruitment opportunities and other activities.

- In the 31st Circuit, the Child Abuse and Neglect Collaborative began meeting in January 2013. Five sub-committees were created to focus on supporting children in child welfare, family support, marketing, bringing in the faith community, and mental health issues. Membership includes representatives from many areas including: mental health, schools, child advocacy, BACA, childcare, victim's services, health/medical services, and public and private child welfare agencies. The Child Abuse and Neglect Collaborative has created six priorities with 19 tasks:
 - Priority # 1: Prevent Child Abuse and Neglect
 - Priority # 2: Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary resources and services needed for successful outcomes
 - Priority # 3: All abused children will be reported into the system
 - Priority # 4: Enhance the competencies of child protection professionals called on to investigate and repair families damaged by abuse
 - Priority # 5: Springfield and Greene County will have a quality understanding of child abuse and neglect and will know how to respond to the needs of the community. (This is a modified goal from the State Task Force on Preventing Child Sexual Abuse)
 - Priority # 6: All businesses, civic, and faith-based organizations in Greene County that work with children will be prepared to prevent and respond to child abuse and neglect
- The 27th Circuit Children's Division has developed a strong relationship and works collaboratively with the 27th Circuit Juvenile Office. The 27th Circuit Juvenile Officers are involved with open investigations when necessary, attend Family Support Team meetings on Family-Centered Service families, attend home visits with Children's Division staff, etc. The 27th Circuit holds monthly court staffings between the Juvenile Office, GAL and CD staff for all three counties to better prepare for each month's juvenile court hearings. Normally, these court staffings are held the Monday prior to the scheduled Juvenile Law Day. These court staffings allow for CD, the Juvenile Office and GALs to review the CD's court reports and discuss if further information will be needed for the Juvenile Court Hearing. The 27th Circuit CD and JO managers also meet every other month to discuss upcoming statute and practice changes for each agency and how those changes will affect the circuit.
- The 27th Circuit, through the Community Organization for Drug Elimination (CODE), has partnered with Pathways (mental health administrative agent), law enforcement, schools, local attorneys, faith based community members, and other community members to develop prevention awareness activities. The team is dedicated to promoting safe, drug-free and healthy lifestyles for the youth and adults of Henry County. The team has been involved with the Henry County schools and community for several years and support activities such as Red Ribbon Week and Henry County Sheriff's Office Drug Take Back boxes.
- Bright Futures of Clinton - Since September 2014, the Clinton Community has partnered with other Bright Future Initiatives to be able to provide for children's needs in the Clinton School District. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent

and/or treasure to support Clinton school children. The goal is to meet needs that may go unmet, and to also provide mentoring and other programs and efforts to help nurture local children into the thriving, successful, contributing adults the community knows they can be. Children who are hungry, cold, tired, humiliated, etc. cannot learn and succeed. It is the goal of Bright Futures Clinton to combat these barriers to success by forming relationships, connecting, and working together. Currently, CD has a staff serving on the Advisory Board. Examples of their projects including the following: community book drive, Monday with Mom, Back to School Fair, mentoring program, adopt a class/school, meeting individual students' needs, etc.

- Fostering Hope, in the 29th Circuit, is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support CD staff. Fostering Hope is primarily made up of foster parents but it has a wide network of faith and non-faith-based connections which contribute to the overall mission. Within the last few months, The Caring Closet was opened, where foster children can go to get clothes and some other needs met, above and beyond what the state can and does provide. The organization also partnered with CD to hold a community child abuse prevention and awareness event. Also, the organization is an important partners in holding foster parent appreciation dinner and employee recognition events. Fostering Hope helps agency staff connect children's needs with actual goods and services the youth need, which many times cannot be met in any other manner.

Southeast Region:

- In the 33rd Circuit, the Area Resource Council meets monthly to discuss new and existing resources. Participants include Probation and Parole, Division of Youth Services, Department of Health and Senior Services, SEMO Council on Aging, Health Department, ministers, Mission MO (drug rehab program), SEMO Food Bank, directors from area nursing homes, Bootheel Counseling, Experience Works, MO Career Center, Mississippi County Caring Committee, New Madrid Family Resource Center, Family Assistance Specialist with the National Guard, Catholic Charities, Red Cross, representative with Hospice, and people working with those who have been incarcerated.
- 36th Circuit, Butler Co. Community Resource Council – This group meets monthly with various community partners including Probation and Parole, schools, Department of Mental Health, Family Counseling Center and Southeast Behavioral Health. There are four committees that Children's Division is involved in. These are: Juvenile Crime Reduction, We Can Be Drug Free Coalition; Mental Health Sub-committee and the Domestic Violence Taskforce. In the Juvenile Crime Reduction, the committee supports strategies to reduce juvenile crime in Butler County such as Town Hall Meetings, Permanent Rx Drop Box, after school tutoring, school mentoring program, Boys and Girls Club of Poplar Bluff, Poplar Bluff Suspension Center, Poplar Bluff Graduation Center, Truancy Court, and Poplar Bluff's Promise AmeriCorps team. In the We Can Be Drug Free Coalition, the goal is to lower the incidence of drug and alcohol use and abuse in the young population. Activities include putting up billboard and yard signs, and promoting responsible beverage service. The Mental Health Sub-committee directs its attention to the mental health needs of all residents in Butler County. By sponsoring annual Autism Conferences, the committee has been able to provide information and resources to families. Autism Alert

Decals have been distributed to families to use on the vehicles. Suicide prevention and bullying are a priority in the work of this committee. Partners include Independent Living Center, Family Counseling Center, Poplar Bluff School District, Twin Rivers School District, Neelyville School District, University of Missouri and others. Each year the Domestic Violence Taskforce hosts a Child Abuse Domestic Violence Conference in recognition of October, National Domestic Violence Awareness Month. Speakers, expert in the field, are brought to the conference to share their knowledge with teachers, counselors, case managers, clergy, and law enforcement.

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

- The 32nd Circuit collaborates with a number of agencies in meeting the needs of families and working towards better outcomes with families. There are workers who regularly attend monthly meetings at the Caring Community Council. These meetings are held with First Call for Help, Mental Health, Housing, and DYS staff. The Caring Community Council has various grants through which services can be accessed and refer families for assistance with utilities, housing programs, and even cleaning supplies. There are CD staff who attend the quarterly Case Managers meetings, presenting different issues at each meeting that effect case managers and clients in the area. Staff also attend The Children's Coalition which includes adoptive and foster parents and other interested individuals, as well as representatives from local foster and adoption organizations such as CASA (Court Appointed Special Advocates), Hope Children's Home, Lutheran Family and Children's Services, the Missouri Children's Division, and Room for One More. These organizations offer support to families and foster families in our area. The coalition promotes community events that relate to foster and adoptive families and promote events that offer training hours to foster parents, both traditional and relative/kinship. The team works together regarding the best way to promote said events in efforts for families to get the support needed. In Perry County staff attend the Perry County Task Force meeting which is held at a local church involving many stakeholders for resources and activities for youth in Perry County. There is a Systems of Care meeting monthly whereby CD meets with DMH, CCC, Catholic Charities and School personnel in an effort to wrap around services for families with multiple issues. When needs cannot be met for families and children through other resources and agencies, the 32nd Circuit is able to go through the recently established Care Portal for assistance. In addition, the 32nd Circuit has Fostering Court Improvement, Fatality Panel meetings (to look at ways to possibly reduce fatalities and look for certain trends and possible risk factors), and quarterly meetings with Safe/Care providers.
- Meetings are held quarterly in Dunklin County with all area school superintendents, Juvenile Office, the juvenile judge, and CD supervisor and Circuit manager. Various topics are discussed including mandated reporters, SAFE exams and the procedure, legislation and how all agencies can work more closely together. In the 35th Circuit there are many additional collaboration efforts that meet monthly, quarterly or bi-annually including: Systems of Care (Stoddard – monthly),

Bootheel Advisory Board (Dunklin – Quarterly), Parents As Teachers (Stoddard – Dexter- 2 times a year, collaboration allows agencies to come together to share resources and spark ideas for kids in the area), SEMO College (There are 2 satellite campus’ in Dunklin County, meetings are held with different stakeholders at each campus, this is a FOCUS group to try to get kids in college, planned parenting, and working for investments in the future), Infant Mortality Board through Bootheel Consortium (Dunklin Quarterly – looking for strategic ways to prevent child deaths as Dunklin has one of the highest mortality rates in the state), Bootheel Infant Mortality Grant Board (Stoddard – quarterly targeting pre/postnatal women and families struggling with mental health issues to prevent infant deaths), Child Fatality Review Boards (Stoddard and Dunklin periodic meetings reviewing deaths of children 17 and under in each county), Multi-Disciplinary Reviews (Stoddard and Dunklin – Quarterly meetings with Child Advocacy Centers) and Children’s Home boards (Monthly in both Stoddard and Dunklin Counties). Dunklin County is in the process of becoming partners with the Juvenile Office on a grant targeting young moms 15-26 years old). The Circuit also has strong partnerships with faith based agencies which assist with Christmas parties for youth in foster care as well as Foster Parent Appreciation dinners. Local churches are also instrumental in recruitment efforts, sharing with congregations periodically a need for foster parents in the Circuit. In Dunklin County Kennett schools partnered with the Division to provide art works for visitation rooms for family visits. A community Trauma training was held and multiple community partners attended, some of which later expressed an interest in learning more about trauma and becoming a partner with the agency to help identify and meet the needs of children traumatized in our area.

- The 37th has a strong working partnership with the Oregon County faith based group. The group arranges for a monthly food distribution. The group tries to reach out to families who are working and do not qualify for the SNAP program. Churches donate money and food is purchased at area food harvest centers. Church workers transport, package and distribute the food. The faith based group is working to reestablish the soup kitchen on a monthly basis. In addition, the group loans DVDs of The parenting Skills Program 123 Magic to families and discusses them with parents in individual parenting need. The group is looking into the feasibility of establishing a homeless shelter for families in the area. A site has been donated. On an ongoing basis, the Division will contact the employee who is involved with the faith based group to let the group know of specific needs of families, such as furniture and bedding.
- Pemiscot County has the worst outcome data for adult and child health, infant mortality, socioeconomic status, etc., in the state. As such, the local hospital, Pemiscot County Memorial Health Systems, sponsors a monthly meeting of community partners (law enforcement, CD, hospital staff, school staff, community resource providers, city government staff, etc.). Discussions are about how to improve the community and to learn about different community resources that are available. Out of this meeting has grown the Grants Meeting which is a smaller group of community representatives who have just begun looking into writing grants for needs identified by various disciplines at the meetings. Children’s Division staff has not been able to attend the monthly meeting in recent months due to on-going case management responsibilities.
- The Delta Area Economic Opportunity Corporation (DAEOC) is based in New Madrid County. DAEOC is a community action agency which serves the six counties which comprise the Bootheel. They offer the Headstart, Early Head Start, and MIECHV programs. CD has had a

great working relationship with DAEOC for many years. Headstart and Early Head Start have a Policy Council Board which includes parents from each Headstart and Early Head Start facility in the program area. Bylaws state that there are two community representatives present at each Policy Council Board meeting. The 34th Circuit Manager served as a community representative for a three year term and now the CD supervisor is finishing her first year as a community representative. The Division is able to find out information at these meetings which is relative to CD staff and the families and children served.

- The 25th Circuit works with different agencies and organizations. The following are ways that The Community Partnership (TCP) in Rolla works with local Children's Division Offices:
 - TCP is the contractor for the Chafee Independent Living program in the 25th Judicial Circuit
 - TCP is the contractor for the Personal Responsibility Education Program for foster youth (sex education classes) in the 25th Judicial Circuit
 - We Co-Host and sponsor the Annual Linking Hearts Adoption Event
 - Partnership staff serve as the regular community member for PPRTs and adoption staffings
 - We provide vouchers to our Resale Shop for youth transitioning into foster care/new placements
 - Our organization serves as an information and referral network to connect CD workers and their clients to various resources in our community to meet their needs
 - Assist with foster parent trainings by providing a free resource lending library for them to use for training hours and participate in STARS panel
 - Agency serves as fiscal agent for local Children's Division donations
 - TCP sponsors foster parent events such as the annual Christmas party and spring appreciation picnic
 - We deliver lunches or treats periodically to case workers to show appreciation for all their hard work
 - A Children's Division representative serves as a member of our organization's Advisory Council to provide input on trends they are seeing in the community (concerns, needs, gaps in services, etc.) so we can see if any of our programs can address those issues.

There is a MOU with Fort Leonard Wood to conduct investigations and assessments on base. In this CD is also a part of the Case Review Committee (CRC) team. This is a multidisciplinary team appointed by the Garrison Commander and supervised by the General Leonard Wood Army Community Hospital (GLWACH) Commander to handle case of children of a Military Family where the children have or are suspected to have been abused. The CRC will be the receiving agency of the RPOC for all on-post child abuse cases. The 25th Circuit Manager or designee attends these CRC meetings as well as any Child Fatality reviews. The meetings occur in each county and FLW also has their own if a child dies of a Military Family.

- 24th Circuit - the local St. Francois County and Washington County Community Partnerships meet monthly and specifically utilize part of the organization to help with Child Abuse/Neglect

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

St Louis Region:

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

- Fostering Healthy Families partners with Cardinal Glennon Hospital. Cardinal Glennon provides pediatric specialized healthcare services, focusing on continuous, comprehensive, coordinated, compassionate and culturally sensitive primary care. This medical provider is a resource to the state agency, community coalitions, and kinship, foster and biological parents, in an effort to improve the health and well-being outcomes of children (birth -12 years of age) in foster care. Services include entry to care health exam, comprehensive health assessment, standardized developmental screening, in clinic mental health evaluation, counseling recommendations, referral and treatment, education and anticipatory guidance to agency staff, fostering resource providers, as well as families, regarding normal child development and issues specific to children in foster care. The organization also provides ongoing primary care throughout placement, extending into reunification.
- The SPOT (Supporting Positive Opportunities with Teens) program offers health care services to regional youth ages 13-24. Youth within these ages can access health and prevention services, obtain positive and educational health information, and youth can also be linked to the existing healthcare systems when needed. The Children’s Division currently works with the SPOT’s Coach program. This program is designed to ensure that foster youth are able to have stable and consistent access to health care services. Any foster youth (age 13-17) in St. Louis City or County are referred to the COACH Clinic to receive their initial 30 day comprehensive exam that is mandated by the State of Missouri. Following this appointment, youth will also be given an opportunity to participate in a voluntary health education program that focuses on healthy relationships, safe sex practices, and teen pregnancy prevention. Once enrolled in COACH, youth have continuous access to medical care, psychiatric services, dental services and case management until age 25. While priority is given to youth newly entering care, foster youth who lack a primary care physician can still be referred to the program.

ASSESSMENT OF PERFORMANCE

Case Review Tool

A new Case Review Tool has been developed within the FACES system, which draws random samples of cases and provides individual case review data for workers and supervisors. An aggregate data reporting feature is also available within FACES. The case review instrument includes all 18 CFSR items based on safety, permanency, and wellbeing. An initial case review was conducted in March/April 2017.

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, the Division decided not to pursue the change this year.

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.

Permanency Outcomes 1 and 2

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.

| | Percentage by Exit Type | Average Length of Time to Achieve |
|---------------|--------------------------------|--|
| 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 FACES system does not capture whether the relative provider is a maternal or paternal relationship. 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.

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). From the case review, data indicates visitation with mothers occurs more frequently and with better quality (75%) than with fathers (59%). The frequency and quality of visitation with parents are both identified as areas with needed focus.

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.

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

Statewide Information System

Item 19: Statewide Information System

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

When a child is placed in out of home care, FACES requires the worker to enter demographic information, permanency goals, and placement location. A case cannot be opened without this information. 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.

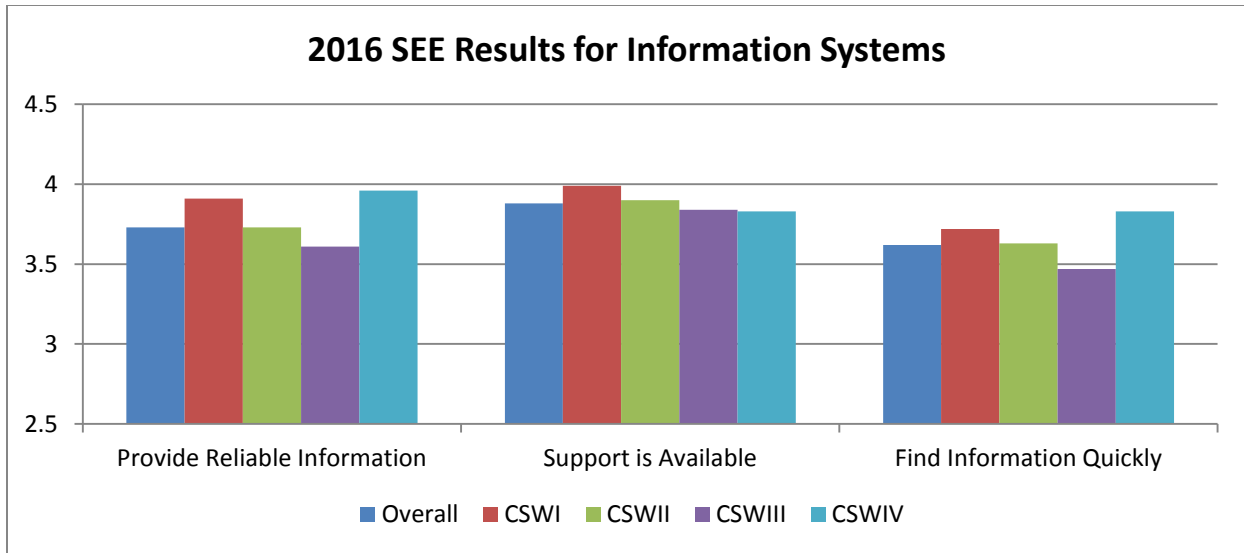
Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance Unit. Recent examples of data clean-up include identification and correction of foster care children who do not have an established permanency goal as well as ensuring TPR dates are 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 meeting circuit meetings.

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

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

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



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

Case Review System

Item 20: Written Case Plan

Permanency planning and its inherent decision-making permeate the child's placement in out-of-home care. The goal of out-of-home care is to provide each child who enters custody a safe and stable environment with nurturing caregivers. This goal implies no child should be allowed to drift in out-of-home placement. Furthermore, the Family-Centered Out-Of-Home Care (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.

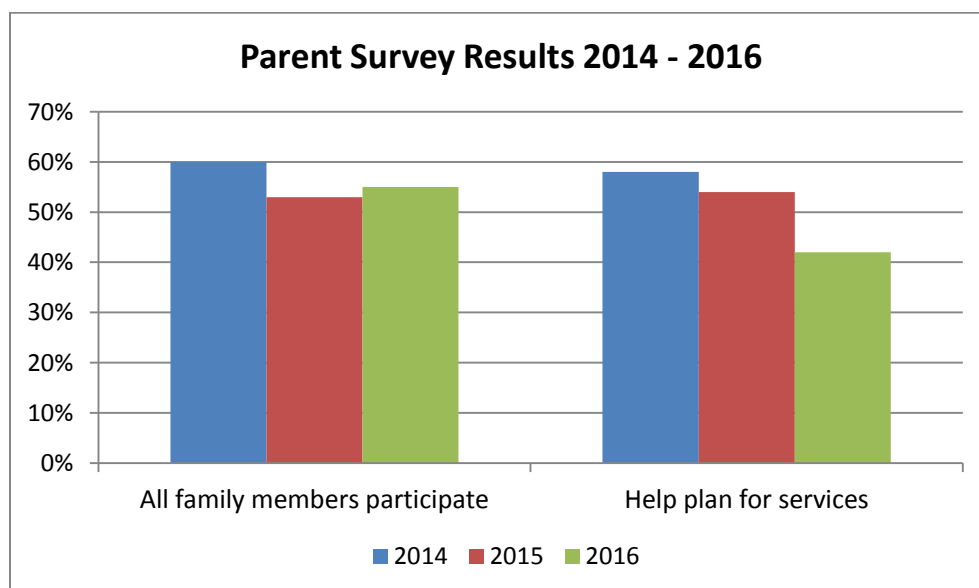
Parent participation in the FST meetings as well as their agreement with the permanency plan is also noted. While parents may be present at FST meetings and be involved in the development of next steps to reach permanency, their agreement with the overall permanency goal(s) may not always occur. For 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.

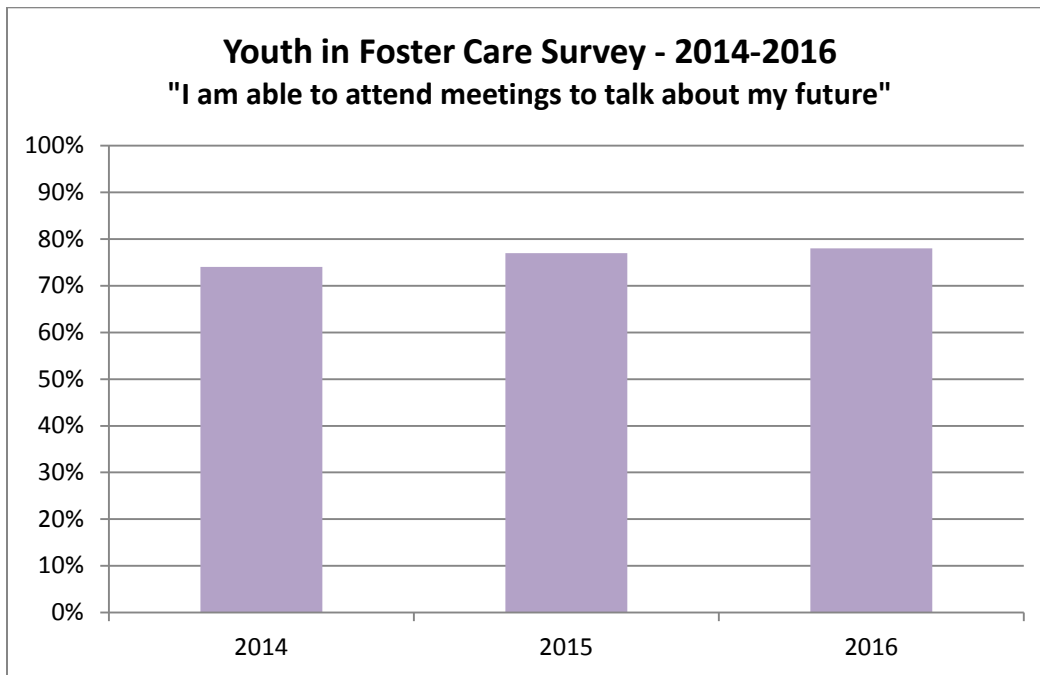
It is the policy expectation a written case plan (CS-1) be produced at the 30-day FST meeting and subsequent six-month meetings. The data provided below indicates this may not always occur. While planning discussions are held, documentation on the CS-1 form is not always consistent. Discussions may be 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

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 22: Permanency Hearings

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The courts' effort to hold hearings on schedule enables teams to better ensure timely permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. OSCA shares the data in their CAN Permanency Report. The average days from custody to the first permanency hearing in 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.

Item 23: Termination of Parental Rights

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

relative, or whether proceedings should be instituted by either the juvenile officer or the Division to terminate parental rights to legally free such child for adoption.

Termination of parental rights proceedings may be initiated upon the request of the child's parent(s) (voluntary relinquishment) or by any other person, including CD by making a referral to the appropriate juvenile office. All juvenile offices in Missouri have statutory authority to file termination of parental rights. In circuits where the juvenile office chooses to not initiate the filing of TPR (for example, a juvenile office may not have legal , 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.

| Reason for not filing TPR | Number |
|---|---------------|
| 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 1st and 15th 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

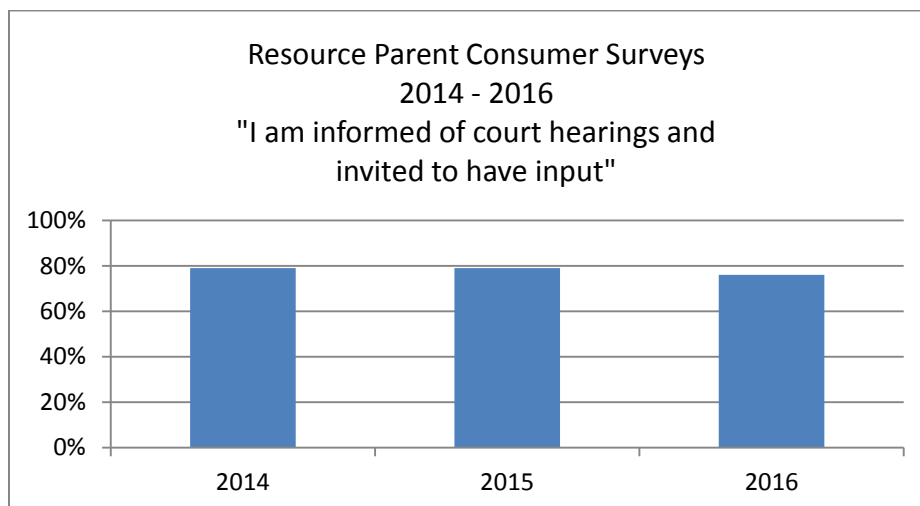
indicate that TPR had been filed for 1,976 children as of 3-3-17. The filing occurred with 15 months of the child's entry in to Children's Division custody for 649 children (32.8%).

Item 24: Notice of Hearings and Reviews to Caregivers

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

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

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 |

Quality Assurance System

Item 25: Quality Assurance System

See Quality Assurance section for more information.

Staff and Provider Training

Item 26: Initial Staff Training

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

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

The Northern Region training structure currently consists of:

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

Phase 1:

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

Phase 2:

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

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

Phase 3:

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

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

Phase 4:

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

Supervisor can determine if worker is sufficiently prepared to participate in the on-call rotation following completion of CWPT training. This should occur only if the worker has shown a successful

understanding of assuring safety and the process by which to do so and only if the worker has had opportunity to shadow and observe each type of hotline contact and the supervisor has determined the worker capable of managing a hotline independently.

Southwest Region

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

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

July 2017, foster care case management contractors reported 50 staff completed initial training in the last quarter of FY2017.

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

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

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

| Employee Development | | Construct Score: 383 |
|---|--|-----------------------------|
| 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: | Strongly Agree | Agree | 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: | Strongly Agree | Agree | 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: | Strongly Agree | Agree | 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: | Strongly Agree | Agree | 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.

Item 27: Ongoing Staff Training

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

Ongoing training can be specific to a program line a worker is assigned as well as tied to competency development as identified through 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: | Strongly Agree | Agree | 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: | Strongly Agree | Agree | 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.

Item 28: Foster and Adoptive Parent Training

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

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

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

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

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

- What specific areas will be improved when change has occurred? What will it look like when change has fully occurred? (goals)

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

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

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

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

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

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

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

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

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

- Developmental needs of children;
- Child management techniques;
- Basic group dynamics;

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

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

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

Service Array and Resource Development

Item 29: Array of Services

Services Assessing the Strengths and Needs of Children and Families

The Children’s Division primarily becomes aware of children and families who might be in need of services through referral to the Child Abuse/Neglect Hotline. The Children’s Division assesses the strengths and needs, to include service needs, of children and families through the investigation/assessment process. During 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. In areas of the state in which the FRP contract is not available, families may be offered on-going Family Centered Services or Intensive In-Home Services. Discussion is occurring to combine FRS with Intensive In-Home Services, giving greater flexibility to the contract providers to deliver either service with all areas of the state represented.

Services Helping Children in Foster and Adoptive Placements Achieve Permanency

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

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

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

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

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

intervention, early childhood education, substance abuse prevention, youth asset development and youth mentoring.

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

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

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

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

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.

| 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 |
| Grand Total | 1210 | 110 | 230 | 280 | 95 | 206 | 200 | 61 | 934 | 501 | 43 | 41 | 21 | 16 | 3948 |

Item 30: Individualizing Services

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

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

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

Meaningful access to relevant resources is critical to developing a service plan 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.

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.

Agency Responsiveness to the Community

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

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

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

The responsibilities of the CFSR Advisory Committee are as follows:

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

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

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

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

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

As the Division developed the goals and objectives for the 2015 – 2019 Child and Family Services Plan (CFSP), several groups were consulted for assistance. The CFSR Advisory Committee regularly reviews data and practice standards and provides input and feedback. Their guidance was valuable in the

development of the five year plan. This group continues to be a part of the implementation and monitoring of the CFSP. As the Division continues to strive to meet the goals of the strategic plan, this group was consulted throughout the process. The Annual Progress and Service Report (APSR) is reviewed by this committee each year.

A representative of the Office of State Courts Administrator (OSCA) sits on the CFSR Advisory Committee as well. The Division continues to collaborate with the courts through a variety of mechanisms. A member of the Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 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.

Please see collaboration section for more information.

Item 32: Coordination of CFSP Services with Other Federal Programs

Interdepartmental Collaboration:

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

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

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

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

In addition to the reviews described above, beginning in February 2017, two Central Office staff began reviewing a 10% sample of those resource homes developed by Child Placing Agencies. The purpose of these reviews is to identify gaps in standards being applied equally as well as to collaborate with the agency staff to provide support and training to assure equal application is achieved consistently statewide. 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, then the organization must apply for and meet all other licensing requirements as put forth by the division.

3. Application/Reapplication for license for accredited organizations:

A. The organization shall present to the division,

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

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

B. If the organization has not been previously licensed by the state of Missouri, an onsite visit may be required by the division before a license is issued. If an accredited agency applies for licensure, the Licensing Consultant would review 10% of the employee files for the current FCSR (Family Care Safety

Registry background screening), obtain copies of the agency's accreditation documents and conduct a facility/building inspection.

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

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

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

4. Information sharing.

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

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

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

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

5. The division may make such inspections and investigations as it deems necessary to conduct an initial visit to a facility not previously licensed, for investigative purposes involving complaints of alleged child

abuse or neglect, at reasonable hours to address a complaint concerning the health and safety of children which the organization serves, or any other mutually agreed upon time.

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

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

Item 34: Requirements for Criminal Background Checks

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

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

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

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

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

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

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

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

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

The division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Automated Criminal History Site, MACHS, which is maintained by Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP. During 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 does not currently have access to a system that will provide alerts for any future criminal activity. Missouri CD for the past two years has submitted a legislative proposal to allow the Division to receive such alerts from the Missouri State Highway Patrol through their RapBack system. The legislative proposal necessary to allow CD access to this system is again being submitted for 2018. Applicant households including any household member over the age of 17 are fingerprinted and new FCSR checks are completed every 2 years as part of the re-licensure or re-approval of the home.

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

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

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

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

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

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

The court of jurisdiction may also order a child be placed or left in a home which does not meet licensing standards. The home remains an unlicensed relative or kinship home. In the unlikely event it is

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

Item 35: Diligent Recruitment of Foster and Adoptive Homes

See Attachment D for more information.

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

Missouri has a strong Interstate Compact Unit to assure placements for children are made cross-jurisdictionally across state lines. The ICPC Unit processes referrals within 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.

PLAN FOR IMPROVEMENT UPDATE AND PROGRESS

Plan for Improvement Update

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

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

Continue Older Youth SummitsImprove FST process through exploration of a more effective modelGoal #2: Decrease Time to Permanency

- Increase judicial engagement to include judges and court staff
 - Increase staff competency in court
 - Casey Family Program's judicial engagement strategy
- Strengthen the organizational culture and create more skilled workforce

- Implement career ladder
- Use University Partnership grants to explore leadership development training
 - National Child Welfare Workforce Institute (NCWWI) Excellence
 - NCWWI leadership activities
 - Leadership Academy for Middle Management (LAMM) , Leadership Academy for Supervisors (LAS)
- Develop and implement QA/QI training

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

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

Revisions to Goals, Objectives, and Interventions

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

Implementation Supports

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

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

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

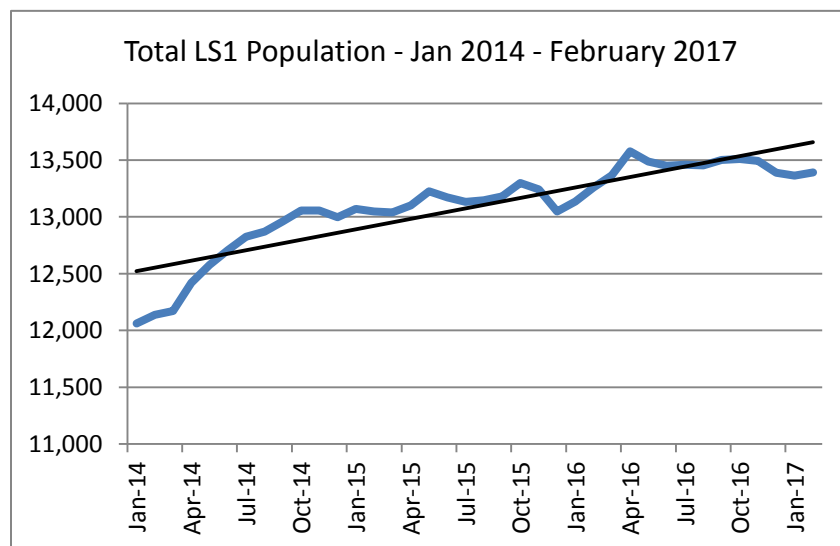
In addition, the Children’s Division is utilizing the assistance of Casey Family Programs to increase judicial engagement. They have also provided financial assistance in contracting with the Full Frame Initiative, to further embed the Five Domains of Well-Being as a philosophical framework for division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

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

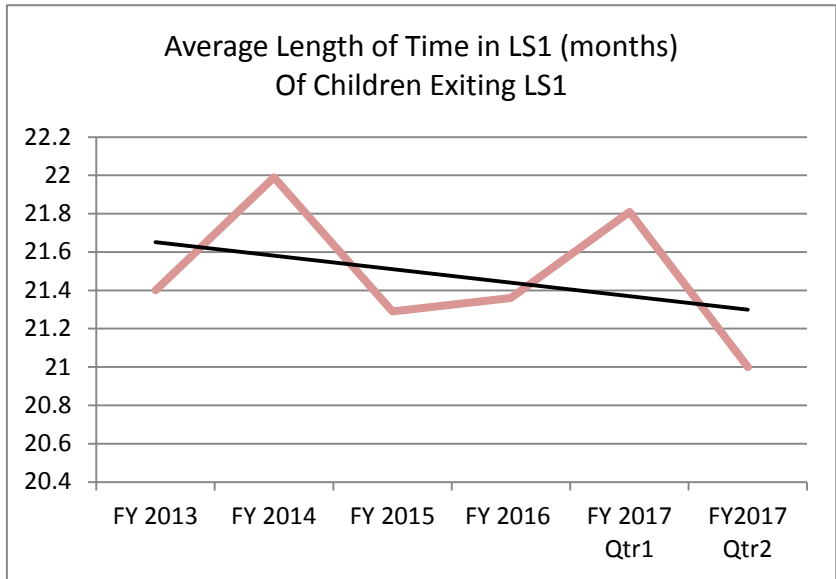
The Capacity Building Center for States has begun several projects, including ICWA compliance, CQI assessment, court partnership, and reasonable and prudent parenting assistance. See the Program Support section for more details.

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

Progress Made to Improve Outcomes

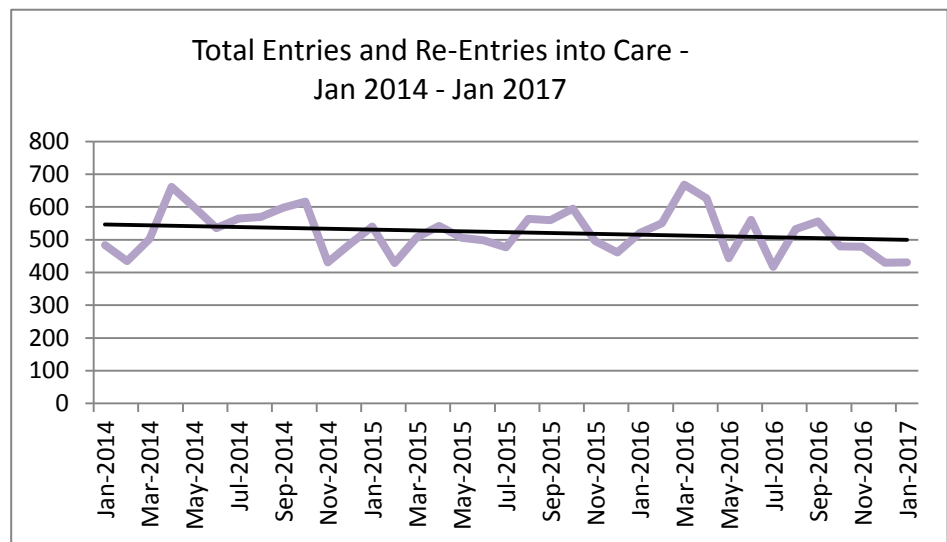


The growth in the total number of children in care has decreased, as noted in the chart. The rate of increase has slowed. The percentage of increase in 2014 was 7.7%. Since January of 2015, the rate of growth has been 2.45%. The highest foster care population in recent months was seen in April of 2016. Since then, the population has decreased by 1.37%.



For children who exit LS1, they are spending less time in care, as evidenced in the chart below. The average length of time that children who exit care spend in LS1 has seen a downward trend since FY 2013.

The number of children entering and re-entering care each month continues to trend downward. This is consistent from the previous reporting periods.



Strengthen Investigation/Assessment Process

One identified intervention to accomplish this objective was to provide comprehensive investigative training. In CY2015, the Children’s Division contracted with Missouri KidsFirst to provide the Gunderson National Child Protection and Training Center ChildFirst curriculum to all investigation and supervisory staff. While this contract was not extended beyond CY2015, Missouri KidsFirst continues to invite to Children’s Division staff, along with other multi-disciplinary team members, when they offer ChildFirst training for new forensic interviewers. ChildFirst training was held in May 2016 in Springfield with nine (9) Children’s Division staff in attendance.

In August 2016, legislation went into effect requiring four (4) of the already statutorily required twenty (20) hours of annual training for investigative staff be specific to medical forensics topics. Missouri

KidsFirst has partnered with several child abuse pediatricians to provide training to help fulfill this requirement. A one-day training has been developed with modules on sexual abuse, caregiver fabricated illness/neglect, fractures, cutaneous injuries, and abusive head trauma. This training was offered in January 2017 in St. Louis and in February 2017 in Columbia with plans to offer it several more times during CY2017.

The Children's Division collaborates closely with the Missouri Office of Prosecution Services (MOPS) on a range of projects. Together, the agencies have developed training for multi-disciplinary team (MDT) members entitled Beyond Protocols. Topics include mandated reporter training, the Children's Division's response to reports of child abuse and neglect, achieving corroboration in team investigations, and achieving MDT excellence. The Children's Division and MOPS provided this training in October 2016 in Saint Robert and in January 2017 in Ironton. In addition, the Children's Division provided a two-part webinar for MOPS on the ins and outs of responding to child abuse and neglect. Over two hundred MDT members around the state participated in this webinar series. In CY2016, the Children's Division and MOPS also began working with the Missouri School Boards Association (MSBA) to develop best practices for interviewing children in schools when children are victims or witnesses of violence, as well as when children are suspects of a crime.

In September 2016, the Children's Division provided training to all the Child Abuse and Neglect Review Boards (CANRB) on the legal aspects of child abuse and neglect. The goal of this training was to improve board members' understanding of the investigative process to assist them in making legally sound decisions when reviewing the Division's findings upon appeal by the alleged perpetrator.

In September 2016, the Children's Division convened an internal workgroup to revise screening protocols at the Child Abuse and Neglect Hotline Unit (CANHU). The workgroup was convened to improve the Children's Division's response to allegations of child abuse and neglect to ensure the agency is intervening with families when it is appropriate and necessary to do so. This workgroup meets monthly and is comprised of Central Office staff, CANHU staff, field staff, supervisors, and managers. The group has been revising the definitions of the conditions needed to take a report of abuse/neglect, along with the criteria for assigning response priorities to abuse/neglect reports. Recommendations have been made to add several criteria for taking referrals when the concerns do not rise to the level of a child abuse and neglect report, but do warrant intervention to provide services and education to families.

In response to the Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation for states to conduct a five year retrospective review of child fatalities, Missouri's state level Child Fatality Review Panel has begun a case review process of fatalities which occurred as a result of child abuse or neglect in CY2014. The case review team consists of a wide representation of professions, including child welfare, prosecutors, child advocates, medical, law enforcement, child abuse and neglect prevention, and public health. The case review team is focusing on identifying areas in which various systems could have intervened to prevent the fatality in an effort to make recommendations for policy and legislative change in child welfare.

The Missouri Crisis Intervention Team (MO CIT) Council is an organization whose primary purpose is to facilitate understanding, development, and implementation of CIT programs throughout Missouri and in neighborhoods to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care professionals, individuals with behavioral health

issues, their families and communities, and also to reduce the stigma of behavioral health conditions. CIT focuses on de-escalation strategies, and redirecting the individual from the criminal justice system to the mental health care system. In turn, the mental health care system assumes "custody" of the individual, and provides directed and non-restrictive accessibility to a full range of health care and social service options.

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

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

MO CIT currently serves 39 counties and is planning on expanding to 38 more counties in Missouri. A Central Office Program Director and a Program Development Specialist attend quarterly meetings and also attended the Missouri CIT Conference held in Columbia, Missouri, on March 27 and 28, 2017.

Implement Signs of Safety

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

The following circuits were identified in each region for the first wave of implementation:

The following circuits were identified in each region for the first wave of implementation:

| Region | Circuits | Implementation Begin Date |
|---------------|--|----------------------------------|
| Jackson | 16 th | June 2015 |
| St. Louis | 22 nd | February 2016 |
| Southwest | 31 st & 29 th | May 2016 |
| Northern | 11 th , 12 th , & 20 th | September 2016 |
| Southeast | 25 th , 37 th , & 42 nd | November 2016 |

Safe Generations has worked with training catalysts within each region to build internal capacity for the Children's Division to provide a two-day worker overview of Signs of Safety. Safe Generations will continue to provide supervisor exposure and advanced supervisor training during CY2017. Each region has developed a training and support plan with Safe Generations to implement Signs of Safety in each circuit by the end of CY2017.

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

Strengthen the Family Centered Services Model

Develop and implement a new Family-Centered Services model

During CY15, an FCS new practice model implementation team was formed and tasked with strategizing the best way to implement the new practice model to include solution based approaches. The implementation team met three times in CY16 and consists of staff with a passion for FCS, and training staff. The implementation team is looking at ways to provide support, guidance, training, and to remove any barriers in order to implement the new practice model. Each region is represented on the implementation team and provides updates about what is being done or used in their region to facilitate the practice model, and what parts of the practice model their region is ready to start implementing.

The goal of the new practice model is to focus efforts on families with chronic neglect who consistently return to the Children's Division in need of assistance. By focusing on this population, staff will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Solution focused approaches will be part of efforts to improve practice. Staff will be assigned cases at the supervisor's discretion. Staff will carry a modified caseload based on the service needs of the family. Instead of stipulating the required tools a worker must use, the worker will have the discretion to utilize any assessment tools which work for the needs of the family. Families not served through the new FCS practice model may receive services through a Family-Centered Services case (FCS). Family-Centered Services includes a range of treatment and support services as appropriate for the needs of the family. The services are provided through referrals to outside agencies that can provide the services to the family.

Pilot sites for the new practice model began in CY16. Five regions (St. Louis, Northeast, Northwest, Southwest and Southeast Region) began piloting the new FCS practice model. In January 2016 the pilot began in St. Louis and expanded to 10 circuits in March 2016 and an additional 20 circuits during May-September 2016. During the expansion period, Central Office staff met with circuits to lend support to workers and supervisors in the way of coaching. Should the pilot prove valuable, the Division will discuss the possibility of statewide implementation with the Executive Team. The training for the initiative will involve skill building and will provide staff with solution-focused tools to reach goals established in partnership with the family.

With the expansion of the pilot sites and the assistance of the University of Missouri, Columbia a rapid cycle learning evaluation logic model was created to evaluate the new practice model during CY16. The rapid cycle evaluation logic model included short-term, intermediate, and long-term outcomes for the pilot. The majority of pilot sites implemented in the later part of 2016 not allowing enough time to utilize the rapid cycle learning logic model. The logic model will be explored in FY17.

Effective and diverse use of CTS funds

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

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

All children and families served through CTS must have open involvement with the Division, such as an active Child Abuse and Neglect (CA/N) Investigation, Family Assessment, Family-Centered Services (FCS) case, Alternative Care (AC), adoption, or guardianship. Contracted services to an individual or family must be based on the goals developed by the Children's Service Worker and family. Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered. These services are administered by community-based third party providers. Examples of CTS include (but are not limited to): individual, family, and group therapy, psychological evaluation and testing, parent aide, parent education, day treatment, drug testing, and respite. CTS are utilized only after all other funding resources, such as Medicaid or private insurance, are exhausted.

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

Enhance Youth and Family Engagement

Explore methods to elicit family feedback

The Children's Division has a small workgroup to research models to promote parental involvement through exploration of other states' models. The workgroup also has reviewed many parent engagement opportunities already occurring around the state. Children's Division remains committed to explore ways to truly engage and solicit feedback from parents in a meaningful and on-going manner.

In effort to elicit feedback from the families serviced by the Children's Division, surveys are mailed to a sampling of parents who have recently been involved in a child abuse/neglect hotline, have an open Family-Centered Services case or have a child in foster care. The surveys are sent through the mail with a self-addressed stamped envelope included for the respondent to return the survey. A workgroup was established to examine the survey questions and to make recommendations regarding the survey process.

Revisions to survey questions have been finalized and it was decided to maintain the same survey process. The surveys are printed by the Department of Social Services' Research and Evaluation Unit and CD staff are responsible for stuffing and labeling the envelopes. There is ongoing discussion to streamline the amount of time and effort which is spent on the monthly mailing.

In 2016, the Cole County (19th Circuit) Children's Division created a workgroup to support families receiving agency services with accessing meaningful parenting support and resources. The 19th Circuit has collaborated with community partners and stakeholders to offer the first Parent Café Series for Cole County parents in May 2017. The Parent Café Series model was created by Be Strong Families / Strengthening Families of Illinois with the intention of supporting programs and communities in engaging parents, building protective factors, and promoting deep individual self-reflection and peer-to-peer learning. The Parent Cafés are based on the principles of adult learning and family support and are a gateway to providing parent leadership opportunities. Caring Community has adapted the Parent Café model and is supporting Cole County Children's Division by co-hosting the first parent café series and training agency staff and partners and stakeholders to serve as table hosts for this event.

The Children's Division's vision for the Parent café series is Parents Supporting Parents and the vision is accomplished through conversation, education and relationships. The first 19th Circuit Parent Café series will be offered to all parents receiving in-home family centered services, out of home services and Child Abuse and neglect services from Missouri Children's Division. Additionally, parents who are identified as family support networks for parents enrolled in the program will have the opportunity to participate as well. The theme for the May Parent Café series is "Caps off to Parenting" and parents who participate in all three sessions will receive a certificate of completion. Cole County Children's Division is currently exploring opportunities to continue to fund the Parent Café Series for all Cole County parents and families.

Continue Older Youth Summits

In SFY14, CD and its partners began having Older Youth (OY) Summits. OY Summits are held at the community level and the focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children's Division and its partners to have Older Youth Summits across the state. To date, eight summits have been held:

- April 2013 in Kingdom City with over 80 participants from four Judicial Circuits from the Central part of the state.
- March 2014 in Kansas City with 144 registered participants from six Judicial Circuits in the Western part of the state.
- December 2014 in St. Louis with approximately 200 in attendance from five Judicial Circuits from the Eastern part of the state.

- June 2015 in Springfield with 161 participants from five Judicial Circuits in the Southwest region of the state.
- October 2015 in Joplin with 129 attendees from five Judicial Circuits in the Southwest region of the state.
- April 2016 in Cape Girardeau with attendees 128 youth from nine Judicial Circuits in the Southeast region of the state.
- October 2016 in Trenton with 150 attendees from three Judicial Circuits in the Northwest region of the state.
- April 2017 in Edina with 150 attendees from four Judicial Circuits in the Northeast region.

Improve FST Process

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

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

Approximately 3 years ago this practice was expanded to the areas of St. Louis County and Jackson County (The Kansas City area). This expansion has received support from the Annie E Casey Foundation throughout 2016 to improve the results of this process. Both areas continue to work on building this practice and bringing their external partners onboard with this process.

During 2016 Missouri again partnered with the Annie E. Casey Foundation (AECF) to assist with the expansion of the TDM practice. Two sites, one in Greene County (Springfield) and the other in Jasper County (Joplin), began implementation work and started using these meetings in early 2017. These two sites are early in the process and are growing and learning from their experiences.

At this time there are many data issues surrounding the Team Decision Making processes going on in the state's sites. Old technology has recently been replaced with a new web based data application provided to Missouri by AECF. With the new online database, many of these data issues should be resolved.

Increase Judicial Engagement to Include Judges and Court Staff

Staff Competency in Court

Intervention: Increase staff competency in court through legal aspects training

Year 1: Schedule training sessions throughout the state. Evaluate field support requests for specific regional/circuit training needs.

Year 2: Legal Aspects trainer enhance training curricula as needed to meet local needs.

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

In FY 2016 Legal Aspects trainer collaborated with Missouri Kids First and SAFE-CARE providers to develop and offer an advanced course titled, "Applying Medical Evidence within a Legal Framework" which gives Children's Service Worker III's a practical application learning environment to understand and apply medical evidence during the key decision making points of their work with children and families.

In FY 2017, the Legal Aspects trainer has presented at the Missouri Juvenile Justice Association conference and the Children's Division Leadership Symposium training and highlighting courtroom skills and law relevant to child welfare.

Casey Family Program's Judicial Engagement Strategy

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

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

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

In the last several months, other agencies' priorities have resulted in this issue being put on hold. In December, Children's Division began discussions to address the issue of children being removed from their homes and put into CD custody when parents have substance use. The Division continues to hear anecdotally children are coming into care due to parents' substance abuse issues regardless of child abuse or neglect. Some concerns to tackle for 2017 include:

- Some courts are withholding visits until the parents are clean or until they enter a substance abuse treatment program. Frequent visitation is important for timely reunification. The practice of withholding visits can result in children remaining in care longer.
- There is a variance statewide regarding removal practices for substance use. Some courts remove if a parent is using drugs regardless of the impact to the child.

Some strategies to address these concerns include:

- Meet with the Department of Mental Health (DMH) to identify roles for DMH and CD and identify the needs of CD.
- Ask local offices to meet quarterly with their community mental health centers (CMHC) and the Division of Developmental Disabilities (DD) to develop protocols on how to work with children with behavioral issues (to prevent them from entering care to seek treatment).
- Develop regional liaisons to communicate with DMH and DD
- Develop a clinical structure for CD (some states have mental health professionals working alongside child welfare staff in cases involving mental health or substance abuse issues).

Strengthen the organizational culture and create more skilled workforce

Career Ladder

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

The purposes of the Career Ladder include:

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

The Children’s Division has had an incredible success rate for Children’s Service Worker IIIs with approximately 93% approval of eligible applicants from the initial implementation of the career ladder. As of April 13, 2017, there were 402 Children’s Service Worker IIIs statewide. In addition, there are another 281 who demonstrated the necessary competencies on their most recent PERforM appraisal ratings as child welfare practitioners who have earned the right to request consideration for promotion to Children’s Service Worker III commensurate also attaining the necessary tenure in frontline practice. As of April 13, 2017, there were 64 Children’s Service Worker IVs statewide.

National Child Welfare Workforce Institute (NCWWI) Workforce Excellence

Intervention: Use University Partnership grants to explore leadership development training

Year 1: Apply to be a Workforce Excellence site.

Year 2,3, and 4: Steps will depend upon level of organizational intervention by National Child Welfare Workforce Institute.

Missouri Children's Division is participating with University of Missouri Kansas City and Missouri State University in the University Partnership grant and has been selected for NCWWI's Workforce Excellence (WE) intervention. There are four WE intervention sites, Jackson County Fletcher Daniels building, Greene County, Jefferson County and the 42nd Circuit. These opportunities have allowed for Children's Division to participate in a three year effort of organizational intervention where staff and leaders at every level take part in a Comprehensive Organizational Health Assessment (COHA) and development of an intervention which is proactive, strategic, collaborative, and sustainable, designed to address critical workforce challenges; engage in leadership development for middle managers, through the NCWWI Leadership Academy for Middle Managers (held in June 2015); and participate in leadership development for supervisors, through the NCWWI Leadership Academy for Supervisors (first cohort graduated in April 2016).

Graduates of both LAMM and LAS were interviewed and asked for feedback on what worked well and what could be improved upon. From both levels of participants, managers and supervisors, there was a consistent message for the need to connect and integrate the leadership development activities to one another and to connect managers and supervisors together on their development journey so that each could support the other.

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

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

In May 2017 through April 2018, Children's Division is piloting this integrated Missouri Leadership Academy in the Northern Region with 21 staff in the 10th, 12th, 14th, and 45th Circuits. NCWWI will continue to support and provide guidance throughout this process. Evaluation and feedback sessions will take place in May 2018 so that revisions and adjustments can be made to be prepared to offer the leadership development course to more teams throughout the state.

NCWWI Leadership Activities

National Child Welfare Workforce Institute –Missouri's Leadership & Workforce Development Projects

Traineeships & University-Agency Partnerships: University-agency partnerships are an important strategy in preparing the current and future child welfare workforce. There is evidence that professionally

educated social workers are better prepared for child welfare work, stay longer, and influence organizations to support best practices.

Missouri Children's Division has one partnership with the University of Missouri-Kansas City (MSW program) and another with Missouri State University (BSW program). These NCWWI University Partnership (UP) programs are:

Identifying, selecting and administering BSW & MSW stipend programs that will increase recipients' child welfare knowledge and practice skills enabling them to address the challenges facing children, families and the child welfare system through dedicated field education, specialized coursework, and program supports that include an attentiveness to the transition to careers and agency settings;

Ensuring the meaningful engagement of each university with a local child welfare agency to collaboratively address specific systems challenges that hinder the transition to work, specialized practice, and retention of traineeship graduates; and,

Building the capacity of college and university social work programs to prepare students for the unique demands of serving in public child welfare through the development and delivery of a specialized social work child welfare curriculum with an emphasis on evidence-based and trauma-informed practices.

University of Missouri-Kansas City School of Social Work MSW Program and Missouri's Children's Division created a child welfare transformation zone in the greater Kansas City area in which the Missouri Children's Division and its private partner child welfare agencies are working to improve workforce selection, development, and retention. Every year the UP cohort includes eight trainees, four in foundation year studies and four in concentration year studies, with a total of 24 trainees graduating into child welfare employment in the Kansas City transformation zone over five years.

The trainees rotate through multiple child welfare field placements of approximately eight (8) weeks' duration (2 per fall and 2 per spring semester of each year), and engage in field learning three days per week instead of two, giving them intensive exposure to child welfare in the Kansas City Children's Division programs and contracted service agencies. Field experiences and learning are conceptualized around the National Implementation Research Network (NIRN) intervention components. A Field Instructor Academy is in place which meets monthly to support field instructors in their work with the NIRN Model and students. The program is committed to continual improvement of the rotational field model to ensure responsiveness to students', field instructors', and agencies' needs.

The Missouri State University School of Social Work BSW Program "Preparation and Retention for Excellence and Professionalism (PREP)" builds on the long-standing, collaborative relationship between the Greene County Children's Division (GCCD) and the Missouri State University School of Social Work (MSU SSW). Ten traineeships are available for each of the five years of the program.

Field placements at GCCD offer trainees a wide array of experiences, including the investigation and assessment of hotline reports, foster care case management, prevention services with intact families, resource home recruitment and management, and adoption and legal guardianship. GCCD is also committed to including students in experiences beyond worker-client interactions: supervisors and managers are involved in community- and state-level initiatives that expose trainees to mezzo and macro level practice, including policy and legislative development and implementation. Also, GCCD's

partnerships with a wide array of government and community-based agencies that intersect with the child welfare system provide trainees with exposure to juvenile court, advocacy services, law enforcement, prosecutor's office, crisis nursery, probation and parole, drug and mental health courts, non-profit services, substance abuse treatment, and medical services, all of which serve as important conduits for trainees to fully immerse themselves in the complex systems affecting child welfare services.

Leadership Academy for Social Work Deans/Directors/Chairs and Child Welfare Agency Directors (LADD): Agency-university partners engage in a leadership enrichment program to advance the preparation and support of the child welfare workforce. This new Academy advances change initiatives and leadership enhancements that address workforce, services, inter-organizational, organizational and related capacity-building to improve recruitment, selection and retention of professionally prepared staff.

The LADD Jurisdictional Change Initiative: Implement a family-centered service philosophy and evidence-informed practice model, with front-line practitioners acting as change agents to effectively engage parents and communities as partners, enable families to remain intact, and support sustainable change.

The Theory of Change: "Changing one's destination often involves starting from a different place"

Improving child welfare outcomes requires prepared, supported, and effective front-line practitioners who are grounded in common organizational values, culture, and evidence-informed practice.

Workforce Excellence (WE) and Organizational Intervention: The Children's Division has four WE sites (Jackson County- Fletcher Daniels building, Greene County, Jefferson County and the 42nd Circuit) where agency staff and leaders engaged in a Comprehensive Organizational Health Assessment (COHA) and then development of an Organizational Intervention.

The NCWWI Organizational Intervention includes the Design Team meeting a minimum of 4 hours per month, in person with the facilitator, for a maximum of 3 years to accomplish successful implementation and sustainability.

Design Team members become the workforce leaders and champion the Change Initiative within the individual site. Based upon COHA results and other relevant data, the Design Team prioritizes goals related to workforce issues, chooses strategies, plans and implements those strategies, assesses results, and revises implementation plans as appropriate. Membership within the Design Team reflects individuals from all levels at the site including the manager or director, supervisors, caseworkers and/or case aides. As appropriate for the individual site, the Design Team may also choose to invite others outside the individual site. Design Team members work together to implement site-specific plans for implementation and change initiative/outcomes.

Leadership Academy for Middle Managers (LAMM): A culturally responsive learning program for experienced state and tribal child welfare mid-level managers. Its goal is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families. LAMM increases the effectiveness of child welfare agencies by enabling managers to address persistent complex challenges requiring adaptive, distributive, and inclusive leadership.

The first cohort of 35 participants completed a three day LAMM training in June 2015. Before and after attending the training, participants were asked to rate their competency-level on critical competency domains and learning objectives keyed to the LAMM. Participants reported increased knowledge of the LAMM Training Competencies from pre to post across each item. Results showed a statistically significant difference from pre to post, $t(31) = 5.73$, $p \leq .001$, indicating that, on average, participants gained a greater understanding of the concepts and material presented at the training.

Leadership Academy for Supervisors (LAS): The LAS is a blended learning program for experienced child welfare supervisors. A free web-based training program for building leadership skills, it is based on the latest research and presented by national experts. The core curriculum includes a Personal Learning Plan to develop individual leadership skills and a Change Initiative project to contribute to the Jurisdictional Change Initiative within the agency. In July 2015, 38 supervisors from five circuits (the four Workforce Excellence sites plus St. Louis County) began the nine month LAS and in April 2016 completed the program. Feedback sessions with participants, their direct supervisors, LAS facilitators and coaches are scheduled to occur in May and June to obtain information to evaluate the participant's satisfaction and professional growth of the program.

The Missouri Leadership Academy – Ongoing Leadership Development in Missouri: The Children's Division collected information shared from each of the cohorts within the NCWWI projects and spent 2016 designing an integrated leadership development structure and training package with the NCWWI experts' guidance. This integrated "Missouri Leadership Academy" is scheduled to be implemented in a pilot site in the 10th, 12th, 14th, and 45th Circuits in May 2017. These contiguous circuits are a sub-region within the Northern Region. This academy will run for one year and include a Field Support Manager, four Circuit Managers, four Specialists and 12 Supervisors. The Missouri Leadership Academy integrates learning concepts from the Leadership Academy for Middle Managers for the Field Support Manager, Circuit Managers and Specialists; integrates concepts from the Leadership Academy for Supervisors for the Supervisors; and integrates concepts from the Organizational Intervention Design Teams for management and supervisors. These participants become one cohort going through the academy in a blended learning process of online learning and peer-to-peer learning networks. The managers learn concepts that support and provide development within their sphere of influence and proficiency while also requiring managers to practice learned concepts by coaching and supporting supervisor participants. Supervisors are also learning concepts that provide leadership development within their sphere of influence and proficiency. At the end of the academy both managers and supervisors will be required to develop change initiatives that support the Children's Division practice model and create a Design Team to empower the workforce and provide support and accountability to the local change initiatives.

Quality Assurance/Quality Improvement Training

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

QA/QI specialists received an introductory training on Mathematica's Rapid Cycle Evaluation model. (Described in more detail in the QA system section) QA/QI specialists will continue to receive coaching and training on the Transformational Coaching model. Further training is being developed on the new case review tool and process. (Described in more detail in the QA system section) QA/QI specialists have had the opportunity to be involved in various new initiatives such as 5 Domains of Wellbeing, Signs of Safety, Team Decision Making and Trauma Informed Care initiatives.

The QA/QI Specialists have a transformational coaching refresher scheduled for May 2017. It will be a one day training for all QA/QI staff and will involve a trained Transformational Coaching facilitator to lead the group through structured activities. The Children's Division Director is invited to come and share the division's vision regarding the involvement of QA/QI staff.

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. In December 2016, Quality Assurance/ Quality Improvement Unit hosted a two-day Summit focusing on safely reducing the number of children in care. Participants included Quality Assurance/ Improvement specialists and managers, various Children's Division staff from seven circuits, Children's Division Director, Deputy Directors, Regional Directors, Foster Care Case Management staff, and various administrative and management staff from Fostering Court Improvement, CASA and Deputy Juvenile Office and Juvenile Court.

Teams worked together prior to the Summit to review various types of data and make hypotheses about the trends related to the increase in the number of children in care. During the Summit, all teams were introduced to a logic model which was developed to support teams with exploring barriers, strengths and opportunities existing with decreasing the number of children in care.

Each team was given a specific amount of time to work through each column of the logic model and develop forwarding action plans with the goal of safely reducing the number of children in care. By the end of the Summit, each team created action plans to monitor and update with other key members of their circuits. All teams are involved in a quarterly follow up call with the Quality Assurance/Quality Improvement team to discuss progress with the action plans and receive feedback and support from the larger group.

Ensure effective transitions of young people

Crossover Youth Expansion

The Crossover Youth Practice Model was piloted in two communities and was expanded in 2015 with two additional sites. All model sites have been provided with training and technical assistance from CJJR team and Missouri's Crossover Youth Initiative Coordinator. The State Team remains committed to statewide implementation of well aligned service to Crossover Youth.

Progress: The model pilot communities were selected based on need (data on prevalence of crossover youth), interest (commitment from court and local stakeholders) and capacity (prior history with system change or reform efforts) through an RFI process. The initial sites, 31st and 23rd Judicial Circuits inclusive of two counties, implemented new protocols and have evaluated process and outcome measures in May 2016. They continue to maintain changes and have further plans for improvement and

sustainability. The cohort two model sites, 17th and 26th Judicial Circuits inclusive of seven counties, are continuing to work on incremental changes to raise the level of practice for Crossover Youth. Two additional circuits have obtained technical assistance from the Crossover Youth Coordinator to improve their practice for their crossover youth populations.

The Crossover State Policy Team has identified a strategy in partnership with Center for Juvenile Justice Reform to implement a statewide model for Crossover Youth consistent with their multi-agency shared framework and reflecting best and promising practices to be implemented from 2017-2018.

Residential Workgroup

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

Conduct Education Summits

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

Increase coordination of healthcare

Develop Health Homes

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

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

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

Positive outcomes realized from the St. Louis region health home models have helped inform the plan for statewide expansion. The Department of Social Services and MO Health Net Division Directors met in

December 2016 to discuss a Medicaid state plan amendment to set a case rate for health homes and to define what services can be billed under the health homes model. When the amendment is approved, health homes will be expanded to other areas of the state.

Assessments Within 30 Days of Custody

In July 2015, Children’s Division baselined timely 30-day comprehensive assessments for children case managed by Children’s Division and contracted foster care case management providers. The results revealed much room for improvement to either get the assessment scheduled and completed timely, or get the information entered into FACES within 30 days of the assessment. The first improvement plan entailed collecting timely comprehensive assessment data quarterly for dissemination to Regional Directors and contracted foster care case management providers with the expectation deliberate plans for improvement would be developed and compliance monitored. Marginal gains were made prompting a change in strategy. Current efforts for improvement involve more frequent data pushes and a preemptive approach. Specifically, data files now are run monthly and sent to the circuit manager who has more direct oversight of the staff responsible for case management and data entry. Furthermore, the data files include and highlight children who entered out-of-home placement within the previous month to alert staff that if a comprehensive assessment has not already been scheduled, or entered into the system if it has been completed, then it needs to be done. Data shows noted progress since implementing this improvement strategy. Although encouraging, to better understand what and where more support is needed, circuits are being asked to provide the reason the child is missing a comprehensive assessment in FACES.

Health Outcomes Measurement

Developing an interface between Children’s Division and MO HealthNet systems to track and measure health outcomes for children in care remains a goal. To effect more immediate change, MO HealthNet accepted from the Health Care Oversight and Coordination Committee recommendations of key metrics to be included in the new managed care contract released for bid in 2016. The statewide expansion of Managed Care began May 1, 2017 affording all foster children the same coverage, services, care coordination, and measurable health outcomes. Generating and providing various points of data specific to foster children is a performance requirement of the contract.

Children’s Division is in the early stages of using the *ProAct Advantage* tool through Care Management Technologies. Based on Medicaid claims data, *ProAct* provides a myriad of data by population or individual, including best practice “red flags,” gaps in care for chronic diseases, and integrated health profiles. The end user access to *ProAct* has recently expanded to include quality assurance specialists across the state to allow regions or circuits to tailor and prioritize key metrics to monitor and measure.

Access to Behavioral Health Care

Increasing access to quality behavioral health care for children in care was identified as one of three strategic goals of the Health Care Oversight and Coordination Committee (HCCC) in May 2015. The HCCC meets quarterly and oversees a wide range of health care components and initiatives related to children in care. In order to allot more time and attention to this priority goal, a subcommittee was formed. The subcommittee membership includes representation from Children’s Division, Department of Mental Health/Division of Behavioral Health, and residential treatment service providers. The

subcommittee's work has focused on reevaluating the residential care referral and screening process, improving discharge planning, and creating outcome measures to be included in the next contract rewrite and bid proposal.

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

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

Improving behavioral health care for youth in residential treatment reaches beyond the referral, screening, and discharge processes and requires close examination of what is being delivered during the youth's placement. The subcommittee's initial endeavor has been the identification of outcome measures to be included in the next contract bid, including: seclusion, critical events, hospitalizations, emergency discharges, physical restraints by child, chemical restraints by child, and readmissions to another residential facility or that same facility after placed in a less restrictive placement. Much effort has been expended defining the outcomes to ensure all residential providers are measuring the same thing in the same way. Retrieving baseline data and determining how these outcomes will be tracked, documented, and measured is the subcommittee's current objective.

Become a trauma informed organization

Trauma Awareness and Secondary Trauma

As Children's Division aims to become a trauma-informed organization, it was clear a common understanding of trauma among all staff was necessary. Children's Division selected the National Child Traumatic Stress Network Child (NCTSN) Welfare Trauma Toolkit training to establish this shared foundation. Staff training began in January 2015 and all staff were trained by the end of June 2016. The Toolkit training course is now offered across all regions of the state on a quarterly basis to accommodate newly hired staff. Class openings are offered to stakeholders, such as guardians ad litem, juvenile officers, school personnel, law enforcement, etc.

Increasing staff's awareness of the trauma children and families involved in the child welfare system often present naturally propelled Missouri's focus to the secondary traumatic stress experienced as well by Children's Division staff, especially frontline practitioners and supervisors. All staff are required to complete training on an adapted version of the Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff curriculum from the ACS-NYU Children's Trauma Institute, concentrating on self-care. Supervisory staff are required to have a next-level training focused on promoting resiliency and creating a trauma-responsive work environment.

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

Equipping resource parents with the knowledge and skills to care for children who have experienced trauma is congruent with the Division’s practice model which is supported by a foundation of trauma-informed care. Increasing resource parents’ understanding of the impact and manifestations of a child’s trauma history, and to recognize behaviors as symptoms of those traumatic experiences supports the child’s safety, permanency, and well-being. All current and prospective resource parents will be trained on the NCTSN Resource Parent Curriculum, Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents. Five cohorts of curriculum facilitators and co-facilitators have been trained and a small percentage of resource parents have completed the workshop. The workshop has been well-received and the Division continues facilitator recruitment efforts to ensure accessibility to resource parents across all regions of the state.

Develop the model for MOST

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

The Children’s Division regularly provides community stakeholder groups with updates regarding agency policy and practice initiatives, including any applicable data which is available.

SERVICE DESCRIPTION

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse and Neglect Hotline Unit

Missouri statute charges the Children’s Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect

reports. At the hotline unit, all calls are screened, assessed and classified by Children’s Service Workers, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY12 - SFY16:

| Fiscal Year | Total Calls | Admin. Functions | Remaining Calls | Classified CA/N | Classified Non CA/N Referral | Documented Calls |
|--------------------|--------------------|-------------------------|------------------------|------------------------|-------------------------------------|-------------------------|
| 2012 | 138,582 | 22,685 | 115,897 | 60% (69,102) | 16% (18,402) | 24% (28,393) |
| 2013 | 134,619 | 20,804 | 113,815 | 60% (67,691) | 16% (18,423) | 24% (27,701) |
| 2014 | 137,620 | 18,734 | 118,886 | 63% (74,883) | 16% (18,530) | 21% (25,473) |
| 2015 | 140,158 | 18,316 | 121,842 | 61% (74,713) | 16% (19,395) | 23% (27,734) |
| 2016 | 146,558 | 17,507 | 129,051 | 61% (79,232) | 17% (21,867) | 22% (27,952) |

Source: FACES Report for FY12-FY16

Administrative Functions are defined as:

- Requests for prior checks from medical examiners/coroners on child fatalities
- County call-outs after hours
- Questions about CA/N
- Request for a county office number
- Request for follow-up on a report the caller made previously
- Request for another state’s hotline number
- Call transfers (from one county to another)

As the chart above illustrates, the total number of calls received at the CA/N Hotline Unit has continued to increase over the past three years. During FY12-FY13 the percentage of calls falling into the three primary classifications (CA/N report, non-CA/N referral, Documented call) was the same (60/16/24). However, in August 2013 a statutory change requiring each Missouri mandated reporter to report incidents of CA/N individually rather than one report made by a designated reporter at a given school, institution, etc., resulted in a significant increase (over 7,000) in CA/N reports for FY14 compared to FY13. For FY15, total calls continued to increase but the percentage of calls classified as CA/N reports decreased by 2% with a comparable increase of 2% in Documented calls, which is more in line with the previous years (FY12-13) possibly due to mandated reporters making calls as a group (multiple reporters) on the same incident rather than individual calls. In FY16, total calls increased significantly (6,400) with a comparable increase in CA/N reports (4,519), but since there was no significant policy change the percentage of calls classified as CA/N reports was the same as in FY15 (61%) and non-CA/N referrals and Documented calls varied by only 1%.

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

| Year | Total Calls | Percent Answered | Avg # Busy Signals Monthly |
|------|-------------|------------------|----------------------------|
| 2012 | 138,582 | 90% | 1785 |
| 2013 | 134,619 | 89% | 3066 |
| 2014 | 137,620 | 87% | 3965 |
| 2015 | 140,158 | 86% | 5572 |
| 2016 | 146,558 | 86% | 5686 |

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

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

The incremental increase in busy signals over the last five years from 1,785 in 2012 to 5,686 in 2016 is attributed primarily to (1) continued staff turnover and (2) a statutory change in August 2013 that required each mandated reporter to make a separate hotline call on each incident of abuse/neglect. Previously a “designated” mandated reporter at a school, facility, etc., was allowed to make one call for all mandated reporters with knowledge of the incident at that agency.

Online Reporting: Due to continued increases in total 800# call volume and accompanying increases in hotline busy signals, an online reporting option called OSCR (Online System for Child Abuse/Neglect Reporting) was implemented on 11/21/16 for mandated reporters to file reports for non-emergency situations. During the initial phase, online reporting has been well-received by Missouri mandated reporters as a convenient way to make timely reports. The online option took 980 calls out of the 800# queue during the six weeks of initial operation in November/December 2016. It is anticipated online reporting will become more utilized during 2017 as the word spreads throughout the mandated reporter community and initial system glitches are resolved. The OSCR enhancement should continue to improve wait time in 2017 for all hotline reporters by taking a significant number of callers out of the 800# queue and for mandated reporters who have the option to submit online reports with no wait time. Additionally, the OSCR implementation has been a timesaver for hotline staff since OSCR reports can be processed in half the time as phone reports, freeing up hotline staff to take more calls.

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

additional mobility resource, the goal is for after-hours call-out procedures to be streamlined to allow hotline staff to focus entirely on answering incoming 800# calls.

Staff Turnover and Retention/Recruitment: Several factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children’s Division field office. Hotline staff are dedicated to statewide CA/N intake and are never required to assume investigative responsibilities.

Over the past few years several retention/recruitment steps have been taken. Since September 2013, temporary hourly staff with previous hotline experience have been hired/retained to fill coverage gaps while newly hired staff gain experience and speed in taking calls. In 2014, the career ladder was implemented, and during 2016 nine hotline workers had been retained after their promotion from Children’s Service Worker II to Children’s Service Worker III. In August 2016, an out-basing plan was implemented designed to forward overflow 800 calls from the centralized hotline in Jefferson City to designated field offices. For the first time since 1975, hotline staff began taking calls outside of Jefferson City: Four full-time Children’s Service Workers were out-based in Kansas City and one part-time worker was out-based in Boone County. Out-basing has allowed CD field staff to transfer to hotline positions at their current work location for the first time and has provided a larger pool of candidates to fill hotline vacancies. Over time, it is believed that the career ladder and out-basing will reduce turnover at the hotline.

Child Abuse and Neglect Hotline Unit Oversight: Peer Record Reviews (PRR) are conducted at the CA/N hotline to determine the quality of the screening, assessment, and classification protocols by those manning the phones using a structured decision-making method. The number of calls selected quarterly is based on a percentage of total number of calls received and classified as CA/N reports. These reviews are randomly selected by Research and Evaluation. The number of peer record reviews completed each year has increased from 6,419 in 2012 to 6,846 in 2016. The following chart shows the PRR results from the past five years:

| PRR CALENDAR YEAR | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|--------------|--------------|--------------|--------------|--------------|
| TOTAL CALLS REVIEWED | 6,419 | 6,793 | 6,725 | 6,755 | 6,846 |
| Was the answer to ENTRY question #11 summarized clearly? | 100% | 100% | 100% | 100% | 100% |
| Were all correct PATHWAYS chosen based on the answer to ENTRY question #11? | 99% | 99% | 99% | 99% | 99% |
| Was the call correctly classified as a CA/N Report? | 99% | 100% | 100% | 99% | 99% |
| Was the correct Response Priority chosen? | 99% | 99% | 99% | 99% | 99% |
| Was the correct Track assignment chosen? | 99% | 99% | 99% | 99% | 99% |

| | | | | | |
|---------------------------------------|------|------|------|------|------|
| Was the county of assignment correct? | 100% | 100% | 100% | 100% | 100% |
|---------------------------------------|------|------|------|------|------|

Source: Lotus Notes CANHU Peer Record Review Reports

As the chart above shows, there has been little change in peer review results (with accuracy in the 99%-100% range) over the past five years. The performance of the workers at the CA/N hotline unit has held steady over time indicating processes, such as training and supervision, are consistent.

Child Abuse and Neglect Reports

During SFY16 the Children’s Division completed 72,388 reports of child abuse/neglect, involving 106,067 children. This was an increase in reports of 5.5% from SFY15, and an increase of 5.4% of total children. Over the past three years, this represents a total increase in the number of reports by 6.1%. The continued increase in the number of reports screened as Child Abuse/Neglect (CA/N) Investigations or Family Assessments may be due in part to the following:

Changes in statutory reporting requirements occurred in 2013. When mandated reporters have reasonable cause to suspect child abuse/neglect they are required to immediately report to the Children’s Division. These statutory changes also prohibit any internal investigation prior to making a report of child abuse/neglect and prohibit any individual, supervisor, or administrator from impeding a mandated reporter from making the report. The changes also made reporting an individual responsibility. The Child Abuse and Neglect Hotline Unit (CANHU) has observed a continual increase in the number of incidents reported multiple times by multiple reporters. In SFY2013, 60% of all reports were made by mandated reporters, compared to 67% in SFY2016.

Continued efforts to make mandated reporter guidelines and training available to all mandated reporters, increased emphasis on community education of child abuse and neglect and substance abuse is ongoing.

| Incidents and Children Reported to the Child Abuse/Neglect Hotline | | | | |
|---|---------------|---------------|----------------|---------------|
| Year | Total Reports | Annual Change | Total Children | Annual Change |
| 2014 | 68,234 | 10.5% | 102,100 | 11.2% |
| 2015 | 68,623 | 0.2% | 100,625 | -1.4% |
| 2016 | 72,388 | 5.5% | 106,067 | 5.4% |

Source: Child Abuse and Neglect Annual Report, SFY16

Note: All counts of children are duplicated because a child may be reported more than once during the year.

Reporter Demographics: The Children’s Division’s centralized Child Abuse/Neglect Hotline Unit (CANHU) receives concerns from both “mandated” and “permissive” reporters. Mandated reporters are required by state statute (Section 210.115, RSMo.) to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Those who are mandated to report suspicion of child abuse/neglect are clearly identified in statute. Permissive reporters are those who are not required to

report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports made by mandated reporters has risen slightly over the last three years.

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY16.

| Reporters of Child Abuse/Neglect during SFY16 by Occupation | | |
|--|--------|---------|
| | Number | Percent |
| Permissive | 24,180 | 29.3% |
| Principal | 13,983 | 17.0% |
| Social Worker | 10,250 | 12.4% |
| Law Enforcement | 10,004 | 12.1% |
| Nurse | 4,804 | 5.8% |
| Mental Health | 4,440 | 5.4% |
| Teacher | 4,219 | 5.1% |
| Unknown | 3,107 | 3.8% |
| Other Person with Responsibility for Care of Children | 2,933 | 3.6% |
| Physician | 995 | 1.2% |
| Juvenile Officer | 850 | 1.0% |
| Day Care | 688 | 0.8% |
| Psychologist | 520 | 0.6% |
| Other Health Practitioner | 410 | 0.5% |
| Other Hospital/Clinic Personnel | 381 | 0.5% |
| Probation Officer | 182 | 0.2% |
| Intern | 188 | 0.2% |
| Minister | 130 | 0.2% |
| Medical Examiner | 81 | 0.1% |
| Jail/Detention Personnel | 30 | 0.0% |
| Coroner | 40 | 0.0% |
| Dentist/Dental Hygienist | 31 | 0.0% |
| Resident | 22 | 0.0% |
| Optometrist | 2 | 0.0% |
| Chiropractor | 2 | 0.0% |

Source: Child Abuse and Neglect Annual Report, SFY16

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

Many of the professions in the table above receive minimal or no training on the statutory obligations of being a mandated reporter or on abuse/neglect in general. A sub-committee of the Task Force on the Prevention of Sexual Abuse developed online standardized mandated reporter trainers, which became available to the public in November 2016. Targeted efforts have been made to notify several of the professions with a poor reporting rate of this new training opportunity.

Hotline Classification: Pursuant to Section 210.145, RSMo., the Children’s Division utilizes protocols based on Structured Decision Making (SDM) to classify and prioritize all calls to CANHU. The protocols provide a mechanism by which CANHU obtains and organizes information while giving priority to ensuring the safety and well-being of the child(ren) involved in hotline reports. Of the 72,388 reports in SFY16 which met criteria to be classified as child abuse/neglect, 45.7% were completed as

Investigations and 54.3% were completed as Family Assessments. This percentage remains consistent over time.

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

- All reports of child fatality,
- All reports of sexual abuse,
- Reports of serious physical injury,
- Reports of serious neglect,
- Reports which if true, would constitute a violation of specific criminal codes as specified by Missouri statute,
- Reports alleging a child is in danger at the time of the report and law enforcement is needed,
- Reports in which the alleged perpetrator is not a member of the family/household,
- Reports which may not fall into any of the above categories, but include factors such as age, location or seriousness of the allegation(s) which result in a substantial risk to the life, body, or health of the child or an alleged attempt to kill or cause serious injury to a child, or
- All reports referred to the Out-of-Home Investigation (OHI) Unit.

The Children's Division utilizes the following statutory definitions when making determinations of abuse/neglect:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being.
- Sex Trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.
- Severe Forms of Trafficking in Persons: Sex Trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
- Sex Trafficking Victim: A victim of sex trafficking or a severe form of trafficking in persons.

A regulation was promulgated in November 2015, and the following definitions were added to Missouri law:

Physical injury: Any bruising, lacerations, hematomas, welts, permanent or temporary disfigurement; loss, or impairment of any bodily function or organ, which may be accompanied by physical pain, illness, or impairment of the child's physical condition.

Sexual abuse: Any sexual or sexualized interaction with a child, except as otherwise provided in paragraph 2 below.

1. Sexual abuse shall include, but is not limited to:

a. Any touching of the genitals, anus or buttocks of a child, or the breast of a female child, or any such touching through the clothing; any act involving the genitals of a child and the hand, mouth, tongue, or anus of another person, or any sexual act involving the penetration, however slight, of a child's mouth, penis, female genitalia, or anus by any body part of another person, or by any instrument or object,

b. Any conduct that would constitute a violation, regardless of arrest or conviction, of Section 566, RSMo., if the victim is less than eighteen years of age, Section 567.050, RSMo. if the victim is less than eighteen years of age, Sections 568.020, 568.060, 568.080, or 568.090, RSMo., Sections 573.025, 573.035, 573.037, or 573.040, RSMo., or an attempt to commit any of the preceding crimes;.

c. Sexual exploitation of the child, which shall include:

i. Allowing, permitting or encouraging a child to engage in prostitution, as defined by state law, or

ii. Allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.

2. Any reasonable interaction with a child, including touching a child's body for the purpose of providing the proper or necessary care or support of the child, shall not be considered sexual abuse. The touching of a child's body, including a child's genitals, buttocks, anus, or breasts for reasonable, medical, child rearing or child care purposes shall not be considered sexual abuse.

3. The division shall not be required to prove that the alleged perpetrator received sexual gratification or that there was an exchange or promise of anything of value as a result of the act of sexual abuse to establish sexual abuse under Sections 210 or 211, RSMo.

4. The use of force or coercion is not a necessary element for a finding of sexual abuse.

5. Sexual abuse may occur over or under the child's clothes.

6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.

7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

Emotional abuse: Any injury to a child's psychological capacity or emotional stability demonstrated by an observable or substantial change or impairment in the child's behavior, emotional response, or cognition, which may include but is not limited to: anxiety, depression, withdrawal, or aggressive behavior; and which may be established by either lay or expert witnesses.

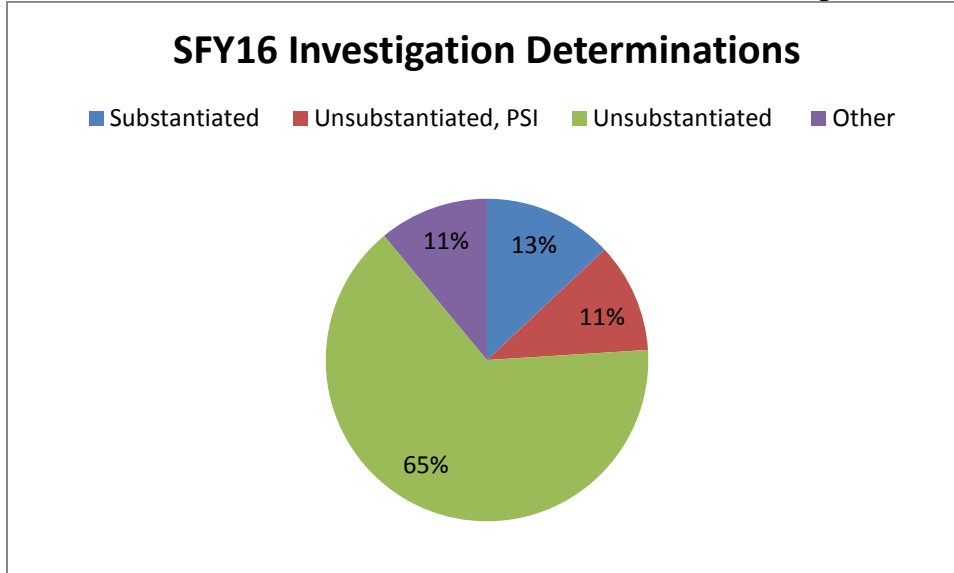
Proper or necessary support: Within the definition of neglect, adequate food, clothing, shelter, medical care, or other care and control necessary to provide for the child's physical, mental, or emotional health or development.

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

- **Preponderance of Evidence:** This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in Section 210.110, RSMo., as “the degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not.”
- **Unsubstantiated:** This conclusion is reached in the absence of sufficient evidence to determine child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.
- **Unsubstantiated-Preventative Services Indicated:** This investigative conclusion is reached when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence; however, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services be provided to the family.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children's Service Worker has searched all available resources that can help to locate the family and children,
 - Only after the supervisor agrees that sufficient attempts have been made and the Children's Service Worker has exhausted all available resources to locate the family.
- **Located out of state:** This conclusion is reached only after the Children's Division has verified the location of the alleged victim child(ren) as residing in another state. Every effort should be made to assure safety in the other state. Staff may not take the word of the reported caregiver of the child located out of state as a means of verifying the alleged victim's location in another state or to establish their safety or well-being.
- **Home Schooling:** This conclusion is reached when the parent has stated that he/she is providing for his/her child's education, and the Division has sent the report to the superintendent of the appropriate school district. A conclusion of home schooling is not appropriate when there is concern for educational neglect.

- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Child abuse and Neglect Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for investigations in SFY16.



Source: Child Abuse and Neglect Annual Report, SFY16
Other includes unable to locate, inappropriate report, located out of state, home schooling

| Substantiated Children by Category of Abuse/Neglect | | | |
|--|-------|-------|-------|
| Category | 2014 | 2015 | 2016 |
| Neglect | 64.1% | 58.5% | 59.1% |
| Physical Abuse | 29.8% | 22.8% | 22.1% |
| Sexual Abuse | 22.6% | 21.3% | 19.8% |
| Emotional Abuse | 7.7% | 4.9% | 5.0% |
| Medical Neglect | 4.2% | 2.7% | 2.7% |
| Educational Neglect | 1.4% | 1.3% | 1.0% |

Source for SFY16 data: Child Abuse and Neglect Annual Report, SFY16

Neglect accounted for the highest percentage of total substantiated reports. The overall substantiation rate has remained relatively stable over the last three years, although it dropped from 14.5% in SFY15 to 13.1% in SFY16.

Family Assessments: A Family Assessment is a classification of response by CD to provide for a prompt assessment of a child who has been reported to CD as a victim of abuse or neglect, the child's family, and, if necessary, the provision of community-based services to reduce the risk and support the family.

Family Assessment reports include:

- Mild, moderate or first-time non-felonious reports of physical abuse or neglect (including medical neglect)
- Reported abuse or neglect in which this incident occurred or likely occurred over one year prior to the report date, except for the following:
 - Sexual Abuse
 - Serious Physical Abuse
 - Serious Neglect
 - Mild or moderate reports of emotional abuse
 - Educational neglect only reports
- The following is a list of the determinations which may be reached at the conclusion of a Family Assessment:
 - Family Assessment-Services Needed: The family needs Family-Centered Services beyond the 45 day assessment period.
 - Family Assessment-No Services Needed: The family does not need Family-Centered Services from the Division or the community.
 - Family Assessment-Family Uncooperative, Child Safe: The family refused to cooperate during the Family Assessment process. The worker has been able to document the child is safe, therefore a case will not be opened for Family-Centered Services.
 - Family Assessment-Services Needed, Linked in Initial 45 Days: The family received services during the 45 day assessment period (either by the CD Children's Service Worker or by a community resource/support system). The family no longer needs services provided by the Children's Division.
 - Family Assessments-Services Needed, Family Declined: The Division offered to provide Family-Centered Services, but the family refused services. The worker has been able to document that the child is safe.
 - Unable to Locate: This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children's Service Worker has searched all available resources that can help to locate the family and children, and
 - Only after the supervisor agrees that sufficient attempts have been made and the Children's Service Worker has exhausted all available resources to locate the family.
 - Located out of state: This conclusion is reached only after the Children's Division has verified the location of the alleged victim child(ren) as residing in another state.
 - Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child's education, and the Division has sent the report to the superintendent of the appropriate school district.
 - Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for family assessments in SFY16. Percentages have remained consistent over the past five years among all categories.

| SFY16 Family Assessment Determination at a Glance | | | | | |
|--|-----------------|---------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| Family Assessment Determination | Services Needed | Services Not Needed | Family Uncooperative - Child Safe | Services Needed - Linked in 45 Days | Services Needed - Family Declined |
| Percentage | 11.2% | 72.9% | 4.1% | 8.3% | 3.4% |

Source: Child Abuse and Neglect Annual Report, SFY16

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in all of the child abuse/neglect reports received during SFY16:

| Relationship | Percentage |
|--------------------------------|------------|
| Natural Parent | 66.5% |
| Parent/Caretaker’s Paramour | 8.5% |
| Step-parent | 4.4% |
| Unknown | 3.9% |
| Grandparent | 4.0% |
| Aunt/Uncle/Cousin (Also Great) | 2.6% |
| Other | 3.3% |
| Friend | 1.0% |
| Adoptive Parent | 1.0% |
| Institution/staff | 0.7% |
| Sibling | 0.7% |
| School/personnel | 0.8% |
| Foster parent | 0.7% |
| Day care provider | 0.7% |

Source: Child Abuse and Neglect Annual Report, SFY16

In the table above, “unknown” refers to the relationship between the alleged perpetrator and the victim. “Other” refers to a known relationship that does not fall into one of the categories in the table.

The data below highlights perpetrator demographics for substantiated reports for SFY16. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (68.1%) were between the ages of 20 and 39.

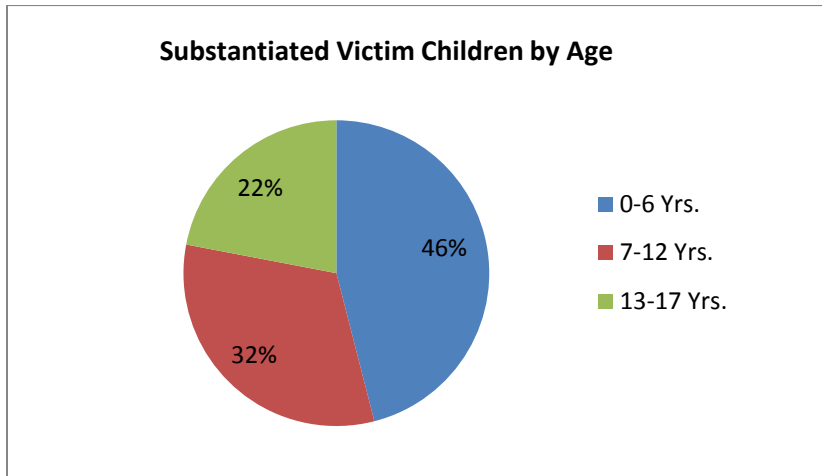
Slightly over half (54.9%) were male.

Three-fourths (75.0%) of the perpetrators were white and 17.2% were black.

While natural parents were the overwhelming majority of reported perpetrators, only 5.3% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.

The most prevalent perpetrator characteristics were having other drug related problems (20.9%). This is a significant increase from SFY15, which was 11.2%. Other prevalent perpetrator characteristics include having an adequate support system (15.1%), having a history of criminal behavior (13.1%), having no apparent mental/emotional disturbance (12.6%), and having a mental/emotional disturbance (10.4%).

Child Demographics: The data below highlights child demographics for Family Assessments and Investigations for SFY16:

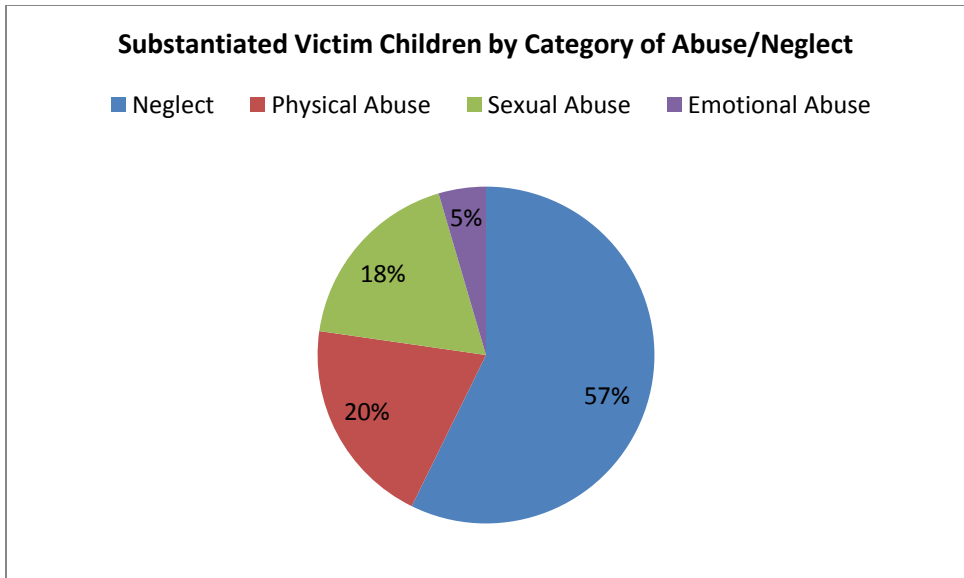


Source: Child Abuse and Neglect Annual Report, SFY16

Of the substantiated children, 54.6% were female and 45.4% were male. For Family Assessments, 48.7% were female and 51.2% were male.

Children birth through six years old constituted approximately 46% of all children involved in substantiated Investigations. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.

Children birth through four years old constituted approximately 34% of all children involved in substantiated Investigations. This demographic supports CD's goal to target services to Missouri's most vulnerable children.



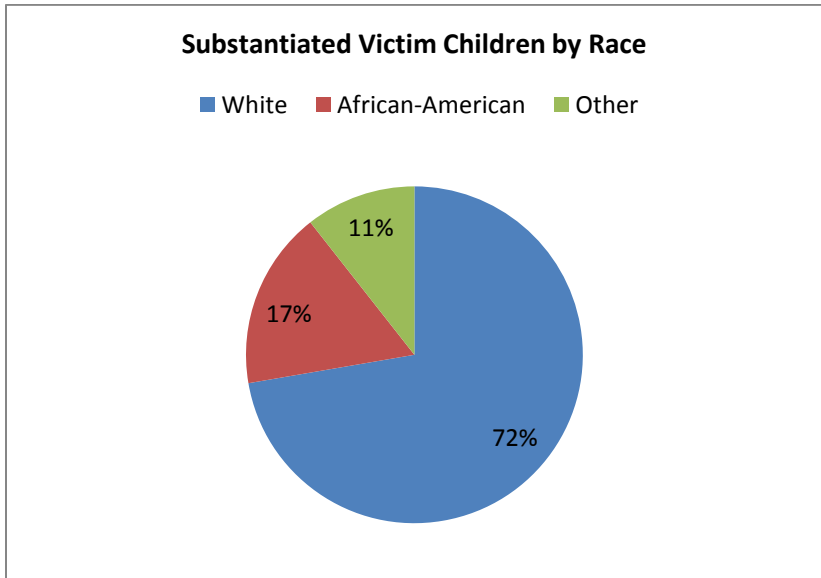
Source: Child Abuse and Neglect Annual Report, SFY16. Note: Percentages are over 100% because children can be substantiated for multiple categories.

Approximately 59% of substantiated neglect victims involved children birth through six years of age.

Approximately 53% of the substantiated sexual abuse victims involved children ages 12-17 years of age.

For substantiated reports in the Investigation track more female than male children were neglected and sexually abused. More male than female children were physically and emotionally abused.

Approximately 87% of the children who were found to be sexually abused were female and 68% of emotional abuse victims were female.



Source: Child Abuse and Neglect Annual Report, SFY16

For Family Assessments, 72.5% of children were White, 18.2% were African-American, and 9.4% were Other.

In comparison to the most recent Census data for Missouri, African-Americans were disproportionately represented in child abuse/neglect reports as only 11.8% of the population is African-American.

Children with Problem Sexual Behaviors: Senate Bill 341 was passed in the 2015 Missouri legislative session and went into effect on August 28, 2015. This bill authorizes the Children's Division to utilize a family assessment and services approach when reports are received containing concerns of children with problem sexual behaviors. Senate Bill 341 defined a child with problem sexual behavior as 'any person, under fourteen years of age, who has allegedly committed sexual abuse against another child'. These reports are to be screened in by the Child Abuse and Neglect Hotline Unit when any child under the age of fourteen (14) is alleged to have committed an act of sexual abuse against any person under the age of eighteen (18). Historically, these reports have been classified as non-caretaker referrals which the Division referred to the juvenile office and/or law enforcement for investigation of potential delinquent acts. The intent of Senate Bill 341 is to provide an avenue for intervention and treatment for these children. In addition to addressing the needs of the victim(s), the Division completes a holistic assessment of the child with problem sexual behaviors and their family. The purpose of the assessment is to help determine if the incident involved problematic behavior and to address any safety and service needs. The Division completes a safety plan when an act of sexual abuse has been witnessed by an adult; there has been a disclosure from the child victim, when the child has admitted to problem sexual behavior, and/or when a parent/caregiver is concerned that their child is exhibiting problem sexual behavior. The Division makes a referral to the juvenile office prior to beginning the assessment process when the act involved a weapon or serious physical injury. The child may also be referred to the juvenile office when the parent/caregiver does not engage in the assessment process, when there is no evidence the parent/caregiver(s) are taking steps to prevent future problem sexual behavior, when there is a repeated incident, and/or when the assessment reveals the child's behaviors are of such severity that the child cannot be safely maintained in the home and/or community.

The Children's Division received 3,585 Juvenile Reports in SFY16.

Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY16:

Children's Division launched a CA/N program-based workgroup in CY12. The workgroup includes representatives from Central Office, Regional Offices, CANHU, Out of Home Investigation Unit, Training and Workforce Development, and the Department's Division of Legal Services. The CA/N workgroup has focused efforts to engage and receive input from multiple levels and program lines within the Children's Division to affect positive advances in policy and programmatic development. Members of the CA/N workgroup review draft policy changes related to CA/N and are able to provide feedback prior to implementation. Draft policy changes are also sent out to field-based administrators such as Circuit Managers and Children's Service Supervisors in order to obtain a broader lens of impact and functionality, which works to deepen our combined efforts toward a common goal of developing best practices in balance with considerations of application. The following are highlighted policies published throughout CY16. Some have a direct impact on the CA/N Program only, while others touch multiple program lines. It may be worthwhile to note, though not necessarily quantifiable, many of these policy and programmatic advancements play a significant role in supporting the implementation, assurance, and improvement of best practice in vital areas such as children's safety, family engagement, and service delivery.

| Memorandum Number | Summary |
|-------------------|---|
| CD16-04 | Added criteria for preventive service referrals when concerns are received at the Child Abuse Neglect Hotline Unit (CANHU) from non-medical reporters that a newborn was born within the last thirty (30) days to parents who have significant prior history with child protective services including, but not limited to, removal of other children that resulted in termination of parental rights. |
| CD16-05 | Introduced improvements to the notification process of hotline dispositions. Also provided legal clarifications to making POE findings on categories of abuse. Introduced a new mechanism to facilitate tracking of perpetrator's appeal requests. |
| CD16-16 | Clarified collaborative responsibilities between the Out-of-Home Investigator and the Resource Development Worker when a hotline is received on a resource home. |
| CD16-20 | Informed staff to changes in statute and regulation around physical abuse examinations completed by SAFE-CARE doctors. |
| CD16-25 | Introduced new system changes allowing individuals to be placed on the Central Registry when eligible under statute and when the Children's Division does not have a preponderance of the evidence investigative finding. |
| CD16-63 | Introduced new legislation that requires the courts to notify the Children's Division when the court adjudicates, either through juvenile or criminal court, that an individual qualifies for placement on the Central Registry. |
| CD16-64 | Introduced new legislation requiring all investigations involving children <i>under</i> the age of four (4) to include either an examination of the child or a review of the child's case file and photographs by a SAFE-CARE provider as part of the investigation. This legislation also requires the Children's Division to make a referral to the Juvenile Office any time a child under the age of four (4) is diagnosed as a victim of physical abuse. Investigative staff also are now required to complete four (4) hours of medical forensics training annually. |
| CD16-84 | Introduced a new online reporting system for mandated reporters to report allegations of child abuse/neglect in non-emergency situations. Also introduced new online training for mandated reporters. |
| PP17-IA-01 | Clarified how to appropriately conclude fatality reports in FACES. |
| PP17-IA-02 | Clarified report transfer procedures between counties. |

Differential Response Pilot: 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 repeat maltreatment. Staff participating in the pilot has reduced caseloads as staff is allowed to keep assessments open up to 90 days. All policies currently in place in regards to the completion of family assessments were eliminated with the exception of those statutorily required.

One element of implementing differential response was eliminating non-essential or non-effective forms and practices or making them optional in a "tool box" that is available to workers. This allows the workers to use more discretion and tailor goals and responses to individual children, families, and communities as well as engaging and partnering with them. It also gives workers a more focused approach and more time is spent on the safety and wellbeing of children, youth and families.

Some of the tools that are available to workers during their assessment process include the following:

- Genogram
- Culturagram
- Eco-map
- Timeline
- Fit Circles
- NCFAS G+R

Workers are also expected to thoroughly document the assessment of the family, safety, risk, services provided, and case consultations. Supervisor discretion is used to determine the number of home visits and collateral contacts that are needed for each family assessment. The number should be based on the needs of the family. This may be one home visit per week or just weekly contact with the family through in-person, phone, collateral, or other types of contacts. Collateral contacts should be meaningful to the family's situation. Proper releases are to be used and workers tell parents that someone will be contacting collaterals to obtain additional information as needed.

After the initial pilot sites began in July 2015, differential response expanded to 18 circuits in March 2016 and an additional 12 circuits during May-September 2016. During the expansion period, Central Office staff met with circuits to lend support to workers and supervisors in the way of coaching. Feedback from pilot sites has been positive in that it was found differential response increased family and worker satisfaction, improved family engagement, and circuits reported improved outcomes when it came to being able to serve families without court intervention.

In March 2017, the Children's Division's Leadership Symposium, which consisted of supervisors and specialists from all over the state, was able to showcase the initiative by inviting Central Office staff to talk about differential response and get feedback from the circuits. It also allowed staff the opportunity to collaboratively discuss how differential response has worked in their circuits. One break-out session included "speed geeking" which consisted of a frontline worker discussing how they implemented differential response in their circuit and allowed those attending to ask questions and discuss ideas for assessment, engagement, and service for children and families.

As the differential response pilot has rolled out over most the state, the next step was to discuss and analyze what has been working well for each of the circuits to use as a guide for other circuits. A differential response focus group was formed in April 2017 to bring frontline workers and supervisors from all over the state together to discuss what has been working well for them in hopes of developing policy and giving additional support and guidance to staff. This focus group continues to be on-going.

The Child Abuse and Neglect Review Board(s)

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

The alleged perpetrator can seek administrative review if:

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

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

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children’s Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are five boards meeting monthly. Three boards meet in Jefferson City, one in St. Louis, and the fifth board meets in Kansas City. In 2015, the Children’s Division requested the establishment of a sixth board in Springfield based on the number of requests in the southwest part of the state. The Governor’s office is currently involved in making three more appointments for the Springfield board; six board members have been appointed and confirmed. The goal is to implement the Springfield board during 2017.

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

Outcome of CANRB Reviews 2012-2016

| CANRB REVIEWS | 2012 | 2013 | 2014 | 2015 | 2016 |
|----------------------|-------------|-------------|-------------|-------------|-------------|
| UPHELD | 272 | 269 | 312 | 329 | 318 |
| REVERSED | 142 | 137 | 142 | 178 | 180 |
| TOTAL | 414 | 406 | 454 | 507 | 498 |
| PERCENTAGE UPHELD | 66% | 66% | 69% | 65% | 64% |

Source: CANRB CY12-CY16 Reports Produced by the Child Abuse/Neglect Hotline Unit

As illustrated above, CD’s preliminary findings of child abuse/neglect by a preponderance of evidence have been upheld in approximately two out of every three CANRB reviews since CY12. Children’s Division’s effort to provide Legal Aspects for Investigations training to front-line staff and supervisors, as well as management coaching, practice points, policy changes and memo instructions, has contributed to this outcome. The division does not have specific data regarding the reversed findings, as each Board’s reason for reversal is case-specific. On each reversed finding, the Board chair is asked to document the Board’s reason for reversal for direct feedback to the Children’s Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter to CD of the Board’s decision to reverse.

Background Screening and Investigation Unit

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

Over the past five year period, BSIU processed approximately 100,000 background screenings each year:

| 2012 | 2013 | 2014 | 2015 | 2016 |
|---------|---------|---------|---------|--------|
| 106,766 | 103,009 | 107,577 | 105,781 | 97,368 |

Source: BSIU CY12-CY16 Reports Produced by the Child Abuse/Neglect Hotline Unit

The decrease in BSIU screening requests for CY2016 is likely attributed to an increased use of the Family Care Safety Registry (FCSR). State statute requires employees of licensed day care facilities, residential care facilities/ child placing agencies licensed by Department of Social Services (DSS), and foster or group homes licensed by DSS, to register with FCSR for their screenings. Although school employees are not required to register with FCSR, more schools (and other agencies) choose the FCSR service because it provides background screening information from the Missouri State Highway Patrol, Department of Mental Health, and the Department of Health and Senior Services in addition to the child abuse and neglect screening provided by BSIU.

Child Assessment Centers

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

Child Advocacy Centers in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are also located in Union, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 22 fully accredited locations around the state.

All CACs in Missouri are accredited by the National Children's Alliance. CACs go through an extensive accreditation process which requires they meet ten areas of criteria for providing services. All CACs are reaccredited every five years. Beginning in January 2017, Missouri's CACs must meet revised standards established by the National Children's Alliance. The new standards require stronger demonstration of the victim advocacy, mental health, medical response and case review areas of accreditation.

According to data collected by Missouri KidsFirst, Missouri's CACs served 7,233 children in 2016 compared to 7,180 children during SFY15. Until SFY 2015, the number of forensic interviews conducted by CACs historically increased every year by several hundred.

Missouri KidsFirst works with all the CACs coordinating public policy advocacy, providing support, training and technical assistance to each of the regional centers in the state. Missouri KidsFirst has a Board of Directors made up of leaders from across the State representing a diverse variety of backgrounds. The Board of Directors was developed to promote and support the financial viability of the Missouri Network of Child Advocacy Centers. The Directors of Missouri's 15 regional CACs make up the Missouri Network of Child Advocacy Centers, a program of Missouri KidsFirst and serve as an advisory board.

In the past two decades, Missouri KidsFirst has successfully expanded its work from advocating for CACs to building a child abuse prevention network throughout Missouri. Missouri KidsFirst serves as the state chapter of both the National Children's Alliance and Prevent Child Abuse America. Rooted in the belief that all adults are responsible for the safety and protection of children, the mission of Missouri KidsFirst is to empower adults to protect children from abuse. If children are to be kept safe, adults need to have the knowledge, skills, and understanding required to act on the behalf of children who are abused. This work falls into roughly three broad categories: education, advocacy, and prevention.

Missouri KidsFirst empowers adults by providing education. Through professional development for nurses, prosecutors, teachers, clergy and many others who dedicate some portion of their working lives to children and families, Missouri KidsFirst seeks to ensure professional communities understand best practices for helping children victimized by abuse. Missouri KidsFirst also facilitates communication among professionals who must work together to ensure the safety and welfare of Missouri's children.

Often, empowering adults to protect children means changing the systems developed to protect them and help families. As best practices evolve, so must policies. This is why Missouri KidsFirst helped push for and lead Missouri's Task Force on the Prevention of Child Sexual Abuse and continues to work on implementing recommendations of the task force through legislative advocacy. They also advocate to secure funding for Child Advocacy Centers (CACs) throughout our state.

Missouri KidsFirst coordinates the Missouri Stewards of Children Facilitators Network. This network

provides sexual abuse prevention education by utilizing the Darkness to Light's Stewards of Children curriculum. They also organize an annual Pinwheels for Prevention event every April during Child Abuse Prevention month.

Sexual Assault Forensic Examination - Child Abuse Resource and Education Network

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

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

In SFY16, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. Monthly online training was held for current SAFE-CARE providers, in addition to in-person classroom training. The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. In SFY16 the number of SAFE-CARE providers remained stable at 47. According to the Department of Public Safety's SAFE payment program, there were 1,704 child SAFE exams in SFY16.

The Children's Division collaborated with SAFE-CARE providers to develop Applying Medical Evidence within a Legal Framework training for Children's Division Worker IV's. This training was offered once in CY2016 and co-trained with CD's legal aspects trainer and Dr. Linda Shaw. New legislation in 2016 requires investigative staff to complete four (4) hours of medical forensics training. In response to this Missouri KidsFirst, several SAFE-CARE providers, and the Children's Division has developed training for Children's Division staff primarily taught by medical providers on various topics related to medical issues common to child abuse and neglect investigations.

New legislation was enacted in 2016 requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation be either evaluated or have a case review completed by a SAFE-CARE provider. Approximately 1,102 children were referred to a SAFE-CARE provider as a direct result of this legislation between August and December 2016.

Task Force on the Prevention of Sexual Abuse of Children

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session. The Task Force issued its final report in December 2012 with numerous recommendations centered on community-based child sexual abuse prevention, professional training and

technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force continues to be active and meets quarterly with a large representation from various professions involved in the child welfare system. There are numerous sub-committees working on the recommendations from the initial task force report. The Children's Division is active in the Mandated Reporter Curriculum, the Multi-Disciplinary Best Practices, and the Youth with Problem Sexual Behaviors sub-committees.

Some of the highlights of the work done through the Task Force in CY2016 include:

- The Mandated Reporter Curriculum sub-committee completed development of online training for mandated reporters of child abuse and neglect to provide a consistent and easily accessible training on statutory requirements and other important information pertinent to reporting child abuse and neglect. This training, which is free of charge, was released in the fall of 2016 and several hundred mandated reporters have completed the training.
- \$1.25 million was appropriated for a new Medicaid code for evidence-based mental health services for children served by Child Advocacy Centers.
- The Task Force was instrumental in the passage of House Bill 1562 which provides protection of records involving forensic interviews.
- The Task Force was instrumental in the passage of SB638 which contains provisions that require DESE to create a Trauma Informed Schools Initiative and, subject to appropriation, a pilot program in select Missouri schools.
- The University of Missouri-Kansas City Institute for Human Development completed an evaluation project of Missouri's multi-disciplinary team (MDT) functioning.
- The Youth with Problem Sexual Behaviors sub-committee facilitated the provision of "Using a Multidisciplinary Approach to Respond to Reports of Youth with Sexual Behavior Problems" training. The training is designed to improve the multidisciplinary team response of and among professionals tasked with responding to reports of youth with sexual behavior problems, including Children's Division, law enforcement, Juvenile Officers, child advocacy center staff, and mental health providers. Fifty people attended the first training in October 2016.
- The Missouri Children's Trauma Network is a group of clinicians and advocates dedicated to expanding access to evidence-based mental health treatment for traumatized children. The Network has provided training on motivational interviewing, problem sexual behavior and cognitive behavioral therapy (PSB-CBT), trauma-focused cognitive behavioral therapy (TFCBT), and eye movement desensitization and reprocessing techniques (EMDR). The Network provided a Missouri Children's Trauma Network Training Summit in the spring of 2016. This network is a direct result of the work of the Task Force on Child Sexual Abuse and is now an independent entity sponsored by the Missouri Coalition for Community Behavioral Healthcare and Missouri KidsFirst.

Human Trafficking

The 2015 legislative session created a task force on human trafficking that included the Department of Social Services as a required member. The purpose of the task force was to raise awareness of the human trafficking problem in Missouri and provide organizations and agencies which enforce human trafficking laws and assist victims with a central place to share information. Representative Elijah Haahr served as chair of the task force. Other members of the task force included: Representative Cloria Brown; Senators Bob Onder and Gina Walsh; Lane Roberts, Director of the Missouri Department of Public Safety; Ben Butler, Cass County Justice Center; Rene Yoesel, Department of Elementary and Secondary Education; Melody Yancey, Department of Social Services; Dr. Terra Frazier, D.O., Children's Mercy Hospital; Sheriff Rick Walter, Scott County Sheriff; Emily Russell, Brandon Cox, F.R.E.E. International; Sarah Martin, National Council of Jewish Women; Sam Dotson, St. Louis Metropolitan Police Department; Deb Hume, Stop Human Trafficking Coalition; Bruce McKinnon, Audrain County Juvenile Court; Gail Reynoso, Missouri Coalition Against Domestic and Sexual Violence; Leslie Schneider, Boone County Judge; Kelly Schultz, Office of Child Advocate; Emily van Schenkhof, Missouri Kids First; Ginger Steinmetz, office of the Attorney General; and Melodie York, Department of Mental Health. The task force held eight public hearings across Missouri to assess the state of Missouri's resources and access for human trafficking victims.

The task force met on August 25, 2015, in Jefferson City; October 8, 2015, in Kansas City; October 13, 2015, in St. Louis; October 28, 2015, in Springfield; December 1, 2015, in Jefferson City; September 7, 2016, in St. Louis; September 29, 2016, in Columbia; and November 15, 2016, in Jefferson City.

The following recommendations for the 2017 legislative session were proposed:

1. Create a Human Trafficking Response Coordinator position or positions, perhaps within the Office of Administration. The person or persons holding this position would be responsible for creating a statewide human trafficking response plan, as well as coordinate multiple efforts by Public Safety, Children's Division, DESE, Mental Health, Health and Senior Services, prosecutors, child advocacy centers, federal government, and non-profit organizations.
2. Build on conviction expungement legislation passed in 2016 to include the vacating of convictions for offenses committed by trafficking victims that arose as a result of the victims' status as trafficking victims.
3. Refile language from Representative Cloria Brown's HB 2561 (2016) requiring various establishments, specified in the bill, to display in a conspicuous place near the entrance of the establishment a poster that provides information regarding human trafficking, including what it is and resources victims have for getting help. Any establishment required to display the poster that fails to display such poster shall be subject to the penalty provisions of the bill. Department of Public Safety will create the poster, and the poster will be made available for printing on the department's website.
4. Appropriate funding for comprehensive human trafficking education for law enforcement, addressing all types of trafficking (sex and labor trafficking, victimization of adults and children, etc.). The task force strongly encourages education to be provided during the Basic Police Academies in Missouri. Alternatively, human trafficking education could be added to the

continuing education credits each law enforcement officer is required to obtain after graduating from the academy.

5. Appropriate funding to provide necessary (short-term and long-term) housing and services for trafficking victims.
6. Establish the crimes of coercion and extortion for threats to report illegal immigration status to officials for the purpose of extorting money.
7. Reinstate funding for the Missouri Department of Labor inspectors who look for labor trafficking violations and other labor-related issues.
8. Legislation to continue the task force for another calendar year, with two survivors appointed to the task force. This would help flesh out many of the issues that arose during the hearings held this past year, including from witness testimony and subsequent task force discussions.

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children’s Division has contracted with Cornerstones of Care to provide introductory training on Human Trafficking to staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. The majority of frontline staff and Older Youth Chafee providers received this training in CY2015 and CY2016. Cornerstones of Care will continue to provide this training on an as needed basis for new staff and any employee that has not yet received training on human trafficking.

The following are policies that have been implemented to specifically address human trafficking and the commercial sexual exploitation of children:

| Memorandum Number | Summary |
|-------------------|---|
| CD15-64 | Provided an introduction to definitions, prevalence and indicators of CSEC, and trauma bonding. Revised missing person report procedures to include a requirement to notifying the National Center for Missing and Exploited Children (NCMEC), the requirement to assess children’s experiences while missing from care. This memo also introduced staff to the human trafficking training requirement. |
| CD16-14 | Provided definitions of missing child/juveniles under Missouri statute. Clarified the process to report to NCMEC. Notified staff of a change in policy to allow for the release of foster children’s photographs to law enforcement and NCMEC for the purposes of recovering missing/run-away youth. Introduced policy requiring staff to take/obtain a photograph of all children in care upon entry and at regular intervals. |

A new child abuse and neglect screening criteria has been developed for alleged victims of sex trafficking. When the following condition has been met, the Child Abuse and Neglect Hotline Unit (CANHU) will screen in reporter allegations as a child abuse and neglect report if the alleged perpetrator has care, custody, and control of the alleged victim:

Child(ren) of any age has forcefully or willingly been involved in any type of sexual act in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third party profits from the child's sex act. This also includes situations in which the child's basic needs are met in exchange for a sexual act and situations in which the child's parent/caregiver allows, permits, or encourages a child to engage in a commercial sex act. Examples include pornography, prostitution, stripping, and survival sex.

FACES is working to implement this new condition into screening protocols to allow Children's Division staff to make determinations of whether children are found to be victims of sex trafficking. Once FACES updates are complete, data will be available and will be tracked to determine the number of children victimized by sex trafficking.

The Children's Division suggested two proposals for the 2017 legislative session to assist in better identifying victims of sex trafficking. One proposal is to add sex trafficking to Missouri's definition of child abuse and neglect. The second proposal is to expand the definition of care, custody, and control to those who take control of the child by deception, force, or coercion.

Children's Division staff continue to expand their awareness of and response to concerns of human trafficking by developing local protocols within multi-disciplinary teams, collaborating with federal law enforcement agencies for assistance in investigating cases of suspected trafficking, participating in various local human trafficking task forces, and developing local procedures to address youth who run away from foster care.

PROMOTING SAFE AND STABLE FAMILIES PROGRAM

Intensive In-Home Services

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

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

This program is provided through purchased services by vendors contracted with the state. Intensive In-Home Services are available to all 46 circuits within the State of Missouri.

According to the CD Annual Report, Table 38, in SFY16, 1,795 families and 4,631 at-risk children were accepted into the IIS program. In SFY15 there were 1,848 families and 4,611 children served. In SFY14 there were 1,918 families and 4,983 children served. Intensive In-Home Services is recognized statewide as being a program which diverts children from entering foster care and allows them to remain safely with family, thus it is important for the program to serve as many children and families as possible. There was

a slight decrease in the number of families served from SFY14 to SFY16 which can be attributed to a lower amount of families with a perceived need (due to lower FCS numbers).

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY16, 39% of the children served by IIS were age five and under. In SFY15 and SFY14, the percentage of children five and under was 40%. The IIS program provides an array of services specifically targeted towards early childhood.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the CD Annual Report, Table 39, in SFY16, 78% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 77% in SFY15 and 76% in SFY14. According to SFY16 IIS Annual Report, Table 24, in SFY15, 6% of children were removed during the IIS intervention. It is also important to remember there are times when placement into foster care or another placement outside of the home is in the best interest of the child.

In addition to monitoring the outcomes discussed within, the IIS Program Development Specialist participates in the Peer Record Review (PRR) process, which is also used to measure program outcomes. These reviews are conducted quarterly and a sample of cases is reviewed in each region. The Division and the contractors for the region partner to review cases to ensure contract compliance and help identify barriers to providing quality services. The review typically includes, but is not limited to, IIS specialists, IIS supervisor(s), site coordinator(s), regional site coordinator, and the Central Office Program Development Specialist.

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

In December of CY15, the IIS and Intensive Family Reunification Services (IFRS) training contract was awarded to three IIS contracted providers. The IIS/IFRS training contract provides specialized training as required in order to ensure that contracted intensive in-home specialists, intensive family reunification specialists, and supervisors may successfully provide IIS/IFRS to families, according to standards of best practice. IIS/IFRS training functions to train IIS/IFRS practitioners in this service model. IIS specialists and supervisors continue to self-report the increasing needs and severity level of families served. As a result, the regions and intensive in-home service providers offer input on training topics they would like added to the training curriculum to ensure specialist are better equipped to work with families. Children's Division staff is also encouraged to attend any of the trainings offered through the IIS/IFRS training contract.

In July 2016, (FY17), an additional one million dollars was made available for the IIS program based on the need for additional prevention services and the success of the program. This allowed for fourteen additional specialists across the state. Children's Division determined where the additional specialists should be allocated based on the current percentage of specialists and the current percentage of LS-1 entries in each intensive in-home site. Based on the difference this determined the need in each of the intensive in-home sites.

The current IIS contract will be expiring in June 2017. A new contract period is scheduled to begin in July 2017. The contractors all provided input on the current contract and suggestions for how to enhance a future contract to ensure we are meeting the needs of the families and children served through the IIS contract. The new contract will allow contractors to submit their own practice models for the IIS program and will put an emphasis on evidence based practices.

Intensive Family Reunification Services

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family which will maintain the child(ren) safely in the home following the intervention. Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care, and there is regular visitation between parents and their children. The contract also allows youth placed in residential treatment through guardianship and adoption subsidy to participate in IFRS to aid in reunification.

Contracted staff provide intense, time-limited family reunification services to families. Staff meet with families within 72 hours of the IFRS referral. The child(ren) is typically returned to the family within two to four weeks of referral to allow the specialist ample time to work with the entire family. An IFRS specialist's caseload varies based on the stage of intervention, and they serve a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days. The IFRS specialist and the foster care case manager work closely together throughout the intervention. The level of involvement will depend on the local protocol and the needs of each family.

The contract has three stages of intervention. Stage one is focused on preparing the family and child(ren) for the child(ren)'s return to the home. This stage includes visits between parents and child(ren) observed by the specialist. A specialist can serve a maximum of five families in stage one. Stage one is typically two to four weeks in duration. Stage two is intensive service delivery to the family immediately following the child(ren)'s return home. A specialist can serve a maximum of three families in stage two and this stage typically lasts six to eight weeks in duration. Stage three is a step down, follow up stage, focusing on resolving issues that arise following the removal of intensive services. The specialist conducts one home visit each month for ninety calendar days to monitor family functioning. A specialist can serve a maximum of eight families in stage three.

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

- Resolving child abuse/neglect

- Parenting education
- Mentoring and modeling for families
- Child development training
- Counseling
- Communication and negotiation skills
- Home maintenance/housekeeping skills
- Developing linkages with community resources
- Other individualized services meeting specific needs of the family

There are 13 contracted IFRS specialists in Missouri. Sites offering IFRS include:

- Site #941: Jackson and Cass Counties
- Site #942: St. Louis City, St. Louis County and St. Charles Counties
- Site #943: Boone, Callaway, Cole, Camden, Miller, Laclede, Moniteau and Morgan Counties
- Site #944: Jasper, Newton and McDonald Counties
- Site #945: Osage, Franklin, Gasconade and Jefferson Counties
- Site #947: Crawford, Dent, Iron, Reynolds, Wayne, Perry, Bollinger, Cape Girardeau, Washington, Madison, Ste. Genevieve and St. Francois Counties.
- Site #948: Scott, Mississippi, New Madrid, Pemiscot, Stoddard, Dunklin, Butler and Ripley Counties
- Site #950: Greene, Christian and Taney Counties

IFRS does not have a stand-alone outcomes report, thus all FACES data must be retrieved through ad hoc requests made to the Research and Evaluation Unit. According to an ad hoc report produced in January 2017, there were 93 Families served during CY 2016. In SFY14 there were 100 families served. The cause of this minor decrease can be contributed to a number of factors including: worker turnover, under-utilization, lack of understanding about the program, and a decreased service need in certain circuits. Also, the award of the new contract in April of 2014 caused a decrease in referrals because of delay of award, new contractors and staff, and new sites/reconfiguring.

Since conversion to the FACES system, data entry issues have impacted all IFRS data collection, particularly follow-up data which provides insight into the effectiveness of this program. The Division relies on contracted staff to enter the follow up status into FACES for each child served. Follow up data was first available electronically in SFY11 when IFRS was put into FACES. The table below illustrates the percentage of children in foster care at three, six, and twelve months following the intervention. Some of the other follow up statuses include: unable to locate family, child ran away, information not available, and other. The percentages for each of the other exit statuses were statistically insignificant and will not be listed and compared in this report. With some changes in contractors and sites and some needed data entry clean up, it was difficult to gather more in-depth accurate data for SFY15. Although the missing data is concerning, the percentage of children in foster care at each of the succeeding intervals is less susceptible to data entry issues.

| Fiscal Year | Foster Care 3 months | Foster Care 6 months | Foster Care 12 months |
|-------------|-------------------------|-------------------------|--------------------------|
| 2013 | 16% | 19% | 17% |
| 2014 | 10% | 4% | 7% |
| 2015 | 12% | 2% | 6% |
| 2016 | 15% | 7% | 5% |

For SFY16, the percentage of children in foster care at 3, 6, and 12 months following the IFRS intervention has risen slightly. As discussed in the foster care section, the state focused efforts on improving engagement with families which will lead to a reduction of removals and better permanency outcomes for children.

Comparing outcome data for this program should be considered lightly as there are many factors which determine whether a child is returned home including the court and the family support team. While a family is working with an IFRS specialist, the family is also working with a foster care case manager and potentially several other service providers. Thus, it is difficult to determine the efficacy of the IFRS program in isolation. The other services provided to the family also have an impact on the family's status. In addition, it is important to remember a child placed outside of the home may have a positive outcome depending on the situation. If the child needs to be out of the home due to a mental health reason or to protect the safety of the other children in the home, the intervention may still be considered a success.

Missouri is currently in the process of restructuring the contract surrounding this program. Although not final, plans are being made to combine this program into the Intensive In Home Services program. This would allow more families to be served and also loosen some of the time constraints, allowing work with families to be done within the first 30 days of a case opening, or after a child returns home as needed by the specific case situation.

FAMILY SUPPORT SERVICES

Family-Centered Services

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment and promoting health and appropriate parenting skills. Family-Centered Services seek to empower the family and minimize their dependence upon the social service system.

In SFY16, there were 18,087 active FCS cases compared to 19,331 during SFY15, and 20,091 in SFY14. (Source: CD Annual Report, Table #9). The total number of FCS cases in SFY16 decreased by 6.4% from SFY15. This decrease is attributed to the number of children active in out-of-home care increasing

by 4.4% (Source: CD Annual Report, Table #35). Fewer intact (no court involvement) FCS cases are being opened because more children are entering out-of-home placement. As the number of children entering out-of-home care increases, the percentage of intact (no court involvement) FCS families decreases.

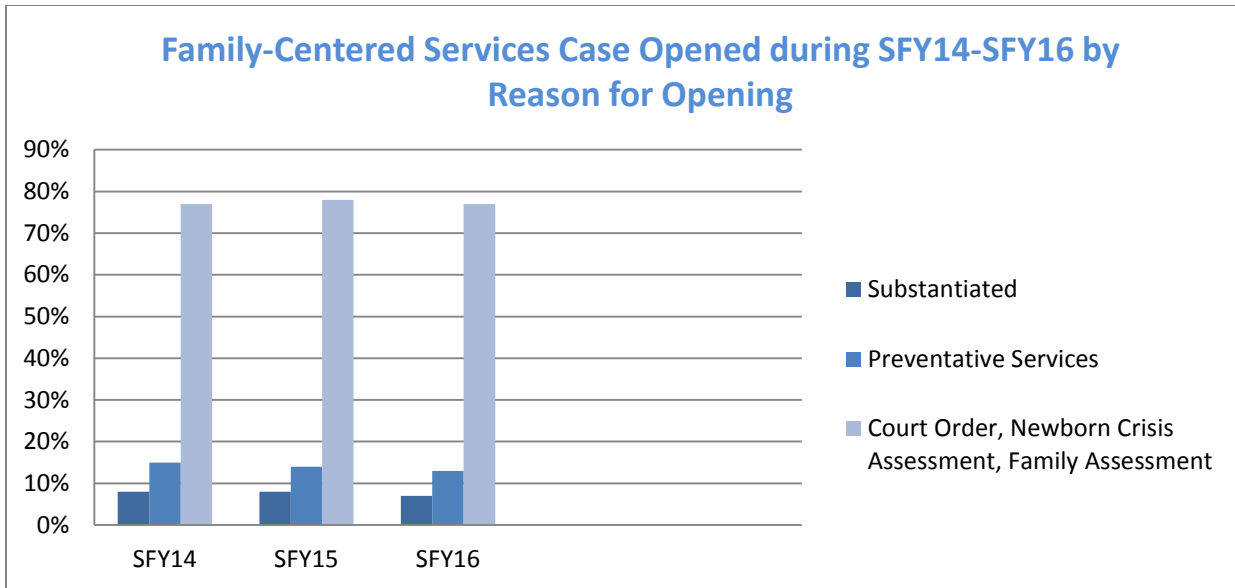
Family-Centered Services Cases Active SFY14 - SFY16

| Fiscal Year | Cases Active | Percent Change from Prior Year |
|-------------|--------------|--------------------------------|
| SFY14 | 20,091 | 1.3% |
| SFY15 | 19,331 | -3.8% |
| SFY16 | 19,331 | -6.4% |

Contributing to the decrease in active FCS cases was guidance provided through a practice point from Central Office during CY14. The practice point provided direction for when a Family-Centered Service (FCS) case should be opened and closed on a parent of a child in out-of-home placement. This resulted in staff examining caseloads and considering all factors when opening and closing FCS cases. A continued effort was made during FY15 to provide staff guidance on when to open FCS cases with families served through alternative care.

As referenced in the CA/N Section a differential response pilot began in July 2015. Differential response expanded to 18 circuits in March 2016 and an additional 12 circuits during May-September 2016. With the growth of the differential response pilots fewer FCS cases are opened as the families receive services through the differential response pilot. Families at a lower risk level are being served through the differential response pilot while families at a higher risk level are still being served through FCS.

In SFY16, approximately 7% of FCS families were served as a result of substantiated child abuse/neglect reports (664 out of 9,194; Source: CD Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 13% of the total served. Almost 3% of the cases were opened due to court order. The remaining 77% of families were served as a result of a Family Assessment or Newborn Crisis Assessment. The Family Assessment response exemplifies the family-centered approach, which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means resources are more wisely invested in treating and strengthening the entire family. The family assessment places greater responsibility on, and confidence in, families and local communities. Therefore, the foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.



In addition to monitoring the outcomes discussed within, the FCS Program Development Specialist participates in the Best Practice Review process of reviewing FCS cases. This field support allows the FCS Program Development Specialist to receive feedback on new policy and practice and to ensure proper implementation of new policy when reviewing case files.

In CY14, the Children’s Division recognized a need to improve family-centered services practice and strengthen the agency’s philosophical base. The foster care population continues to rise and the Division acknowledges the need to make changes to prevention efforts in order to see a different outcome. A workgroup was developed to strengthen frontline practice and support programs which work by examining the values and beliefs about families and the philosophy and culture within Children’s Division.

During CY15, an FCS new practice model implementation team was formed and tasked with strategizing the best way to implement the new model. The implementation team met three times in CY16 and consists of staff with a passion for FCS and training staff. The implementation team continues to look at ways to provide support, guidance, training, and to remove any barriers in order to implement the new practice model. Each region is represented on the implementation team and provides updates about what is being done or used in their region to facilitate the practice model, and what parts of the practice model their region is ready to start implementing.

The goal of the new practice model is to focus efforts on families with chronic neglect who consistently return to the Children’s Division in need of assistance. By focusing on this population, staff will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Staff will be assigned cases at the supervisor discretion. Staff will carry a modified caseload based on the service needs of the family. Instead of stipulating the required tools a worker must use, the worker will have the discretion to utilize any assessment tools that work for the needs of the family

Pilot sites for the new practice model began in CY16. Five regions (St. Louis, Northeast, Northwest, Southwest and Southeast Region) began piloting the new FCS practice model. In January 2016 the pilot began in St. Louis and expanded to 10 circuits in March 2016 and an additional 20 circuits during May-September 2016. During the expansion period, Central Office staff met with circuits to lend support to workers and supervisors in the way of coaching. Should the pilot prove valuable, the Division will discuss the possibility of statewide implementation with the Executive Team. The training for the initiative will involve skill building and will provide staff with solution-focused tools to reach goals established in partnership with the family.

With the expansion of the pilot sites and the assistance of the University of Missouri, Columbia a rapid cycle learning evaluation logic model was created to evaluate the new practice model during CY16. The rapid cycle evaluation logic model included short-term, intermediate, and long-term outcomes for the pilot. The majority of pilot sites implemented in the later part of 2016 not allowing enough time to utilize the rapid cycle learning logic model. The logic model will be explored in FY17.

To improve practice and enhance worker skills, the Children's Division holds a family-centered services training contract. The trainings should be reflective of a family-centered model for accomplishing in-home and out-of-home child welfare services and shall include modeling of skills for the successful application of family-centered practice models. The process for using the family-centered services training contract changed during CY15. The previous contract had six vendors for the whole state and was not conducive to providing training based on the FCS training needs of the state. The current process allows for any qualified vendor to provide direct education and information primarily on family-centered and family-systems approaches to working with families.

Child Care and Development Fund

As part of the prevention efforts, Children's Division (CD) is the lead agency for the federal Child Care and Development Fund (CCDF) and administers the state child care subsidy program for low income and protective services families served through both CD and the Family Support Division (FSD). The Child Care Subsidy Program helped support approximately 29,445 low income children with about 6,920 children served through protective services in SFY16.

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

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

Crisis Care

Crisis Care provides temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short term care, and without this care the children are at risk for abuse and neglect, or at risk of entering state custody. Crisis Care serves children from birth up to the child's 18th birthday.

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

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

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid process, with the last rebid occurring in 2015. Currently there are 10 crisis care facilities across the state. Children stay at a minimum one unit, but others stay for multiple units or have multiple stays. An average length of stay is calculated each year based on the units of care that were invoiced. The average length of stay is not specific to a reason for admission.

Follow up services with the families were added with the competitive bid process in 2015. Previous follow up was required at 90 days after the child(ren) left Crisis Care. With the 2015 bid follow up services are required at forty-eight (48) hours, fourteen (14) calendar days, and thirty (30) calendar days of discharge. Additional resources and services are to be offered during follow up to assist with alleviating any barriers or additional needs the family may have. .

In SFY16, 3,074 children age 12 and under were served, which was an increase of 4% from SFY15.

In SFY16, 428 children ages 13 to 18 were served, which is a decrease of 19% from SFY15.

Admission data has been collected for the past five years. Accuracy of the data is dependent on the crisis care facilities categorizing the reason for admission within the quarterly report to the state agency. The primary reason for admission in SFY16 was hospitalization of a sibling (61.17%), followed by overwhelming parental stress (47.92%) and homeless or unsafe housing (43.73%). Hospitalization of a sibling increased during SFY16 by 10% from SFY15. Overwhelming parental stress showed an increase

of less than 1% in SFY16. The third highest reason for admission in SFY16 is homeless and unsafe housing (43.73%), which increased by almost 17% from SFY16. Since this is a contracted service, other unknown variables could have impacted the number of children receiving crisis care.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families.

The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or who wish to care for their children under the age of 3 years in the home. 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 Visiting program is located in eight regions across the state with the most contractors located in the St. Louis City/St. Louis County area. In SFY16, there were 13 competitive, 8 Community Partnerships, providing Home Visiting Services. There were a total of 3,274 unduplicated families and 4,998 children age birth to three years old served.

Home Visiting contractors currently utilize either an evidence-based or promising approach model focusing on the following areas: early childhood development, parent education, child abuse and neglect prevention, positive brain development, and school readiness.

TIME LIMITED FAMILY REUNIFICATION SERVICES

Foster Care

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

Out-of-home placements include:

- **Emergency care placements**—A foster home which has been specifically licensed to care for six or fewer children in CD custody on an emergency basis only. These foster homes are available to

receive children on a 24 hour basis. These foster homes are used on a short term basis only not to exceed 30 days.

- **Foster care placements**—Foster homes are a licensed home caring for six or fewer children and are licensed by CD. Care includes the provision of food, lodging, clothing, transportation, recreation and training appropriate for the child’s age and mental and physical capacity.
- **Relative care placements**—Placement of a child in the home of an adult who is an extended family member. Relative placement providers must complete training and a licensure process to care for a relative child and for payment for to be received.
- **Kinship care placements**—Placement of child in a non-relative kinship home in which licensing and training have been completed. The non-related child is in the custody of the Division and there is a relationship between the child and placement provider or between the placement provider and family (such as in the case of an infant).
- **Elevated Needs Care (Level A and Level B) placements**—A specified placement for a child in foster care with elevated challenges and receives specialized care. These foster care homes must meet all licensing requirements as a traditional foster home plus receive specialized training for behaviorally and mentally challenged children. In addition, these foster homes must demonstrate a willingness to obtain any specialized training to meet individualized needs of the child.
- **Medical care placements**—A foster care placement for a child with specific medical conditions where additional medical training is necessary for his/her care.
- **Transitional living placements**—These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and are successfully receiving Chafee Foster Care Independence Program services.
- **Independent living arrangement placements**—Placement for a youth living on his/her own, usually in an apartment or college campus setting, with supervision from the case manager.
- **Residential treatment facility placements**—A residential child care agency licensed by CD and compliance is monitored by the Residential Program Unit to provide residential treatment services for children and youth.

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year. Duplicate counts may occur between placement types. For example, a child placed in a foster home on an emergency basis will count as a foster home and an emergency placement. The data illustrates a decrease in the number of children in residential treatment and a significant increase in the use of relative and kinship care which has been a CD focus over the last several years. The Division recognizes the importance of keeping children with family. The increase in Medical placements indicates children and youth are entering care with a diagnosed condition which requires additional care and training. The Division is observing not only a natural increase in children classified as medical as a result of the increase in the foster care population, but are seeing an increased number of children with autism spectrum disorders, which often times require a medical approach rather than behavioral as parents must adapt to the needs of the youth they are caring for.

Foster Care Placements

| Placement Type | Coding Categories | SFY13 | SFY14 | SFY15 | SFY16 |
|------------------------------|--|--------|--------|--------|--------|
| Emergency | FHE | 194 | 215 | 169 | 149 |
| Foster Care | FAH, FGB, FGH, FGM, FHB, FHE, FHM, FHO | 5,690 | 5,998 | 6,105 | 5,869 |
| Relative Care | RHB, RHM, RHO, RHU | 5,927 | 6,254 | 6,810 | 6,928 |
| Kinship Care | KHB, KHM, KHO, KHU | 1,459 | 1,740 | 2,077 | 2,298 |
| Elevated Needs | FGB, CFP, FHB, KHB, RHB | 909 | 940 | 1,038 | 923 |
| Medical Care | KHM, FHM, RHM | 308 | 341 | 390 | 417 |
| Transitional Living | TLA, TLG, TLS | 326 | 337 | 343 | 290 |
| Independent Living | ILA | 292 | 271 | 297 | 300 |
| Residential Treatment | RFA, RF2, RF3, RF4, RFE, RFP, RFT | 1,986 | 2,049 | 1,985 | 1,831 |
| Total Children | | 16,487 | 17,154 | 19,312 | 19,314 |

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

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

Foster Care Population Increase

For over a decade, the Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. However, since that time, the Division has experienced a continual growth of children in foster care with the foster care population being at 13,532 in May 2017. Steps are being taken to understand the growth in the foster care population and if possible, make changes to safely curtail the growth.

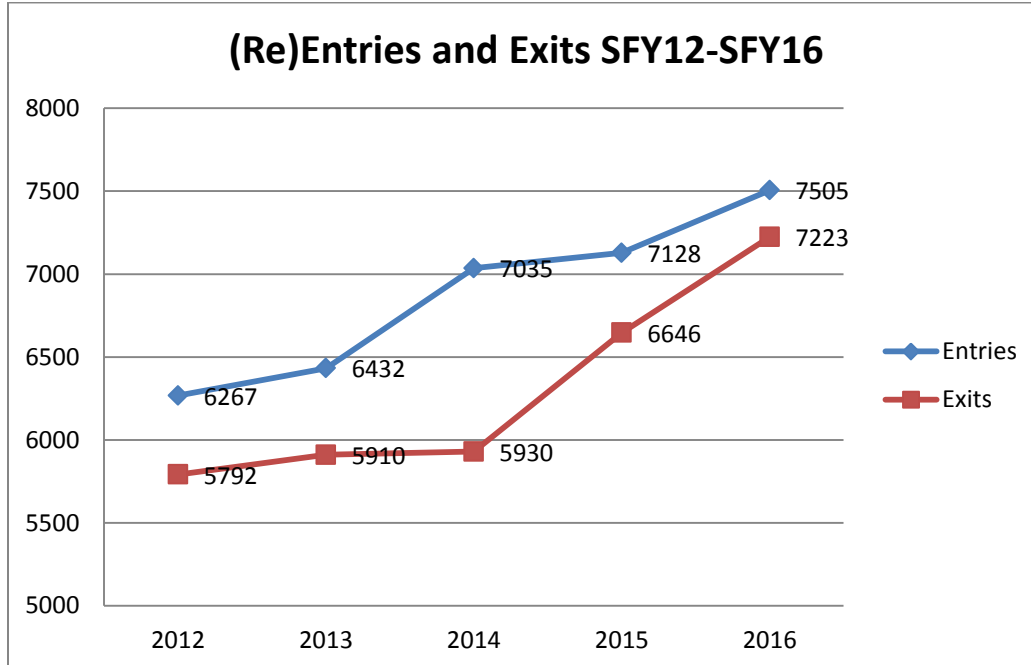
The chart below illustrates the changes in foster care population in past years.

Children Active in CD Custody During SFY12 - 16

| Fiscal Year | Number of Children | Change from Prior Year |
|-------------|--------------------|------------------------|
| SFY12 | 16,495 | |
| SFY13 | 17,162 | 4.0% |
| SFY14 | 18,283 | 6.5% |
| SFY15 | 19,426 | 6.3% |
| SFY16 | 20,284 | 4.4% |

Source: CD Annual Report, Table #35

In addition to the active population as shown above, the CD Annual Report, Table 35 indicates the number of children *re-entering* care rose by almost 400 children between SFY15 and SFY16; this was after an increase of almost 100 during SFY14 to SFY15. According to Table 35 of the CD Annual Report, the number of children exiting foster care has increased each year from SFY12 to SFY16. While the number of exits has increased from the each year, the exit rate has not surpassed the rate of entries. Therefore, the total number of children in care continues to rise.



Source: CD Annual Report Table 35

In an effort to find explanations for the increase in foster care population growth, the Quality Assurance Unit conducted a data analysis to look at different factors such as entries and exits, parent involvement in

case planning, Intensive in Home Services data, collaboration with community stakeholders, staff retention, employee engagement results, service array and number of hotlines. Data will continue to be monitored and ideas explored regarding the increase of entries and the disproportionate number of exits.

Some areas of focus and development for SFY17 and ongoing in regards to the growth of the foster care populations are:

- **Service Workers** – Previously, if foster youth were placed in another county, a service worker would visit that child on behalf of the case manager in the county of jurisdiction. The service worker and case manager would work together to provide case management services to the child. In Fall 2014, regional plans were designed to eliminate service workers, and full implementation began in 2015. Case managers were then expected to see all youth on their caseload, in person, in their placement, each month. This process has been adjusted in 2017 as a result of a request through the Continuous Quality Improvement process. Currently, a case manager may request a service worker if the child lives more than two hours drive time from the case manager. The case manager is still required to see the child at least 6 out of every 12 months and have some type of monthly contact with the child. This allows flexibility for case managers while maintaining relationships with the children with whom they work. The Children’s Division has not seen an adverse impact to caseworker visitation with children and will continue to monitor the frequency of visitation on a monthly basis.
- **Worker Retention** – Worker turnover can greatly affect case planning and slow permanency for youth in foster care. In CY14, a Management Analysis Specialist position was created to focus on staff retention and turnover. Also in CY14, a Career Ladder was implemented, allowing experienced workers to seek approval to become higher level workers, with increased pay, also helping with worker retention. See the Program Support, Recruitment and Retention of Staff section of this document for more information on efforts regarding worker retention.
- **Family-Centered Services** – As described further in the Family Support Services section, in CY14, the Children’s Division recognized a need to examine the current Family-Centered Services philosophy and organizational culture regarding engaging families, to find out what is being done and what needs to improve. Children’s Division looked at whether staff are given the knowledge to treat families with respect and dignity through the engagement process. A workgroup was established in CY14 and charged with developing a new FCS model for Children’s Division. The workgroup was tasked with developing a framework, recommending a model, and developing core training for staff. Improvements in Family-Centered Services can lead to better services to intact families, ultimately creating fewer removals and fewer youth in foster care. Currently there is a pilot process in place to examine the effectiveness of this new model.
- **Trauma Informed Practice** - Children’s Division recognizes exposure to trauma can impact children’s physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus. To steer the development and implementation plan for becoming a trauma-informed agency, the Children’s Division partnered with the Department of Mental Health (DMH) in March 2014 to share the employed position of

Patsy Carter, PhD, Director of Children's Clinical Services for DMH. In addition to assisting CD in becoming a trauma-informed agency, Dr. Carter will help build a clinical structure within the agency and provide clinical consultation services.

The initial phase of implementation is to ensure staff have a shared foundation of trauma awareness. The Division has elected to train staff using the NCTSN *Child Welfare Trauma Training Toolkit* curriculum. A group of select staff and contracted providers received NCTSN *Child Welfare Trauma Training Toolkit* train-the-trainer in September 2014 and nearly all staff in their respective regions have received this training. Future training sessions will incorporate resource providers and multidisciplinary members (juvenile officers, guardian ad litem).

- Youth Trauma - Children ages 0-6 are identified to be at greater risk of maltreatment, and children who have experienced trauma are more vulnerable to future trauma. In response, Missouri has created the Missouri Early Trauma Initiative (MET) to explore strategies to address the trauma these young children endure. Understanding children in foster care can experience separation trauma at the time of removal from their caregiver or when transitioning between placements, MET created the Missourians Overcoming Separation Trauma (MOST) initiative. This proposed initiative focuses on mitigating the impact of separation trauma on children in foster care ages 0-8 by utilizing a home visitor model in an educational and skills building approach with the caregiver and resource provider.

Since the foster care increase continues, several strategies have been implemented to try to safely reduce the number of children in foster care. Focus groups and interviews, as well as an in-depth case review, were conducted in 2011 and 2012 by Casey Family Programs, and key themes were identified. Strategies addressing the key themes, and associated action steps which have been completed this year or continued since the review, are as follows:

1. Expand Family-Centered practices as a way to keep families intact and achieve permanency
 - Continue Team Decision Making (TDM) meetings in the St. Louis Region and implement further expansion of TDM in Jackson County (this process began in 2014 and has expanded in 2016 to two other sites - Greene and Jasper Counties). There are further discussions of expansion statewide if funding allows.
2. Improve relationship with the courts and external stakeholders and align goals regarding safety and risk
 - Expanded Fostering Court Improvement (FCI) projects to an additional circuit
 - Hold statewide FCI meetings twice a year
3. Build organizational development capacity with the Children's Division
 - Developed a comprehensive strategic plan designed to attend to those areas over which the division has control and which will result in improved recruitment of new staff and retention of existing valuable resources. These primary strategies were drawn from information gathered from the field through case reviews and interviews as well as from field workgroup recommendations. The plan is divided into seven primary strategies:
 - Enhancement of training

- Leadership development
 - Supervisory support
 - Staffing
 - Reducing administrative burden
 - Staff recruitment
 - Further data analysis
- Supervision Advisory Committee reviewed all existing regional tools and provided recommendations for standardized statewide case consultation guide
 - Piloted a case consultation guide for supervisors on how to incorporate outcome data into the case consultation process, statewide implementation began in February of 2015.
 - Implemented a FACES newsletter, several FACES enhancements were added in CY2014 to reduce duplication and increase user ability.
 - Developed staff PERforM outcome measures to monitor benchmarks and desired outcomes tied to safety, permanency and child well-being
 - To improve family engagement and shared decision making, FST templates were developed for use during Family Support Team Meetings
 - Implemented the North Carolina Family Assessment Scale General + Reunification (NCFAS G+R) as a family assessment tool. These tools are designed to assist staff in conducting a thorough and comprehensive assessment of family's history, structure and functioning, identifying protective capacities and child vulnerabilities.
 - The Supervision Advisory Committee (SAC) focused on several improvements throughout 2014 including career ladder and staff training changes. They continued to review and discuss Survey of Employee Engagement (SEE) results and data.
4. Increase service delivery capacity and align funding stream for preventative and reunification services
- Held interagency collaborative meetings to create new avenues to access health information for children in foster care, cyber access was given to all front line staff, so that they may access a summary of foster youth's medical services.

On August 28, 2013, SB205 and SB208 went into effect, which allows children who left foster care after the age of 18 but are still under the age of 21 to come back into care. If it is deemed to be in the best interest of the youth, the youth may have his or her custody returned to the Children's Division through a petition to the court from the youth, Children's Division, or Juvenile Officer.

Worker Visits with Children

The Division continues to maintain in the area of frequency of worker visits with children. Missouri achieved 82% in FFY10, 87% in FFY11 and 91% in FFY12 using the previous year's methodology. As explained in ACYF-CB-PI-12-01, the reporting methodology was modified to be consistent with the changes in the law (P.L. 112-34). Using the new calculation method, the Division has surpassed the 95% goal. In FFY16, Missouri achieved 98% in the area of worker visits with children. The measures are

used by supervisors to identify practice issues and develop plans for improvement with staff as needed, as well as to focus on the value of visits with children in achieving permanency.

Length of Stay

Since SFY09 the average length of stay for children in the foster care system has decreased from 25.1 months to 20.9 months in SFY16. In addition, according to outcome measure 9c from the Child Welfare Outcomes Report, children who reunified had an average length of stay of 13.2 months whereas children who exited to guardianship stayed in care an average of 20.76 months and children exiting to adoption had an average length of stay of 29.67 months.

To continue the focus on reducing the length of stay in foster care, current strategies include enhancing supervisory oversight through reinforced training and development of the Clinical Supervision Process. This strategy was intended to focus supervisors to thoroughly review a child's progress towards the case goal, create better collaboration with the court in monitoring child progress towards permanency, and develop local processes for reviewing older youth who have a goal of Another Planned Permanent Living Arrangement (APPLA). The Clinical Supervision Process was piloted in several areas, with full implementation statewide, in February 2015. The Children's Division continues to emphasize timely achievement of permanency with staff, managers, Quality Assurance and Quality Improvement Specialists and the Courts.

To explore decreasing length of stay in foster care, family engagement efforts became an important factor. Family engagement is a key factor in service planning and permanency, and thus has become an increased area of focus. The Division continues to develop strategies and guides to aid staff in increasing family engagement. Another area of focus is diligent search, used for both parents and potential relative and kinship placement resources. There are enhanced tools for staff use to aid in diligent search. These tools can assist staff in locating and engaging both parents as well as locating relatives and kin for potential placement resources.

During 2016, the Division made strong efforts to implement a new practice model (Signs of Safety) in several areas of the state. This model encourages social workers to partner with families to create safe environments for children. The approach is solution-focused and highlights the family's strengths and how they can be used to protect children.

A future plan is to look at implementing the Team Decision Making (TDM) model across the state. The effort will help decrease the time in care for children by allowing the best decisions being made for a child early and often while they are in the Division's custody.

Placement Stability

As a result of the CFSR, the Division developed a workgroup to develop strategies to increase placement stability. According to Outcome Measure 13a from the Child Welfare Outcomes Report, the percentage of children with two or fewer placements in the last three years, in care less than 12 months, has slightly decreased over the past years with 82.60% in SFY12, 81.84% in SFY13, 80.64% in SFY14, 79.73% in SFY15 and 79.07% in SFY16. Case review results and AFCARS composite data indicate outcomes have remained fairly stable from 2011 to 2016. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included expanded utilization of IIS

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

In addition to monitoring the data provided in the foster care section, the foster care Program Development Specialist (PDS) attends Best Practice Reviews across the state to compare practice from circuit to circuit and to use the results to inform policy and practice statewide. The PDS also travels to all parts of the state to provide field support to staff when requested. This occurred in several areas during this year including site visits to St Louis County to interview workers regarding retention, reviewing hotlines for the 31st circuit, and reviewing critical events from throughout the state.

Relative and Kinship Care

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

- Minimizes trauma to the child;
- Results in fewer behavioral problems;
- Decreases likelihood of children re-entering care;
- Increases placement stability; and
- Results in faster, safer permanency.

Kin and Relative Placement Statistics

| Fiscal Year | Total Relative Placements | Relative Placement % of Total In Care Population | Total Kinship Placements | Kinship Placement % of Total In Care Population |
|--------------------|----------------------------------|---|---------------------------------|--|
| 2012 | 5,508 | 33.37% | 1,194 | 7.16% |
| 2013 | 5,927 | 34.55% | 1,460 | 8.51% |
| 2014 | 6,253 | 34.19% | 1,739 | 9.51% |
| 2015 | 6,810 | 35.05% | 2,077 | 10.69% |
| 2016 | 7,257 | 35.78% | 2,371 | 11.69% |

Source: Outcome Measure #17a/b

As the table above illustrates, significant increases in the use of relative and kinship placements have occurred since FY12. According to the CD Annual Report Table 21, in SFY16 52% of the children exiting care exited from a relative home placement. This is an increase from SFY11 (40%), SFY12 (44%), SFY13 (47%), SFY14 (49%) and SFY15 (50%). More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the

continued emphasis on identifying, locating, and placing with relatives whenever possible. Children's Division is continually exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives, with funding options being explored for this project. In 2013, information was provided to staff that included tools to inform relatives and kin of children entering the system. The notification letter, brochure and talking points were intended to provide staff with tools to educate potential relative/kinship providers regarding the placement process and to aid staff in fulfilling the statutory requirement to notify all adult relatives within 30 days of custody.

The Legal Aspects of Relative Placements Training DVD continues to be used to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child for consideration when making placement decisions. This training is available to staff as well as foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions. This training is required of staff who are supervising or coordinating relative placements and available to all other staff. The trainings are tracked in the state Employee Learning Center.

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

There has been an increase in the percentage of children achieving guardianship since the last fiscal year. According to the CD Child Welfare Outcomes Report, Outcome Measure 9, in SFY16 19.76% of the children in foster care achieved permanency through guardianship compared to 13.80% in SFY12, 15.07% in SFY13, 16.48% in SFY2014 and 18.99% in SFY15. One reason for this increase is the expansion of guardianship subsidy to include great-grandparents, great-aunts, and great-uncles. In addition, with the increase in the amount of children placed with relatives and kin, and the increase in the number of children exiting from a relative placement, the percentage of children achieving permanency through guardianship has increased. In August 2013, Missouri expanded those eligible for guardianship subsidy to include all placements; this is believed to be another reason for the continued increase in guardianships.

Another Planned Permanent Living Arrangements

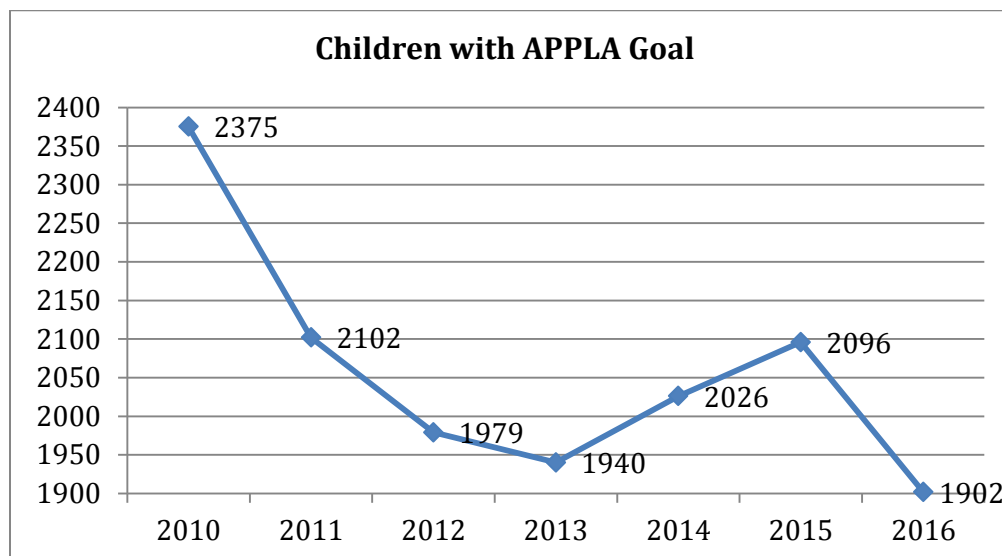
Another Planned Permanent Living Arrangement (APPLA) is the least desirable permanency option and should only be used after all other permanency options have been explored. The Family Support Team (FST) may determine, during an administrative review or at a permanency hearing, another preferable permanency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

Youth are placed in APPLA when the FST believes his/her placement will endure until the youth becomes independent and receives approval by the court. The resource provider must also be in agreement with the plan, and able and willing, with the assistance of CD, to meet the safety, permanency,

and well-being needs of the youth. The resource provider makes a formal agreement called a Permanency Pact with the youth for this purpose. The purpose of the agreement is to identify an individual with which the youth wishes to continue to have as a support in his or her life.

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

In 2015, federal law went into effect that requires a child be at least 16 years of age before APPLA can be used as the case goal. The Division continues to work within its own agency to comply with this law as well as work with the court system and other partners to enact this change. During 2016, the state of Missouri passed HB 1877 which put this federal requirement into state statute.



Source: CD Annual Report, Table 25

In recent years, Central Office and QA/QI staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. On January 31, 2017, only 39 children under the age of 16 were showing with a goal of APPLA in the system. On April 30, 2017, 47 children under 16 had an APPLA goal. This information has been sent to the regions for review and continues to be addressed. In circumstances in which the Children’s Division does not agree with the court-ordered goal of APPLA for a child under the age of 16, staff are encouraged to seek legal assistance from the Division of Legal Services.

The Older Youth Program (OYP) provides services to youth with an APPLA goal through life skills teaching, youth leadership opportunities including leadership boards, financial assistance for post-secondary education, and subsidized living arrangements. The OYP reflects the philosophy and the services offered to foster youth and the program addresses permanency and positive youth development.

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

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

Children's Division sponsored statewide trainings on the Permanency Pact in conjunction with Foster Club All-Stars including Missouri's 2014 All-Star. The train the trainer format has been used. Three sessions with 45 participants each occurred as scheduled. The Permanency Pact is a tool designed to encourage life-long, kin-like connections between a young person and a supportive adult. Missouri has shared this resource with staff in the past for use as a tool, and now this has been formalized into policy.

In SFY 15, "What's It All About? A Guidebook for Youth in Out-of-Home Care" was revised. This guidebook contains information about permanency goals and placement options for youth as well as rights and resources. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care.

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

Residential Treatment Services

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

During SFY16, 852 children entering the custody of the Children's Division were in a Residential Child Care/Group Home placement. This is an increase from SFY15 when 756 children entering custody of the Children's Division were in a Residential Child Care/Group Home placement. Throughout SFY16, 2799 children in the custody of the Children's Division received service in a Residential Child Care/Group Home placement. This is an increase from SFY15 when 2243 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings. Also, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts. Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services,

medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In 2016, children received services through 69 licensed residential treatment agencies for children and youth operating at 122 separate sites. In 2016, there was 5 initial RTACY license awarded. Forty RTACYs renewed their licenses in 2016. In 2016, of the 69 licensed RTACYs, 24 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Two additional RTACYs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed RTACY staff are required to have initial orientation and a minimum of 40 hours of on-going training per year.

Specialized Care Management Contract

The “Specialized Care Management” contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and has been renewed annually since that time. The contract was up for rebid in 2012 and MACF was awarded the new contract, which began on July 1, 2012. It is currently in the rebid process.

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized care management services which are individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While enrolled in the program, the contractor is the sole case manager for the enrolled child. Once the youth is stabilized in a community setting, the youth is dis-enrolled and the state agency resumes case management activities.

The contract is capped to serve a maximum of 325 youth statewide. The areas served are comprised of designated counties within the central, eastern, western, and southwestern regions of the state. As of March 2017, there are approximately 290 youth being case managed through this contract. From July 1, 2012 to present, approximately 725 youth have been served through this contract.

The contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this limit. Children enrolled under the specialized contract may be as young as six years up until the youth’s 21st birthday. The average age of active enrollments is 13.32 years.

Nine specific outcomes are measured during each contract period (July 1 through June 30). The following outcome measures assess safety, permanency and stability, and child well-being:

- Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.
Target Goal: 99.43% SFY16 Data: 100%

- Children shall not be on/or have been on runaway status in excess of 48 hours.
Target Goal: 95% SFY16 Data: 97%

- Children shall not be or have been arrested or detained.
Target Goal: 95% SFY16 Data: 97%
- Children should remain stable within their community 90 days after disenrollment. It should be noted that this data does not include children who dis-enrolled and because of the child's age and/or legal status, data could not be gathered regarding their stability in the community.
Target Goal: 90% SFY16 Data: unavailable
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
Target Goal: 78% SFY16 Data: 74%
- Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.
Target Goal: 50% SFY16 Data: 41%
- Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.
Target Goal: 95% SFY16 Data: 96%
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
Target Goal: 90% SFY16 Data: 95%
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.
Target Goal: 90% SFY16 Data: 95%

These measures address the commitment by CD and MACF to ensure youth are safe, stable, and have the opportunity to be successful. Current performance indicates that MACF met, and often exceeded, most outcome measures. Data outcomes for SFY 2016 show that the number of youth exiting residential care within 180 days of enrollment fell slightly below the target goal. Since the population of youth that MACF services have very high needs it often takes a longer amount of time to stabilize and find appropriate community placements for youth. Data for the outcome measures is tracked every quarter and outcomes are discussed with the contractor on a regular basis. This is also a factor to why the goal of children not entering a more restrictive setting was not met.

Children's Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services which focus on permanency. On August 24, 2015 and January 12, 2016, CD and MACF staff met to discuss the current state of the Specialized Care program and contractor performance. At these meetings, quantitative and qualitative data was shared for the group to discuss strengths and barriers in serving this population of children with intensive needs. Another of these meetings is currently being planned.

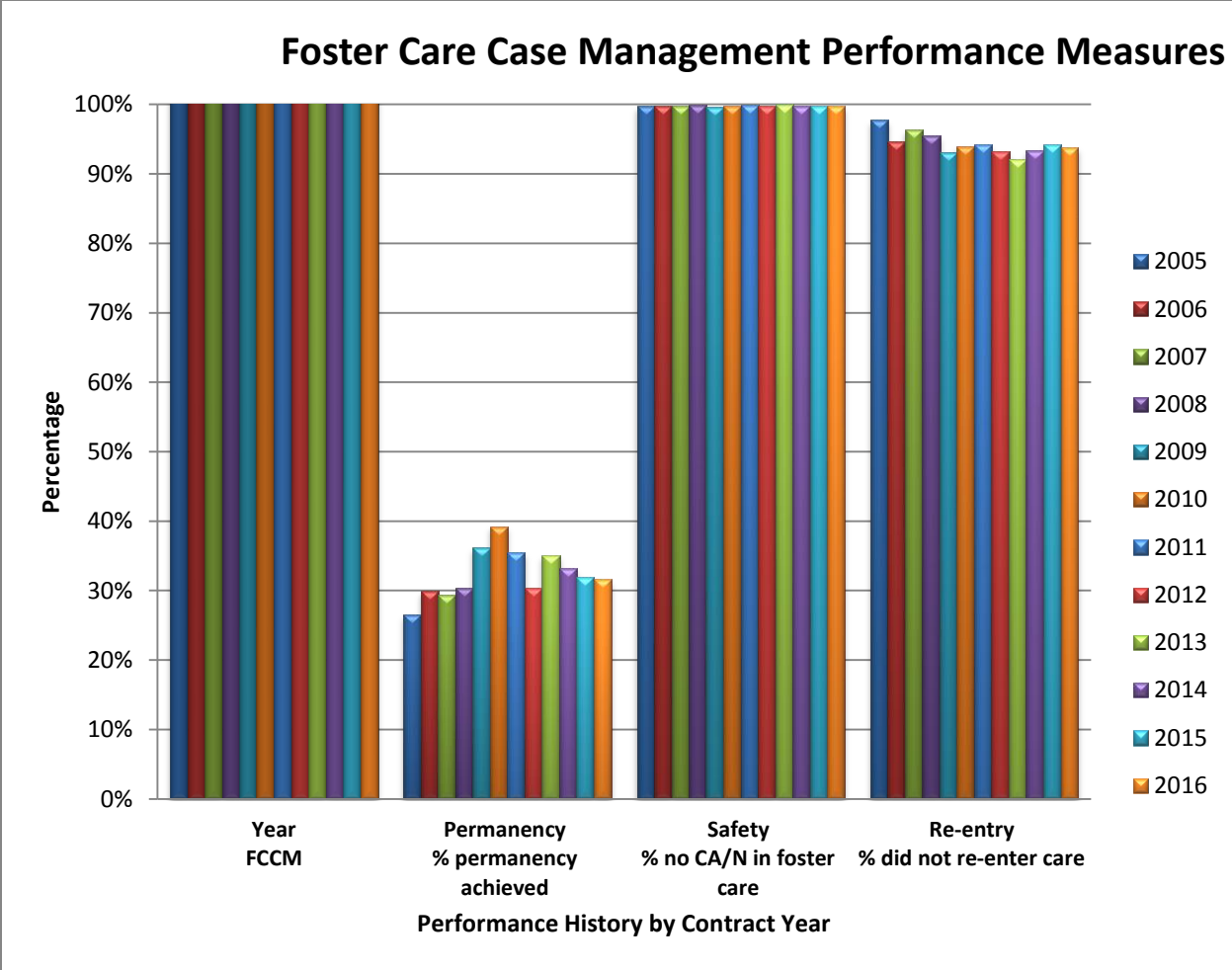
Foster Care Case Management Contracts

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

The initial contracts were awarded on June 1, 2005 to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with seven provider consortiums to serve 3,435 cases across 28 Missouri counties. Because contractors serve a set caseload, the percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 25% of the children in the care and custody of the Children's Division. This is a decrease from 2009, when approximately 38% were served by the private contractors and the total number of children in care was lower.

In October 2011, Foster Care Case Management regulation was promulgated which changed the case referral methodology from a designated number of monthly case referrals to a 1-for-1 case replacement methodology where a case is referred only when another case exits the contractor's services. The new methodology maximizes opportunities to refer cases at the entry point of care and reduces the need to disrupt already active cases for the sole purpose of maintaining contractor caseloads. This new methodology has allowed Children's Division the opportunity to move away from the rebuild process historically necessary to bring contractors back to their base caseload. When new contracts are awarded or expansion occurs, the referrals can focus on new entries into care.

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



The permanency targets for each region over the last 10 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children’s Division in each region.

Privatized Recruitment and Retention Contract

In August 2013, Cornerstones of Care Healthy Families Program was awarded the state contract for Recruitment, Licensure, Training and Retention of Resource Homes.

In January 2014, the Northwest Region of Missouri as well as Jackson County came under the purview of a contract for Privatization of Recruitment Licensure and Retention of Resource Homes. This two year pilot project contract was awarded to Cornerstones of Care (COC) who is responsible for recruitment, training, and licensing/approval of resource homes in the counties of the Northwest Region and Jackson County. COC began the contract with two subcontractors and in early 2017 reduced the number of subcontractors to one. COC and their subcontractor manage the cases of resource families, completing activities of licensure and re-licensure as well as support services to retain foster and adoptive resource families. Additionally, the contractor is responsible for identifying placements for children from their pool of resources for placement of children managed by the Children’s Division. Currently the contract is under a 6 month extension while the award process takes place which will occur for a July 1, 2017 begin

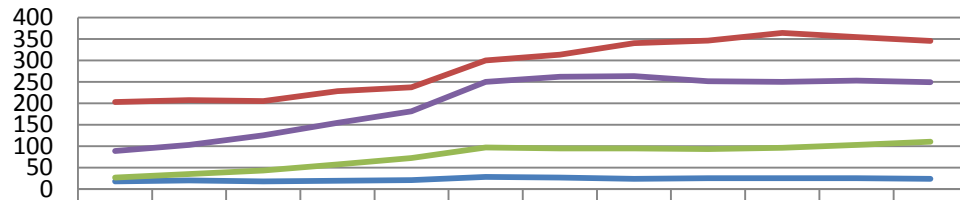
date. This new contract will no longer require the contractor to be responsible for licensure/approval of requests received through ICPC and that function will be absorbed by the Children's Division. The intent of this change is for the contractor to focus efforts on recruiting and licensing families who will be willing to accept older youth, youth with elevated needs which will include therapeutic or treatment resource homes in an effort to reduce utilization of residential placements.

By late 2013, 865 resource home cases were transferred to COC. As of February 2015 there were 1,295 licensed/approved resource families in the pilot area. As of February 2016 there were 1,413 licensed/approved resource families in the pilot area indicating the success of the contractor in increasing the number of resource families available in the pilot region. As of February 2017 there are 1,374 licensed/approved resource families in the pilot area. During the third year of the pilot the decision was made for the contractor to be responsible for placement identification to include an allowance for shelter care. During the initial two years of the pilot the contractor was responsible for identification of only placements in a family like setting (relative, kinship or foster home placements). Assessment of this process identified the process as inefficient for the contractor and Children's Division staff and was having a detrimental effect on children awaiting transition to their alternative care placement. This has been a positive change and has not resulted in a higher percentage of children being placed in shelter than prior to the change due to the concerted effort made to address and increase in residential and shelter placements made in the first year of the pilot. The concerted effort included a focused data review by staff in each of the areas and ongoing meetings and discussions with local staff to focus on the shared goal of fewer youth in residential. COC in turn hired intensive home finding specialists to address placements of youth in an effort to avoid placement in and to increase discharge from residential. Residential placements have decreased in Jackson Co. and remained stable in the NW.

During this second year of the contract, the focus was on assessment of the pilot and determination of the next step in privatization of resource development in Missouri. The determination was made to maintain a contract for recruitment, licensure and retention of foster and adoptive homes in the current regions and not expand to additional regions. Additionally, the CD decided to exercise the option to extend the current contract for another 12 month period with the intent of assessing a full two years of the pilot and approach the new contract request for proposal informed by the assessment. In year two the Children's Division and Cornerstones of Care have focused on the following data measures as indicators of the efficacy of the pilot and consistent with the benchmarks and outcomes in the contract.

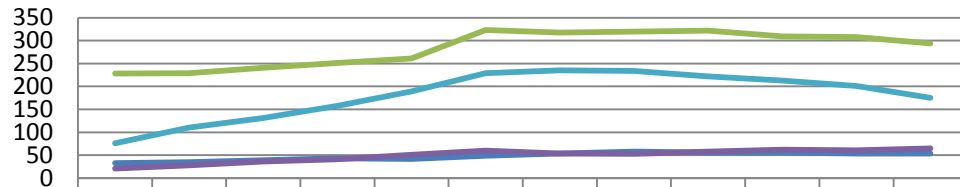
The number of Resource Homes have been tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family like setting for alternative care placement as well as determining how successful the CD and the contractor are in increasing use of relative placements:

Number of Active Vendors by Quarter
NW Region-Jan 15, 2014-Dec 31, 2016



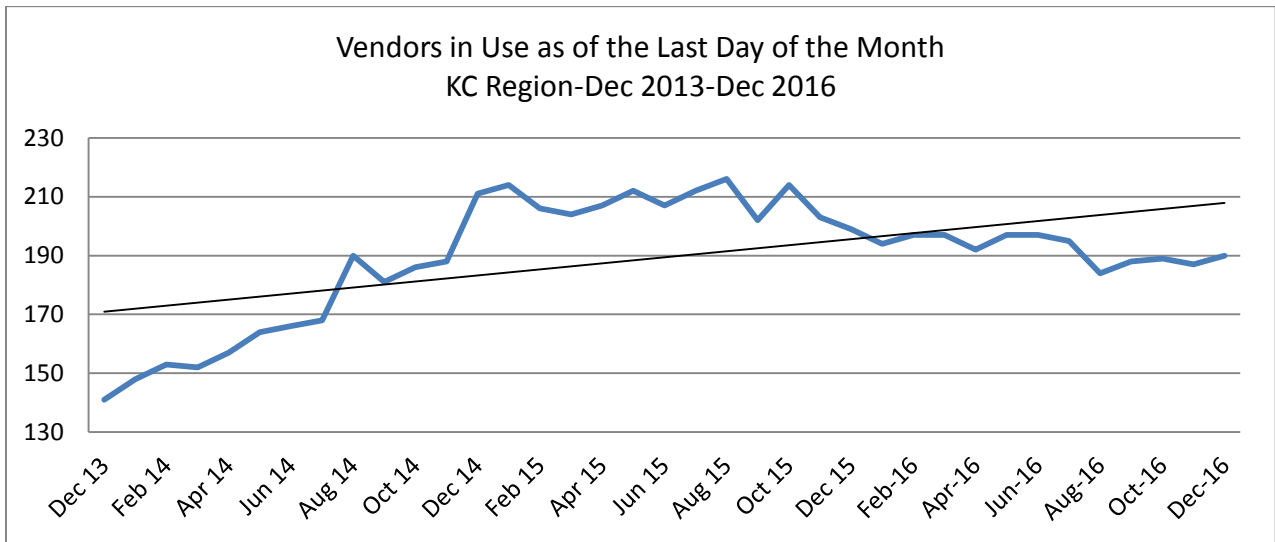
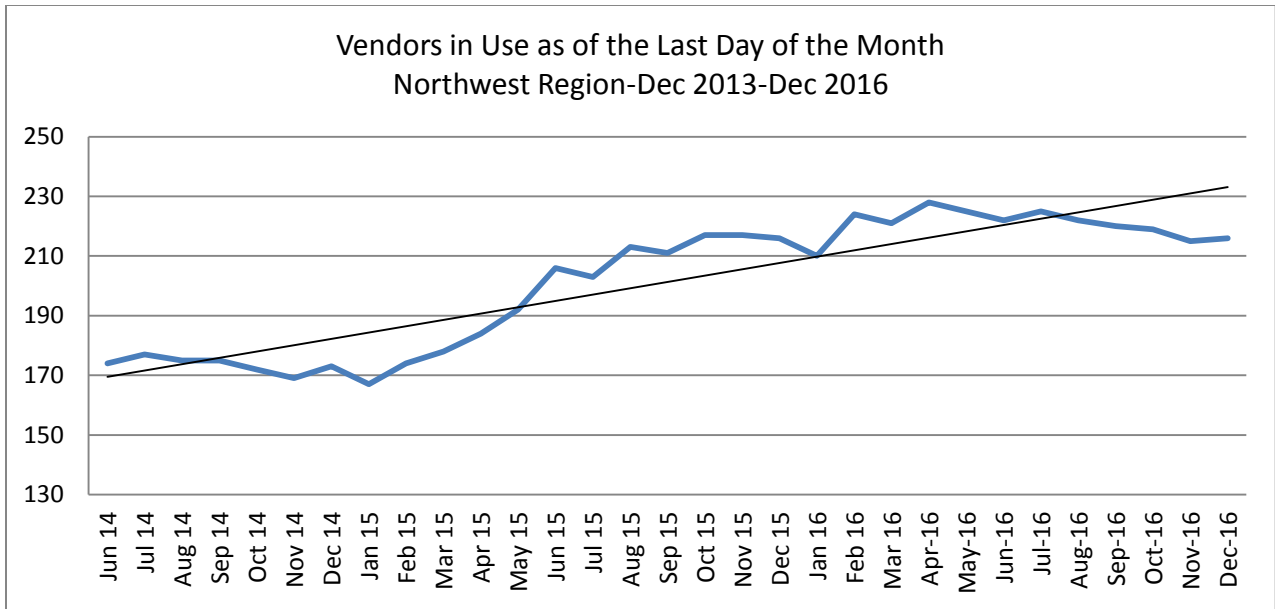
| | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Qtr 5 | Qtr 6 | Qtr 7 | Qtr 8 | Qtr 9 | Qtr 10 | Qtr 11 | Qtr 12 |
|----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| — Career Foster (CF) | 18 | 20 | 18 | 19 | 21 | 28 | 27 | 24 | 25 | 25 | 25 | 24 |
| — Foster Home (FH) | 203 | 207 | 205 | 228 | 237 | 300 | 313 | 340 | 346 | 364 | 354 | 345 |
| — Kinship Home (KH) | 27 | 35 | 43 | 57 | 72 | 97 | 95 | 95 | 93 | 96 | 103 | 110 |
| — Relative Home (RH) | 89 | 103 | 125 | 154 | 181 | 250 | 262 | 263 | 251 | 250 | 253 | 249 |

Number of Active Vendors by Quarter
KC Region-Jan 15, 2014-Dec 31, 2016

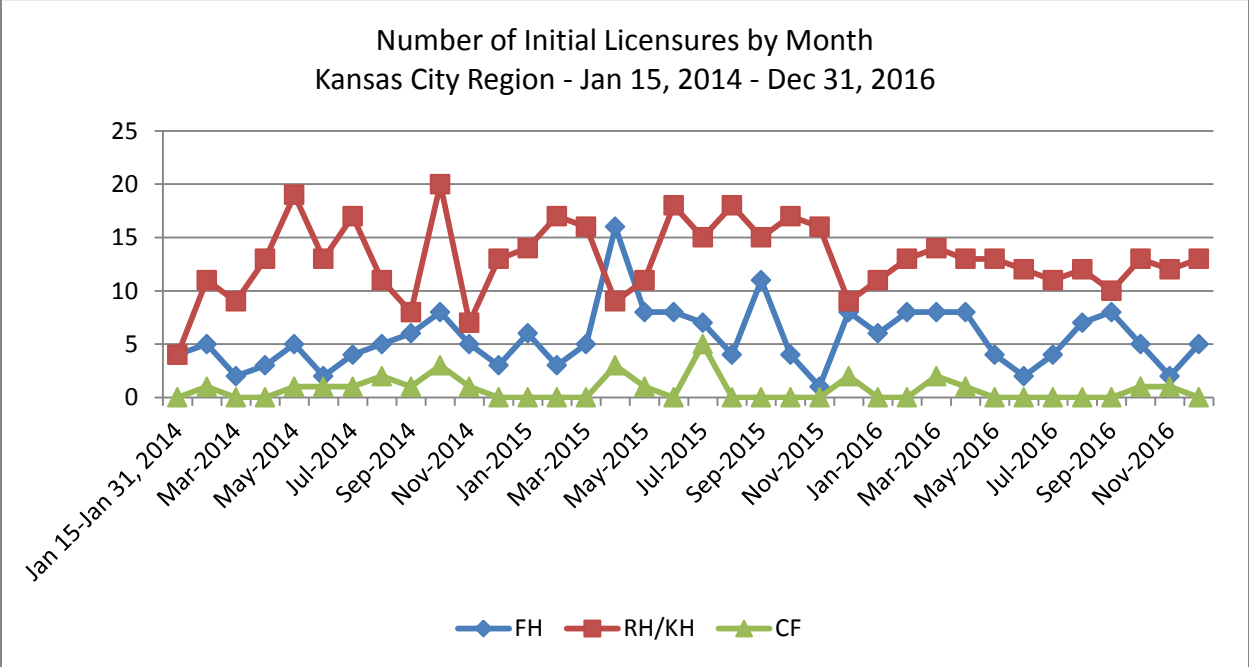
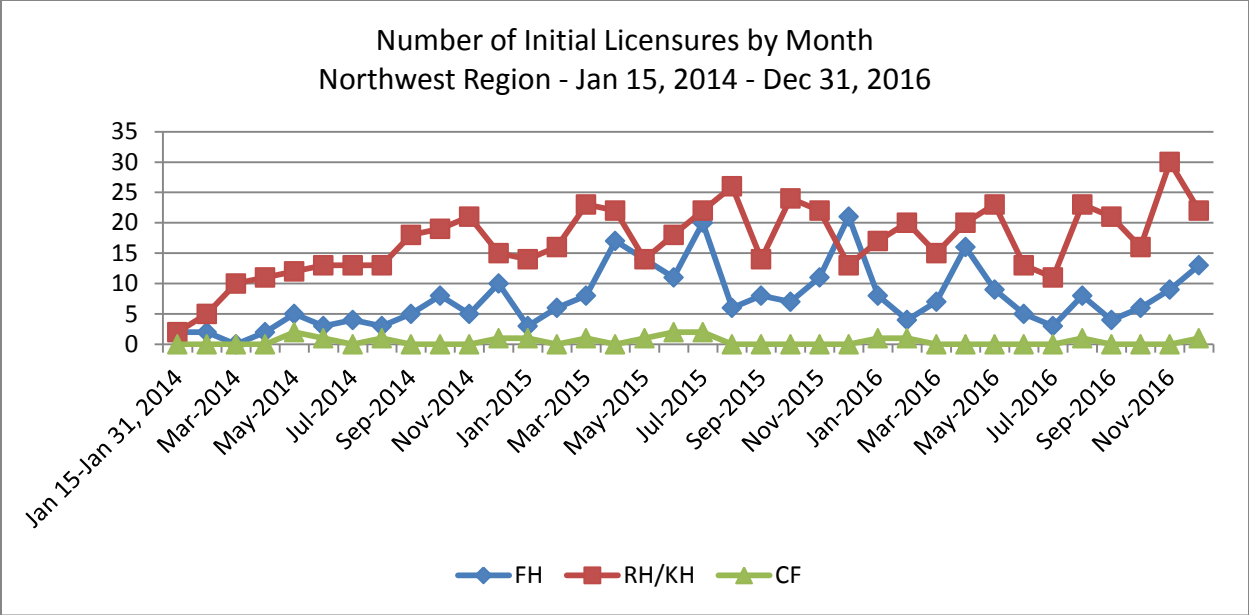


| | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Qtr 5 | Qtr 6 | Qtr 7 | Qtr 8 | Qtr 9 | Qtr 10 | Qtr 11 | Qtr 12 |
|----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| — Career Foster (CF) | 33 | 35 | 39 | 43 | 42 | 49 | 54 | 58 | 56 | 56 | 54 | 54 |
| — Foster Home (FH) | 228 | 229 | 241 | 251 | 261 | 323 | 318 | 320 | 322 | 309 | 308 | 294 |
| — Kinship Home (KH) | 21 | 28 | 36 | 41 | 51 | 60 | 54 | 53 | 58 | 62 | 61 | 65 |
| — Relative Home (RH) | 76 | 110 | 131 | 158 | 189 | 229 | 235 | 234 | 222 | 213 | 201 | 175 |

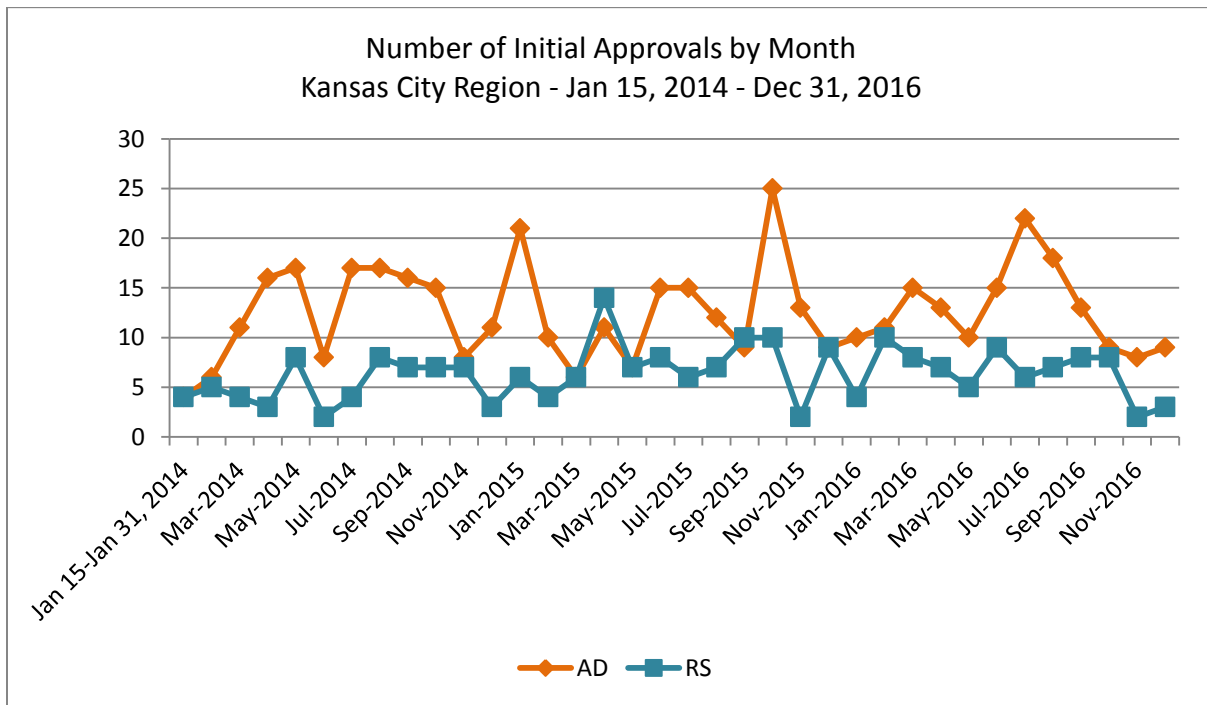
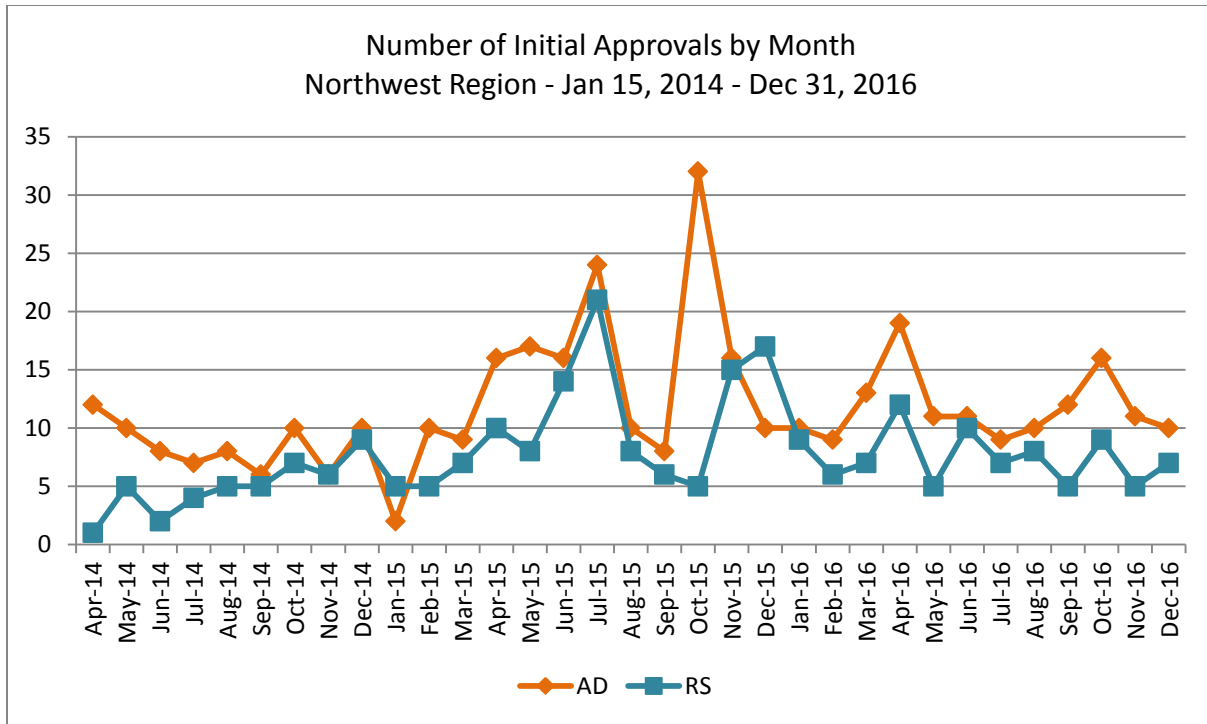
Vendors in use each month has been reviewed to determine if the resource homes being developed and retained by the contractor as meeting the needs of the population of youth in the care of the Children’s Division.



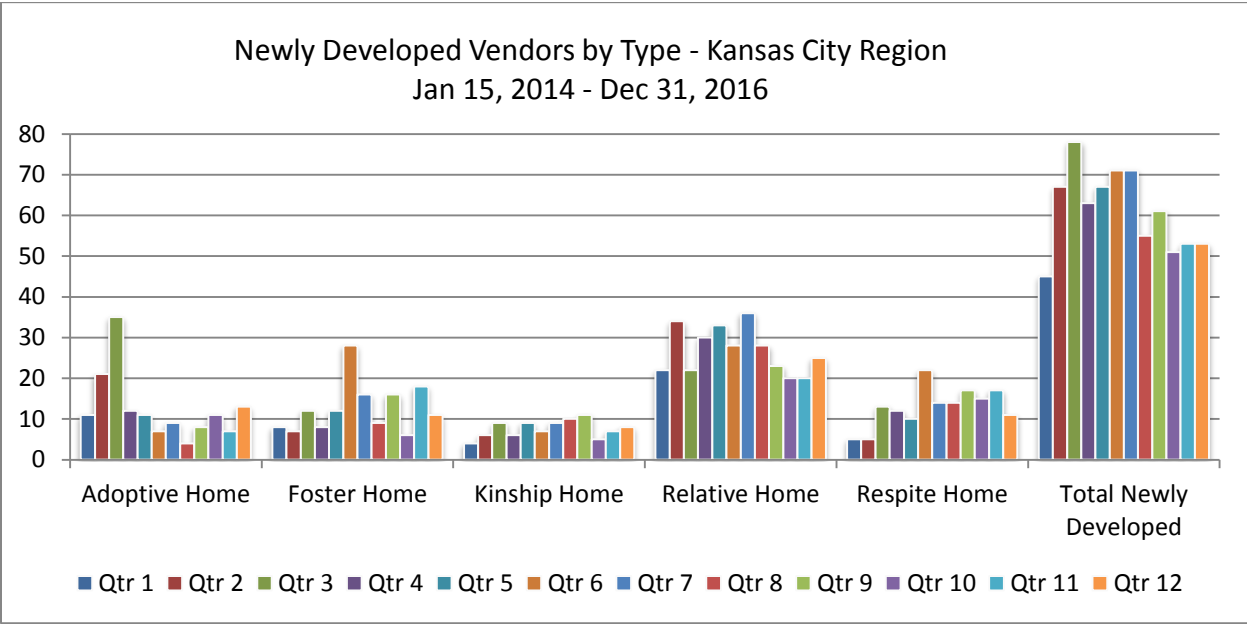
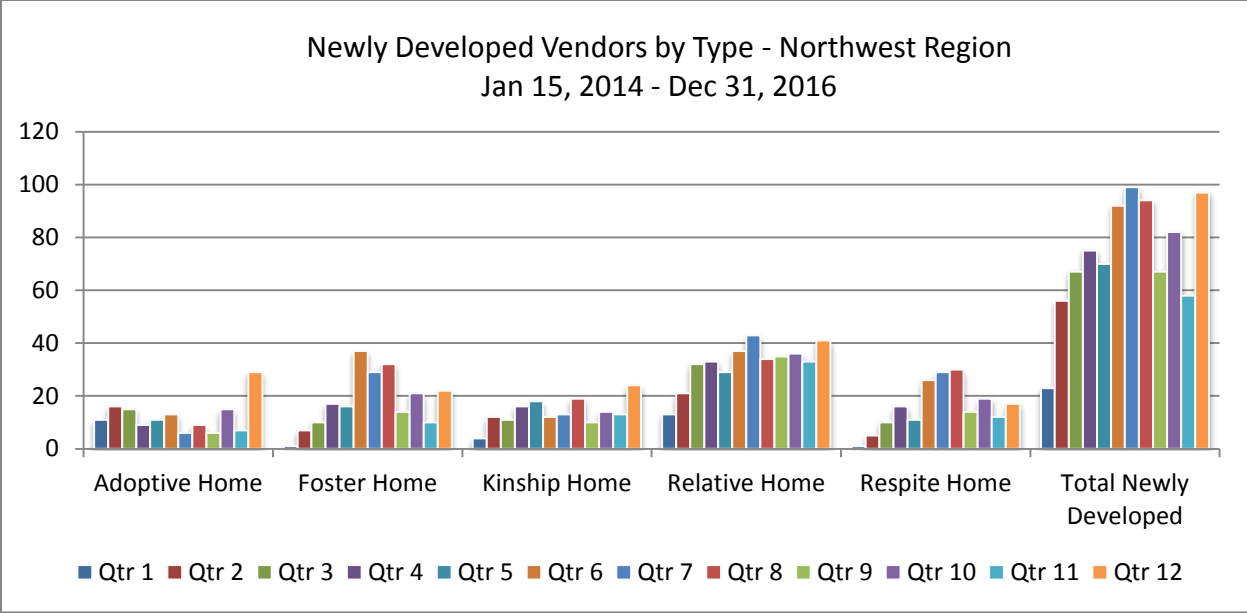
The number of initial licensures demonstrated a substantial increase within the first two quarters of 2014 resulting in a backlog in processing of initial applications and in turn completion of initial licensure activities. During 2016 the data indicated a more typical pattern of highs and lows in processing of applications and licensures consistent with the remainder of the state. This pattern is typical because of the time necessary to complete home assessment and training. The following two charts indicate this licensing trend for foster, relative and kinship licensures.



The following two charts indicate the pattern observed with adoptive resource approvals throughout the three year pilot.



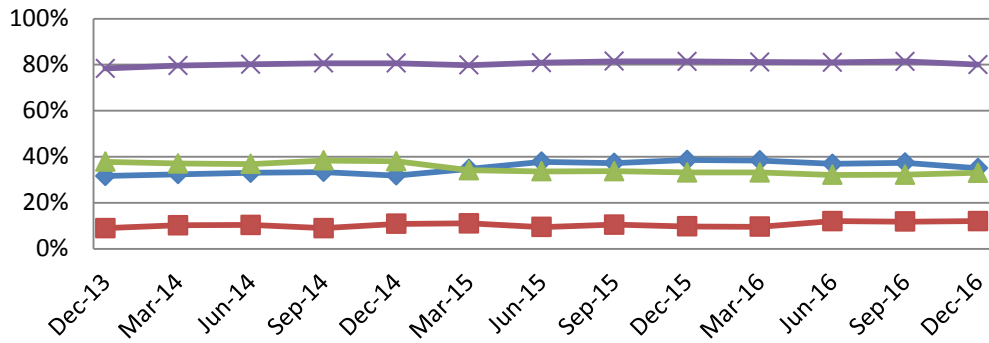
The following chart indicates the trends observed in resource development by resource type throughout the three year pilot.



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

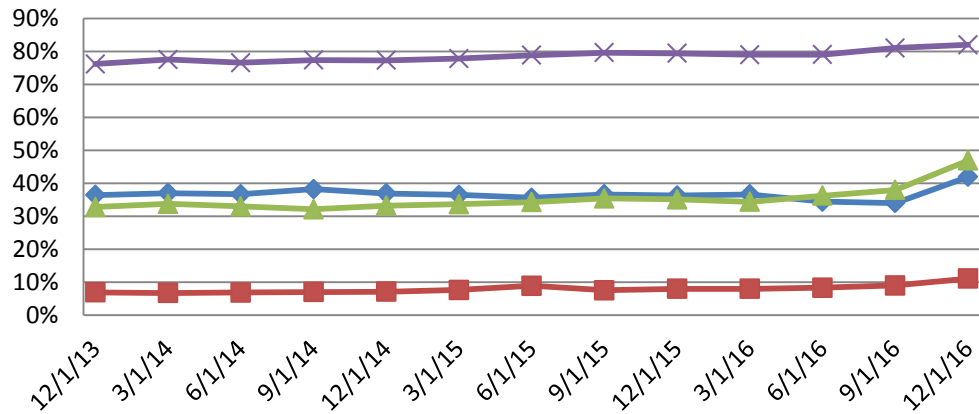
Throughout the three year pilot there has been an increase from quarter one to quarter eight and stability in the last four quarters in the number of youth from the Northwest region residing in a family like setting. Jackson County has seen a gradual increase throughout the three-year time period.

Percentage of Children by Placement Type
Northwest Region-Point-in-Time at the End of Each Quarter



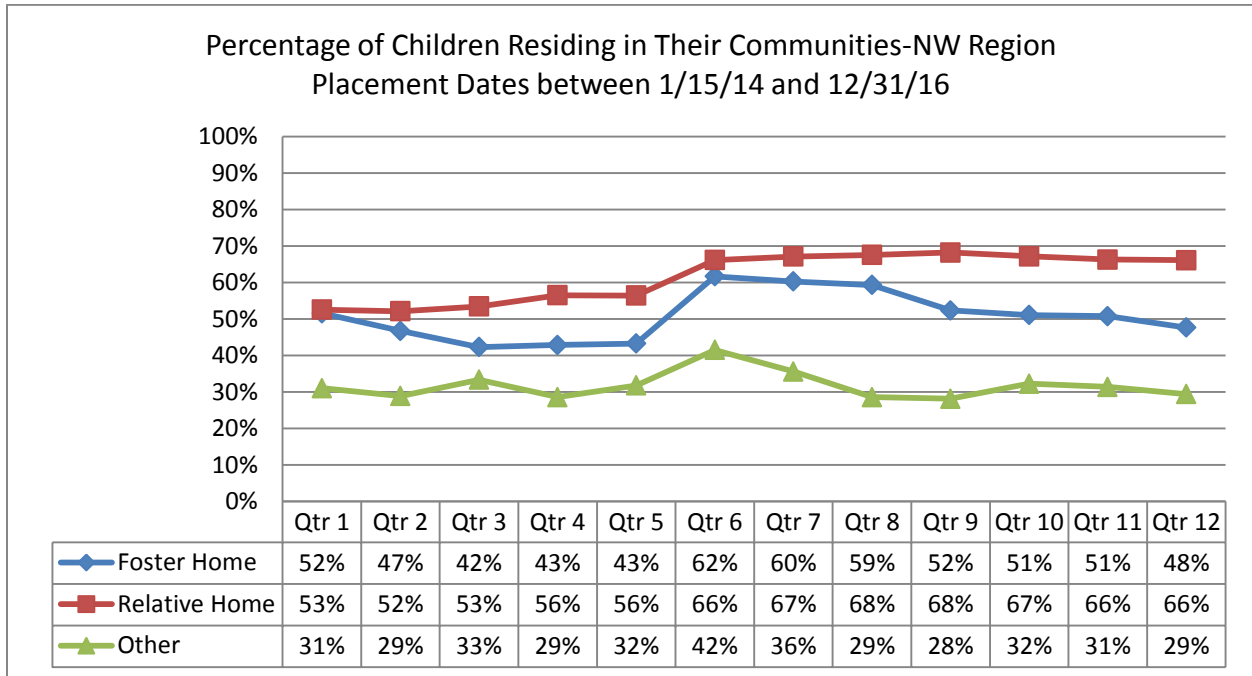
| | 12/31/13 | 3/31/14 | 6/30/14 | 9/30/14 | 12/31/14 | 3/31/15 | 6/30/15 | 9/30/15 | 12/31/15 | 3/31/16 | 6/30/16 | 9/30/16 | 12/31/16 |
|----------------------|----------|---------|---------|---------|----------|---------|---------|---------|----------|---------|---------|---------|----------|
| Foster Home | 31.6% | 32.4% | 33.0% | 33.3% | 31.8% | 34.7% | 37.8% | 37.2% | 38.6% | 38.4% | 36.9% | 37.4% | 35.0% |
| Kinship Home | 9.0% | 10.2% | 10.3% | 9.0% | 10.8% | 11.1% | 9.4% | 10.5% | 9.7% | 9.6% | 12.0% | 11.8% | 12.0% |
| Relative Home | 37.8% | 37.1% | 36.8% | 38.4% | 38.0% | 34.1% | 33.6% | 33.7% | 33.1% | 33.2% | 32.1% | 32.2% | 33.0% |
| Family-Like Settings | 78.4% | 79.6% | 80.2% | 80.7% | 80.7% | 79.8% | 80.8% | 81.5% | 81.4% | 81.1% | 81.0% | 81.4% | 80.0% |

Percentage of Children by Placement Type
Kansas City Region-Point in Time at the End of Each Quarter



| | 12/31/13 | 3/31/14 | 6/30/14 | 9/30/14 | 12/31/14 | 3/31/15 | 6/30/15 | 9/30/15 | 12/31/15 | 3/31/16 | 6/30/16 | 9/30/16 | 12/31/16 |
|----------------------|----------|---------|---------|---------|----------|---------|---------|---------|----------|---------|---------|---------|----------|
| Foster Home | 36.5% | 37.0% | 36.7% | 38.2% | 36.9% | 36.5% | 35.6% | 36.6% | 36.3% | 36.6% | 34.5% | 34.0% | 42% |
| Kinship Home | 7.0% | 6.7% | 6.9% | 7.0% | 7.1% | 7.7% | 8.9% | 7.6% | 8.0% | 8.0% | 8.3% | 9.0% | 11% |
| Relative Home | 32.8% | 33.7% | 33.0% | 32.1% | 33.2% | 33.7% | 34.3% | 35.4% | 35.1% | 34.4% | 36.3% | 38.0% | 47% |
| Family-Like Settings | 76.2% | 77.5% | 76.5% | 77.4% | 77.3% | 77.8% | 78.9% | 79.6% | 79.4% | 79.0% | 79.1% | 81.0% | 82% |

Throughout the three year pilot we have observed an increase and subsequent decrease from 52% to 48% of children residing in their home community in the Northwest Region in the foster care setting, a more steady increase with relative homes from 53% to 66% and a decrease from 31% to 29% in other placement types such as residential or hospitalization.



In Jackson County there was an observed decrease in the percentage of children residing in their home community from 82% to 74% in foster homes, a decline and subsequent increase from 79% to 78% in relative homes. The percentage of youth residing in other placement settings such as residential or hospital within their home community has increased over the 12 quarters of this pilot as indicated by the 79% to 84% comparison.

Percentage of Children Residing in Their Communities-KC Region
Placement Dates between 1/15/14 and 12/31/16

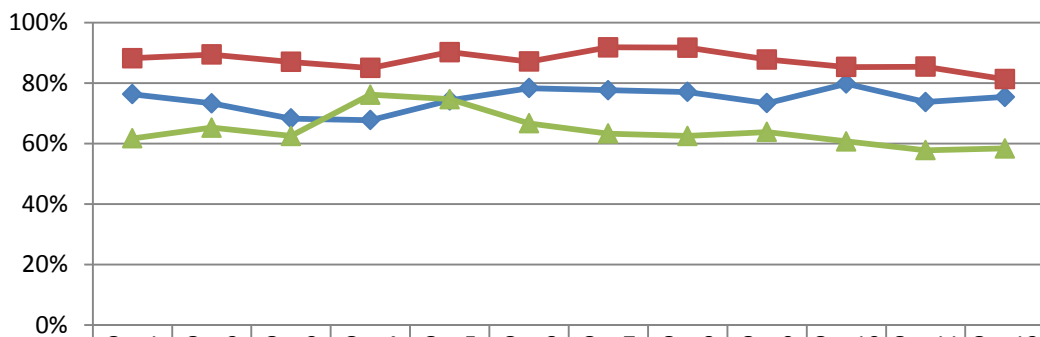


| | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Qtr 5 | Qtr 6 | Qtr 7 | Qtr 8 | Qtr 9 | Qtr 10 | Qtr 11 | Qtr 12 |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| Foster Home | 82% | 83% | 79% | 76% | 77% | 73% | 72% | 75% | 74% | 73% | 74% | 74% |
| Relative Home | 79% | 79% | 78% | 75% | 73% | 75% | 73% | 74% | 75% | 74% | 79% | 78% |
| Other | 79% | 80% | 82% | 84% | 87% | 86% | 81% | 80% | 80% | 82% | 78% | 84% |

Data for youth in care less than 12 months with two or fewer placements was also reviewed for this report.

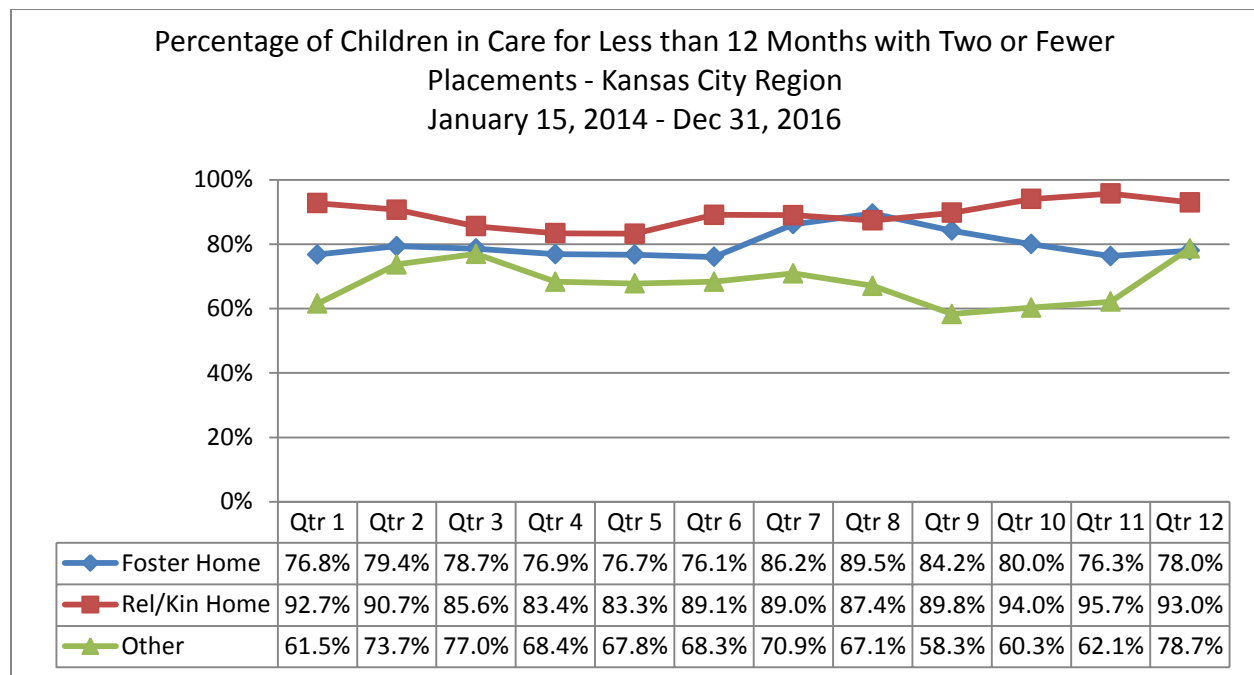
The Northwest region has demonstrated over the 12 quarters of this project an average of 74% of the foster care population having 2 or fewer placements while relative placements were much more stable as indicated by the average of 87% of placements having 2 or fewer placements while placements in other placement types have experienced two or fewer placements only 64% of the time during this pilot.

Percentage of Children in Care for Less than 12 Months with Two or Fewer
Placements - Northwest Region
January 15, 2014 - Dec 31, 2016



| | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Qtr 5 | Qtr 6 | Qtr 7 | Qtr 8 | Qtr 9 | Qtr 10 | Qtr 11 | Qtr 12 |
|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| Foster Home | 76.3% | 73.3% | 68.3% | 67.7% | 74.2% | 78.3% | 77.6% | 77.0% | 73.3% | 79.8% | 73.7% | 75.4% |
| Rel/Kin Home | 88.2% | 89.4% | 87.0% | 85.0% | 90.2% | 87.1% | 91.8% | 91.7% | 87.8% | 85.3% | 85.4% | 81.3% |
| Other | 61.7% | 65.2% | 62.5% | 76.1% | 74.7% | 66.7% | 63.3% | 62.5% | 63.8% | 60.7% | 57.8% | 58.3% |

The Kansas City region has averaged 73% of cases of youth in foster care experiencing two or fewer placements in their first 12 months while placements with relatives/kin averaged 89% with two or fewer placements and children in other placement types averaged a percentage of 67%.



ADOPTION PROMOTION AND SUPPORT SERVICES

Adoption Services

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

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

Persons who are interested in becoming adoptive parents currently apply at local CD offices, with the Foster Care Case Management contractors or with the Recruitment, Retention and Licensing of Foster

and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete the STARS and Spaulding training provided through the Division or its contractors. Children's Division workers and/or contracted providers, in coordination with the training, complete the family assessment and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Children are featured on the national AdoptUSKids web site at www.adoptUSKids.org and on the Adoption Exchange Website at www.adoptex.org.

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

Adoption Recruitment Training Support

The Adoption Recruitment Training Support (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes and informing the state recruitment plan.

ARTS serves as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD and provide necessary support to staff responsible for identifying and supporting permanent homes for children.

The focus in 2016 was to ensure files were transferred appropriately and timely when a case moves from alternative care to adoption or guardianship. The policy and forms were released to staff on February 23, 2017. The revised adoption staffing process was also a topic of discussion. The adoption staffing policy is based on a consensus building approach. This is a decision-making process which fully utilizes the resources of a group. A consensus decision represents a reasonable decision that all members of the committee can accept. This policy was released to staff on February 17, 2016. In partnership with The Adoption Exchange, ARTS also assisted with revising the process to streamline recruitment of children via The Adoption Exchange, AdoptUSKids.org and The Missouri Heart Gallery. The streamlined approach began with the release of a memo to all staff in July 26, 2016. The Family-Centered Services (FCS) Residential Workgroup also formed from the ARTS group. It was comprised of persons from each region, to discuss the impact of FCS cases on families receiving residential services on their subsidy agreements. The group was in agreement that a FCS case for these families who did not indicate a Child Abuse/Neglect (CA/N) need was not necessary or appropriate. The memo was released to all staff in August 23, 2016. The ARTS team will continue to be a sounding board for developing policy, training or any support necessary to field staff.

Heart Gallery

The Missouri Heart Gallery began in 2006 and continues today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. Over the past few years,

registrations have declined. This can be contributed to better initial placement of children, the increased number of children being placed with kinship or relative providers and the improved quality of adoption staffings. As a result, the Division took a closer look at the Heart Gallery process and partnered with the Adoption Exchange and the ARTS team to revise and update the registration process and practice.

The most significant change to the Heart Gallery is the registration is completed through The Adoption Exchange's new website. Staff can register the child for The Adoption Exchange, the AdoptUSKids and then forward the registration on to Central Office for the child to appear on the Missouri Heart Gallery website. The Adoption Exchange now writes the media profiles and continues to assign the photographers. Staff have experienced less stress and more flexibility with the new process. Staff now have more time to decide if the Heart Gallery is the most appropriate recruitment tool for the child as well as the opportunity to register children who become available for recruitment throughout the year. As with previous years, photographs will continue to be printed, however, the plan for 2017 is to print just twice a year, in May and November, for the traveling Gallery. Each region will receive 8x10 images of children from their region who are featured in the Heart Gallery for display at regional events. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e. churches, school functions, and community events. Prospective adoptive families should be directed to the online Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions. The Children's Division is continuing to hold focused grassroots efforts at events such as PTA functions, fairs, and church events.

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

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. In SFY16 adoption and guardianship expenditures were \$82,327,301, slightly higher than SFY15's expenditure of \$77,545,653. As of June 30, 2016 there were 15,957 children receiving adoption subsidy and 6,353 children receiving guardianship subsidy, per DSS Research and Evaluation.

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

nonrelated person whose life is so intermingled with the child such that the relationship is similar to a family relationship.”

As of January 16, 2017 there were 3,468 legal guardianship entries since August 28, 2013 who had prior relative, kinship or foster home placements. There has been an increase in guardianships since 2013 and this is partly based on the guardianship expansion; this data will continue to be tracked to determine the full impact of the legislative change.

Additionally, the Division implemented new policy and legal guardianship agreements in May 2016 to accommodate the successor guardian requirements of H.R. 4980.

Child Placing Agencies

In CY 16 there were 57 licensed child placing agencies in Missouri although a number of the agencies have multiple operating sites. There are 33 additional child placing operating sites for a total of 90 child placing operating sites in the state of Missouri. Of the 57 licensed child placing agencies, 34 are accredited by a nationally recognized accrediting body. The child placing agencies placed 175 domestic and 84 international children for adoption. Several child placing agencies are involved in the foster care case management and the specialized contract described previously in this report.

Populations at Greatest Risk of Maltreatment

The primary concern of the Children’s Division throughout the continuum of care is always child safety and well-being. The Division utilizes protocols built upon Structured Decision Making (SDM) and Signs of Safety to assess for risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

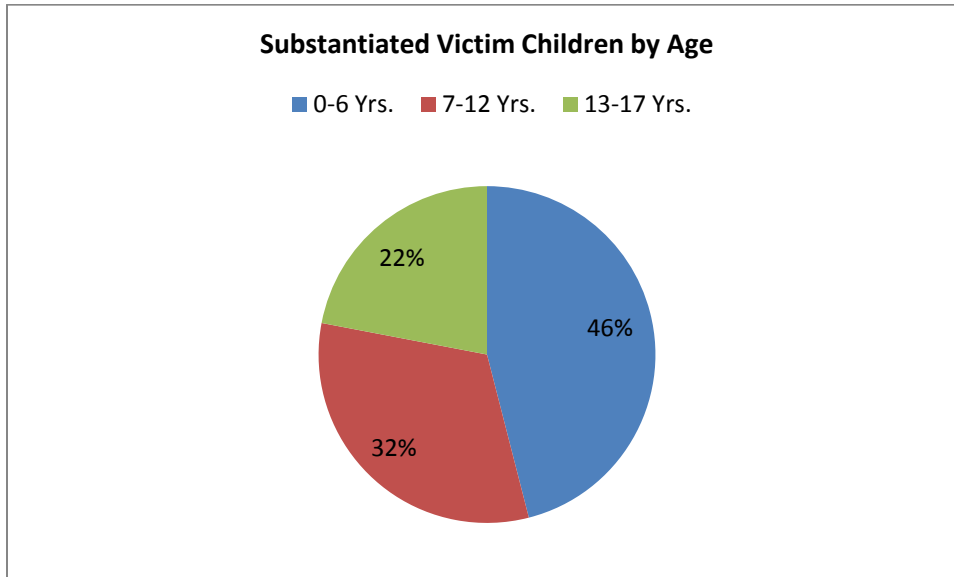
The Signs of Safety Child Protection Practice Framework is used to determine what supports are needed for families to care for their children, whether there is sufficient safety for the child to stay within the family, whether the situation is so dangerous the child must be removed, and if the child is in the foster care system, whether there is enough safety for the child to return home. Signs of Safety has been fully implemented in St. Louis City, Jackson, Greene, Jasper, Audrain, Montgomery, Warren, St. Charles, Franklin, Gasconade, Osage, Maries, Phelps, Pulaski, Texas, Carter, Howell, Oregon, Shannon, Crawford, Dent, Iron, Reynolds, and Wayne counties. Full implementation of Signs of Safety will be complete by the end of CY17.

Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is simple and stresses getting the answers to three important questions: what are we worried about, what is working well, and what needs to happen. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

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

Identified Population

Pre-school aged children are typically more vulnerable and at the greatest risk of maltreatment because they are dependent on others to meet their nutritional, physical, and emotional needs. No changes in the population of children at the great risk of maltreatment has been identified since the development of Missouri's Child and Family Services Plan. Young children lack the ability to protect themselves from abuse or neglect. They lack speech capacity and important social, cognitive, and physical skills which are developed in early childhood. They may also have limited contact with entities outside their immediate families.



Source: Child Abuse and Neglect Annual Report, SFY16

Based on the chart above, children birth through age six constituted 46% of all substantiated victims in SFY16.

Of all the children found in need of services after completion of a family assessment, approximately 42% were children birth through age six.

It is also important to note the most recent Missouri child fatality data indicates that in FY16, 92% of substantiated victims of child abuse/neglect fatalities were children under the age of six, with 58% being one year or younger.

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

- Children in families with prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency, had a developmental disability or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern

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

Services Targeted to this Population

Missouri's early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state's lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to eligible children and their families consistent with the requirements of Part C of the IDEA. Pursuant to the federal mandate of CAPTA, staff are required to make a referral to First Steps for any child under the age of three who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation.

According to Research and Evaluation in CY16, there were 1147 children eligible for referral to First Steps pursuant to CAPTA requirements. Of these eligible children, DESE reports 149 referrals were received citing CAPTA as the reason for referral. According to DESE in CY16, the number of children referred to First Steps by referral source DSS is 964. Department of Elementary and Secondary Education (DESE) is trying to cleanup this referral reason to minimize the incorrect referral reasons. This number represents the referrals to First Steps that are not part of the CAPTA requirement. The First Steps program is only for children who are birth to three. The reason for low referral rate continues to be explored. All staff received a reminder regarding the service in late 2013. A FACES update has been made that provides the referral form on the conclusion screen so staff can easily complete the referral at the point of conclusion. DESE has an online referral option, as well. The Children's Division continues to work with DESE to revisit the language and layout of the CAPTA vs. DSS referral on their website. Staff may be quickly selecting the DSS Referral Source option instead of the CAPTA option as DSS appears first in the drop-down list and CAPTA is spelled out, and does not include the acronym. CD is also exploring an alert box on the conclusion screen once an individual conclusion of Preponderance of the Evidence is entered for a child under 3 years of age.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY16, 39% of the children served by IIS were age five and under. In SFY15 and SFY14, the percentage of children five and under was 40%. The IIS program provides an array of services specifically targeted towards early childhood.

In 2014, the Children's Division recognized a need to improve family-centered services practice and strengthen the division's philosophical base. A workgroup was developed to strengthen frontline practice and support programs that work by examining our values and beliefs about families and our philosophy and culture. The goal of the new model is to focus efforts on families with chronic neglect who consistently return to the Children's Division in need of assistance. By focusing on this population, staff will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Staff will be assigned cases at the supervisor discretion. Staff will carry a modified caseload based on the service needs of the family. Instead of stipulating the required tools a worker must use, the worker will have the discretion to utilize any assessment tools that work for the needs of the family. Pilot sites for the new practice model began in CY16. Five regions (St. Louis, Northeast, Northwest, Southwest and Southeast Region) began piloting the new FCS practice model. In January 2016 the pilot began in St. Louis and expanded to 10 circuits in March 2016 and an additional 20 circuits during May-September

2016. During the expansion period, Central Office staff met with circuits to lend support to workers and supervisors in the way of coaching. Should the pilot prove valuable, the Division will discuss the possibility of statewide implementation with the Executive Team.

In CY16, CD Memo 16-03 informed Children's Division staff of safe sleeping guidelines in response to a Continuous Quality Improvement (CQI) request and critical event recommendations. The goal of the memo was to assist staff in understanding their role and responsibility in providing preventive education about safe sleep practices to families and individuals caring for children under the age of two.

Staff provide education, resources, and discuss safe sleep practices with all families and individuals caring for children, two years old or younger. Information is also provided to families who are expecting a new baby in the home.

Children's Division collaborated with The Children's Trust Fund to support community education regarding safe sleep practices. Children's Division ordered safe sleep rack cards to provide to families and individuals caring for children under the age of two. In CY16, the rack cards were sent to all circuits. Staff can access additional information as well free printable materials including rack cards and posters about safe sleep practices at Electronic Materials — Children's Trust Fund of Missouri.

The Children's Division is joining efforts with community partners in order to support a consistent message for safe sleeping environments for young children in the state of Missouri. In February 2016, a meeting was held to start the planning process to provide a safe sleep message to the state in a collaborative effort. The group met four times in CY16 to continue their efforts on the implementation process of supporting community education regarding safe sleep practices.

New legislation was enacted in 2016 requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation be either evaluated or have a case review completed by a SAFE-CARE provider. The purpose of this legislation is to specifically address those most vulnerable to child abuse and neglect. The Children's Division is also now required to make a referral to the Juvenile Office anytime a child under the age of four is diagnosed as a victim of physical abuse by a SAFE-CARE provider. While the Children's Division is not required to recommend removal, the purpose of this requirement is to ensure that information regarding the child's safety is communicated. Anytime the Children's Division receives an investigation involving a victim child under the age of four, staff make a referral to one of the three child abuse and neglect resource center children's hospitals in the state. Referrals are made early on in the investigation process, typically after the investigator makes contact with the child. Child abuse and neglect pediatricians review the referral information and make recommendations for follow up medical care. These recommendations can vary from general medical and preventive care to specific diagnostic testing for child abuse and neglect. Approximately 1,102 children were referred to a SAFE-CARE provider as a direct result of this legislation between August and December 2016.

Legislation was also passed in 2016 requiring a task force be convened to address the prevention of infant abuse and neglect. The task force met three times in December 2016 and chose to focus on children three years of age and younger. The task force made the following recommendations to Missouri's General Assembly:

Short term strategies for consideration:

1. Develop and implement a “Birth Match” program to match infant fatality and Termination of Parental Rights (TPR) information to DHSS birth records to identify families in need of a family assessment and follow-up by the Children’s Division and partners.
2. Develop and implement universal screening protocol for hospitals and birthing centers to use in identifying families to be referred for further assessment and services.
3. Focus home visiting services on prevention of child abuse and neglect through identifying at-risk families and providing evidence-based programs.
4. Expand mandated reporter training as either strongly-encouraged or required for health professionals, law enforcement, and care providers. Educators are already required to complete the training.

Long term strategies for consideration:

1. Utilize “predictive analytics” to identify risk factors and data elements to be shared across health and human service systems in order to more effectively focus child abuse and neglect prevention efforts on areas of greatest need and opportunity.
2. Develop and implement a continuum of universal and targeted home visiting programs that have strong evidence of positive outcomes in preventing child abuse and neglect of infants and young children. Predictive analytics may be used to target the most intensive interventions to families most at-risk.
3. Increase information sharing among child protection workers and mandated reporters to support a team approach to child abuse and neglect prevention and intervention.
4. Organize, train, and certify multi-disciplinary child abuse and neglect prevention and intervention teams of child protection workers, health professionals, law enforcement, and care providers who specialize in families with vulnerable infants and young children.
5. Implement differential caseloads, manageable workloads, and expanded credentialing of child protection workers in order to increase time, attention, and effectiveness of interventions with families.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) establishes a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term “illegal” as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements

relating to data collection and monitoring. Additions to the Children's Division's policy manual include guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also include things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in documentation of the record.

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

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services

Services for Children Under Age Five

Family-centered, strength-based treatment services for children under five years of age who remain in their home should be completed by referring the family to any available community resource or other support system identified by the family; utilizing all available community resources. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she assesses some, or all, of the services cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education
- Specific habilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visitation Providers)
- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE finding for child/ren under the age of 3
- School district services referral for children over the age of 3 with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Parent aide services for the parents

- Mental Health services for the child or parents

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

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

In SFY14, a Home Visitation program was introduced which is designed to improve parenting practices through home visitation, group training and networking activities. Home Visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families. The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or who wish to care for their children under the age of 3 years in the home. 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 Visiting program is located in eight regions across the state with the most contractors located in the St. Louis City/St. Louis County area. In SFY16, there were 13 competitive, 8 Community Partnerships, providing Home Visiting Services. There were a total of 3,274 unduplicated families and 4,998 children age birth to three years old served.

Home Visiting contractors currently utilize either an evidence-based or promising approach model focusing on the following areas: early childhood development, parent education, child abuse and neglect prevention, positive brain development, and school readiness.

During FY16, the Missouri Department of Social Services, entered into a contract with the Curators of the University of Missouri on behalf of the University of Missouri – Missouri Head Start State Collaboration Office (MHSSCO) - Columbia. This contract includes both Early Head Start and Head Start.

The local collaboration plan is designed to improve the coordination of services for the children and families served by both agencies. Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness. Accessing services also aids in ensuring:

- Reduction in the recurrence of child maltreatment
- Consistency in addressing risk of harm
- Consistency in addressing families' needs for services and/or provision of services
- Availability and accessibility of needed services
- Fully engaging parents in child care choices
- Providing input to Children's Division field staff for consideration in case planning, service delivery, and goal attainment through the Family Support Team involvement
- Diligent efforts to meet children's early educational needs
- Assessment of mental health needs of the parent, as well as developmental and social/emotional needs of the child and provision of mental health services

The Children's Division is in the process of implementing Signs of Safety statewide. Creating everyday safety for children is the primary aim of the Signs of Safety. Signs of Safety recognizes that caregivers are more likely to change when they understand how their behavior is impacting their child. Several different tools are available to staff to assist in having conversation with children around safety to place the child's voice in the center of the family's involvement with the Children's Division. One key process of Signs of Safety is creating a words and pictures document to be shared with children to explain why they have been removed from the home as well as the safety plan that has been created. This is especially useful for younger children.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY16, 39% of the children served by IIS were age five and under. In SFY15 and SFY14, the percentage of children five and under was 40%. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

The population of children ages five and under in foster care has remained relatively stable over the last few years. According to the Child Welfare Outcomes Report, Table 8b, approximately 37% (7,460 out of 20,284) of the children in care in FY16 were under the age of five. This is compared to 36% (7,018 out of 19,429) of the children in foster care in FY15. The population of children age five and under has remained stable over the last few years.

According to point in time data effective January 31, 2017, there were 5,030 children aged 5 and under in the custody of the Children's Division. Of these approximately 47% (2,367) were female and 53% (2,663) were male. For the same time period, approximately 66% (3,303) of the children were white and 18% (915) were black. The remaining 16% were American Indian/Alaskan Native, Asian, multi-racial,

and unable to determine. In addition, 54% (2,737) of the children age five and under are placed with relatives or kin.

The Children’s Division places a strong emphasis on achieving permanency for all children served including those age five and under. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last five years (SFY12 - 16) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age 0 - 5 achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages 0 - 5, 6 - 12, and 13 and older.

Age Groups Exiting to Reunification

| Years | 0-5 | 6-12 | 13+ |
|-------|--------|--------|--------|
| SFY12 | 38.6% | 34.1% | 27.4% |
| SFY13 | 39.1% | 36.5% | 24.5% |
| SFY14 | 37.6% | 35.9% | 26.5% |
| SFY15 | 37.8% | 35.7% | 26.5% |
| SFY16 | 37.83% | 36.56% | 25.61% |

Age Groups Exiting to Guardianship

| Years | 0-5 | 6-12 | 13+ |
|-------|--------|--------|--------|
| SFY12 | 40.5% | 34.0% | 25.6% |
| SFY13 | 38.5% | 38.3% | 23.2% |
| SFY14 | 38.2% | 37.0% | 24.9% |
| SFY15 | 40.0% | 37.2% | 22.8% |
| SFY16 | 34.27% | 39.10% | 26.63% |

Age Groups Exiting to Adoption

| Years | 0-5 | 6-12 | 13+ |
|-------|--------|--------|--------|
| SFY12 | 55.4% | 33.9% | 10.7% |
| SFY13 | 58.4% | 31.9% | 9.8% |
| SFY14 | 55.8% | 34.2% | 10.0% |
| SFY15 | 58.0% | 32.3% | 9.8% |
| SFY16 | 55.61% | 33.31% | 11.08% |

Source: Child Welfare Outcomes Report, Measure #9b

Some strategies for achieving permanency for young children include: increased parent-child visitation whenever possible, front loading services to get the family engaged early, placement with relatives, concurrent planning, and regular FST meetings to review progress and clearly define goals. Concurrent permanency planning is a process of working towards reunification while, at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. In addition, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan so as not to delay permanency..

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

Point in time date from January 31, 2017 shows Children’s Division has 157 children age 5 and under available for adoption (TPR complete and having a goal of adoption); of those children, 96 (61%) are in a pre-adoptive placement. This is a slight decline since 2013 with 69% (2013), 70% (2014), 69% (2015). All of this information was from point in time data January or March of those years. This change will be examined and could result of an increased focus on ensuring children who are available for adoption are matched and placed in pre-adoptive homes.

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

service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with waiting children. Additionally, staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children in the 0-5 age group.

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

Services for Children Adopted from Other Countries

The Children's Division is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

Children's Division provides post adoption services for children adopted from other countries and their adoptive families through the Adoption Resource Centers in the same manner as families of children adopted from foster care, including referral for adoption competent counseling, and support groups and parenting education. (See Adoption Resource Centers in the Collaboration section).

PROGRAM SUPPORT

Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia and its practice has spread to many jurisdictions across America and throughout the world. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There

is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. In CY16, a Signs of Safety hub was identified in the other four regions of the state to begin implementation. Each hub has an implementation team for each of its circuits which meets on a regular basis and includes Children's Division staff and community stakeholders. Central office staff also participate in implementation meetings.

The focus of CY17 is to implement Signs of Safety in the remaining circuits. The Division has partnered with Safe Generations to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide.

Circuit implementation begins by providing a half-day overview of Signs of Safety for community stakeholders and a two-day supervisor overview. Shortly after these are completed, frontline staff and supervisors participate in a two-day worker overview. Several months after this basic worker training, supervisors participate in a five day advanced training which is divided into two sessions spaced about a month apart. Children's Division staff in each region have been identified as Signs of Safety training catalysts and have worked with Safe Generations to be able to provide the community overviews and the two-day worker overview trainings. Safe Generations will continue to provide supervisor trainings in CY17.

In addition to staff training, Safe Generations provides several other support services to assist with implementation and skill development:

Quarterly Implementation Synching Calls: Provided for each region and are held between Safe Generations and the region's management team to assess and plan next steps around the implementation. The topics on these calls typically include: defining where circuits are at in the implementation process, system issues (such as involving community partners, adjusting forms and paperwork, or identifying leaders), implementation goals, key challenges, accomplishments and next steps around the implementation goals including specific support and resources that Safe Generations can offer.

Leadership Development Workshops: Half-day leadership development workshops are specifically designed for leaders who want to build on their skills from the Advanced Practice Workshop, and push their learning and leadership to the next level. Each regional implementation wave selects its own small group of 15-20 participants who are each dedicated to grow their own practice and then spread and grow the practice of those around them and throughout their 'wave' geography. The same group of 15-20 participants commit to meet in-person approximately every 6 weeks for a half day of intense, small-group learning over the course of two years. Everyone is expected to complete "homework" between sessions, and keep a 'learning journal' to record and share reflections throughout the program.

Agency Wide Skill Building Workshops: These are one-day workshops for all staff designed to develop in-depth Signs of Safety skills on a variety of topics.

Learning Labs: Learning Lab is an opportunity for social service professionals to participate in shared learning by watching and thinking through live and/or recorded work with real families conducted by Safe Generations. Interactive video conference sessions are packaged into 1-4 sessions. Each package is

based on a specific learning topic. Learning Lab is a unique venue for professionals to observe experienced Signs of Safety practitioners engage in real-life scenarios while watching remotely and to collaborate and debrief with fellow practitioners.

Supervisor Consultation: Video conference calls designed to develop depth in supervisory skills to support the agency and their teams in the Signs of Safety. These calls are often successful when a worker can bring an active live case forward to the call as content for the supervisors to think through how they would lead mappings to grow the workers thinking and decision-making skills.

Worker Consultation: Video conference calls which help staff grow critical skills and practice depth by applying Signs of Safety at various points in the life of a case. Children's Division provides a case example for each consultation to work through.

Each region has a support plan in place with the services described above to facilitate implementation during CY17.

Team Decision Making

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

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

Approximately 3 years ago this practice was expanded to the areas of St. Louis County and Jackson County (The Kansas City area). This expansion has received support from the Annie E Casey Foundation throughout 2016 to improve the results of this process. Both areas continue to work on building this practice and bringing their external partners onboard with this process.

During 2016 Missouri again partnered with the Annie E. Casey Foundation (AECF) to assist with the expansion of the TDM practice. Two sites, one in Greene County (Springfield) and the other in Jasper County (Joplin), began implementation work and started using these meetings in early 2017. These two sites are early in the process and are growing and learning from their experiences.

At this time there are many data issues surrounding the Team Decision Making processes going on in the state's sites. Old technology has recently been replaced with a new web based data application provided to Missouri by AECF. With the new online database, many of these data issues should be resolved.

Reaccreditation

The Missouri Children's Division is fully accredited through January 31, 2018. Children's Division was slated to begin re-accreditation on-site visits in 2016; however, the process was postponed due to COA significantly revising several public agency standards in August 2016. In order to allow the agency time to implement the newly revised standards, Children's Division was given the option to participate in a COA Interim Review process. The Interim Review process is designed to evaluate the Division's compliance with certain core administrative and service standards from COA's previous 8th Edition Standards. These standards include Administrative and Management, Ethical Practice, Financial Management, Human Resource Management, Performance and Quality Improvement, Risk Prevention and Management, Administrative Service Environment, Behavior Support Management, Client Rights, Training and Supervision, Adoptive Services, Child Protective Services and Family Foster Care and Kinship Care. The Interim Review is scheduled for December 3-6, 2017 and will include a three day review of the Central (State) office as well as one Service Site (15th Circuit Children's Division). If the agency's Central Office and service site are able to show successful implementation of the applicable Interim Review standards, the entire agency will receive a one year extension from its current accreditation expiration date of January 31, 2018. The full on-site reaccreditation process would then be scheduled to begin in late fall 2018, starting with a full review of the Central Office and each of the remaining regions will be subsequently visited until each region is fully accredited.

As part of COA maintenance, the Children Division continues to utilize fourteen regionally based Quality Assurance and Quality Improvement Specialists to conduct quarterly accreditation maintenance visits to all COA-approved circuits in their regions. Additionally, the Children's Division submits an annual Central Office Self Study to Council on Accreditation. The Self Study provides current evidence for all Administration and Management (PA-AM) and Service Delivery Administration Standards (PA-SDA). The Annual Self-Study requirement ensures ongoing administrative attention to the accreditation standards. It supports uniform implementation across the system by instituting a regular review period for updating policy, procedure, and administrative data reports.

During October 2015, the Council on Accreditation implemented an additional maintenance requirement for accredited child welfare agencies. On an annual basis each of the agency's service providing regions will complete a Maintenance of Accreditation (MOA) Regional Report. The MOA report ensures each region's attention to ongoing implementation of specific Administration and Management (PA-AM), Service Delivery Administration Standards (PA-SDA), and child welfare standards related to personnel qualifications and caseloads. The areas identified on the report are foundational to an agency's risk management and provision of quality services.

Family and Children's Electronic System (FACES)

Missouri's automated system, Family and Children's Electronic System (FACES), became fully operational on July 31, 2010, with the implementation of the final SACWIS component, Resource Management and Financial Management.

The formal SACWIS Review was held on September 16-20, 2013. Missouri received the final SARGE report in February 2015. With the guidance from our federal partners, Missouri had started creating an inventory to track all findings and progress towards action plans for these items. The goal was to create

action plans addressing all findings and provide an updated SARGe document within two years. With the new federal legislation eliminating SACWIS and the development of the new CCWIS (Comprehensive Child Welfare Information System) guidelines, Missouri is in the process of evaluating our current system to determine how it fits into the new CCWIS requirements. The plan is to provide a Notice of Intent by the deadline of August 1, 2018.

Missouri participated in a NYTD Pilot Review in August 2014. The final NYTD N-QIP was received in February 2015, noting strengths and areas needing improvement. Missouri completed the first wave of improvements as of January 2016 and the second wave of improvements in September 2016. An updated N-QIP was provided to ACF in November 2016 and we are still waiting for a response.

In addition, Missouri has been addressing final issues from the 2008 AFCARS Review. The most recent update was provided in March 2017. It noted that CD is continuing to make some minor changes and validate some questions about the code. As soon as these issues are corrected and the code is verified, another update will be provided to ACF. Missouri is hopeful that this last update will resolve any remaining issues so as to be able to exit the AFCARS AIP in the near future. Missouri has also started doing some GAP analysis in relation to the new AFCARS regulations. When this is completed, we will begin moving forward with the necessary system changes to begin collecting the new data elements outlined in the new regulations.

Some of the system changes completed this past year include numerous FACES enhancements to all areas of FACES. These enhancements include document imaging, a clearer way to track siblings in FACES, an online child abuse/neglect reporting system and the development of a new case review tool. This Case Review Tool will be within our FACES system, will be able to draw random samples of cases and provide individual case review data for workers and supervisors as well as aggregate data.

FY17 FACES projects are underway. This year is largely focused on system changes which support the new initiatives Missouri has adopted such as Signs of Safety and Five Domains of Well-Being. Such changes would include adding new forms and tools to FACES and to stop doing current tools no longer relevant to the new practice model.

Upcoming plans for FY18 include continued development of new initiatives in FACES and beginning system analysis for the new AFCARS regulations.

Mobility Project

In May 2014, the Children's Division received the funding and spending authority to purchase 1,500 tablets for frontline staff. Additionally, CD is developing FACES applications which will allow frontline staff to perform some of their documentation and research job functions while in the field. As part of the Children's Division staff recruitment and retention plan, tablet technology will enable staff to enter key information directly into FACES while out in the field (even if not connected to Wi-Fi or 4G), thus reducing administrative burden and time spent in the office. As of the end of March 2015, over 550 iPads had been deployed to Children's Division frontline staff. An additional 850 were to be purchased in the spring of 2015.

In December 2012, a focus group of field staff from across all regions of the state was convened to identify the mobile applications and devices which would be useful in the field. The group identified that any mobile device implemented in the field would need to have the following capabilities:

- Ability to take photos/scan documents
- Minimum of 32 GB of storage
- Wi-Fi
- 3G/4G
- Bluetooth
- Security/encryption
- Ability to access FACES
- Access to email and calendar
- Access to the internet so they can do immediate on-site searches for services for families.
- Access to many business approved apps such as GPS, Social work tools, parents guides, etc.

The group also identified the following four specialized FACES applications and forms portal as top priority for development:

- Contact Communication Log screens
- Participant Characteristics
- Visitation Logs
- Safety Assessment
- Forms portal containing fillable forms used by each of the program areas when out in the field will need to be available on the devices. These forms can also capture electronic signatures.

Seven areas in the state (NE, NW, SE, SW, KC, St. Louis City and St. Louis County) identified an initial field user/tester which would be involved in development of the four FACES applications and various forms and testing of the iPads in the field. After development and initial testing, the mobile technology was initially provided to the full field unit for each of the initial users (56 total users).

In February 2015, 480 iPads were deployed in the first wave. The second wave of iPads followed in June 2015 with 869. Each user with an assigned iPad goes through an orientation to the device and the applications. Additionally, two iPad mentors are assigned to each of the regions to assist field staff with navigating the iPads and the FACES applications. Staff may also contact the FACES Help Desk if they have an issue with the mobile applications.

The final order of iPads was completed in the Fall of 2016. All frontline staff now has an iPad available to them for use in their work in the field. In addition by the end of 2017, all Children's Division offices will have WiFi installed and most frontline staff will be equipped with Virtual Desktop. Virtual Desktop allows staff to remote in via their iPad to the network and allows them access to the full FACES application.

iPad mentors have been identified in each region of the state. Mentors are available to provide technical support to staff in using their iPads as new staff are hired. Additional funding is being explored to purchase iPads for frontline supervisors as well in the future.

MSW Program

The Children's Division understands the importance of building leaders at all levels and investing in staff to empower opportunities for continuous learning, competency, skill development and accredited academic advancement for frontline child welfare practitioners, supervisors and managers. To that end, the Children's Division has partnered with four public state universities (University of Missouri-Columbia, University of Missouri-Kansas City, and University of Missouri-St. Louis and Missouri State University) to offer Division practitioners, supervisors and managers graduate study opportunities through Title IV-E funded MSW educational programs. The Title IV-E funded MSW education program returned to offering part-time graduate education beginning with the fall 2016 cohort, whereby Title IV-E recipients were empowered to choose from among the four public state universities referenced above.

During FY2015, Children's Division reviewed the Title IV-E MSW Program and asked questions to the university partners about how to enhance the partnership and increase utilization of the funds. After discussion and analysis, the Children's Division restructured the agreements in an effort to increase the amount of students per academic cohort from 10 to 16 students beginning with the fall 2016 cohort. As such, the Children's Division has enhanced flexibility for employees to engage in educational opportunities, including options to receive on-line or on-campus learning to complete their part-time graduate programs. The next cohort is scheduled to begin during the fall semester of 2018.

Utilization of the Public University Collaborative Services (PUCS) contract may offer opportunities for additional collaborative professional development endeavors, such as certified training for career advancement or on-going skill enhancement. The Children's Division plans to increase interaction with the current university partners through expanding the scope of how these educational opportunities are offered.

Recruitment & Retention

In October 2014, the Department of Social Services Children's Division created a workforce recruitment and retention initiative to improve the Division's workforce stability and capacity. The Division has dedicated a senior level workforce recruitment and retention specialist to oversee this work, which includes but is not limited to, completing research, analysis, and data interpretation related to staff recruitment, utilization, program operations, customer service, program outcomes, caseload distribution, and service delivery. The primary focus of this effort has been to use the information collected and analyzed to improve practices and procedures specific to workforce recruitment and retention. In addition, the information gathered and collaborations developed through this work have been used to formulate recommendations to improve program efficiency, program outcomes, office operations, and more effective use of agency resources.

The workforce recruitment and retention specialist has also provided primary oversight of the Title IV-E education program as a liaison of the Division to four public universities in Missouri and agency employees enrolled in the program as a recruitment and retention effort. Related efforts have included working with field administrators and universities throughout the state to develop pre-employment internships and/or practicum opportunities, participation in college/career fairs with alumni staff members, serving on panel discussions and/or offering to provide classroom lectures to students studying human services related fields of study, etc.

The Division's workforce recruitment and retention efforts have included the establishment of the Public University Collaborative Services (PUCS) contract to:

- enhance the Division's research and evaluation efforts
- create curriculum and/or provide ad hoc instruction in conjunction with the Division's professional development initiatives, and
- provide consultation services to improve direct practice, supervision and administration

This endeavor receives direct supervision from the Division's Designated Principal Assistant, which provides a direct line of communication to the Division's senior leadership. This also provides an enhanced ability for this work to maintain alignment with the Division's overall strategic action plan, for the specialist to remain informed, and to maintain active involvement in other agency initiatives that could have an effect of workforce recruitment and retention. Recommendations prepared by this work are intended to impact program-wide policies, procedures, practices, and client outcomes.

Ongoing efforts have included, but not been limited to:

- a review of the knowledge base specific to workforce recruitment and retention in public child welfare in collaboration with university partners at the University of Missouri-Columbia School of Social Work
- review and initial analysis of secondary administrative data specific to workforce turn-over occurring over the last four (4) fiscal years
- establishment of data gathering and analysis of the Division's current workforce to identify trends specific to recruitment and retention efforts
- engagement with public universities in ongoing collaborations designed to assist the development of evidence-based outcomes and recommendations to improve workforce recruitment and retention practices
- engagement with public universities to identify or create curriculum which introduces students to coursework resembling the child welfare practitioner and leadership competencies of the Division
- involvement in career fairs and panel discussions within communities and at universities and colleges throughout the state
- involvement in the Division's ongoing efforts in collaboration with the National Child Welfare Workforce Institute
- the creation of a Workforce Recruitment and Retention Workgroup, including field representatives from every region, to continue the process of implementing Staying Power as the Division's recruitment and retention model.
- the creation of workforce recruitment materials, such as: brochures, flyers, fanfare items, etc.
- assisting field offices to identify and engage perspective employees in the recruitment, selection and hiring process
- serving on Career Services and Field Placement Advisory Boards with University partners

National Child Welfare Workforce Institute (NCWWI)

Missouri Children's Division is participating with University of Missouri Kansas City and Missouri State University in the University Partnership grant and has been selected for NCWWI's Workforce Excellence

(WE) intervention. There are four WE intervention sites, Jackson County Fletcher Daniels building, Greene County, Jefferson County and the 42nd Circuit. These opportunities have allowed for Children's Division to participate in a three year effort of organizational intervention where staff and leaders at every level take part in a Comprehensive Organizational Health Assessment (COHA) and development of an intervention which is proactive, strategic, collaborative, and sustainable, designed to address critical workforce challenges; engage in leadership development for middle managers, through the NCWWI Leadership Academy for Middle Managers (held in June 2015); and participate in leadership development for supervisors, through the NCWWI Leadership Academy for Supervisors (first cohort graduated in April 2016).

Please see section on NCWWI Leadership Activities for more information.

Research Initiatives

The Children's Division has an established process for the review of research applications. Persons requesting approval for research proposals involving Children's Division (CD) staff, data, or individuals served are required to submit an Application to Conduct Research to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies. If applicable, they must provide copies of the informed consent they intend to use and/or Institutional Review Board approvals obtained. Additionally, they must describe the specific data requested and explain why identifying information is essential to their research. If applicable, applicants must provide a detailed plan outlining how they will maintain confidentiality of identifying information used in their research.

In approving research, the Division exhibits due regard for study subjects' participation rights with an emphasis on privacy, confidentiality, and informed consent. All research and release of data involving persons served is in accordance with applicable state and federal laws.

Below is a list of research proposals approved by the Children's Division's research committee. The results of these studies may be used to enhance and inform Children's Division policy and practice. This is not a comprehensive list of research proposals that were approved as some projects are approved due to the participant's role only.

The researcher must agree to share their findings with the Division upon completion of the study. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with state law and with Children's Division policies and procedures.

Following is a list of Children's Division Research Committee members. In 2016, physicians employed by the Missouri Department of Social Services began assisting with the review of research applications that specifically include individuals with complex medical needs or that involve medical interventions.

- Divisional Privacy Officer
- Division of Legal Services Representative
- Quality Assurance Manager
- Quality Improvement Manager
- Program and Policy Manager

- Early Childhood Unit Manager

The following studies were approved in 2016. This is not a comprehensive list of approved research proposals as some projects are approved due to the participant's role only.

1. National Child Welfare Workforce Institute's Organizational Intervention Evaluation
University of Denver

This project focuses on supporting the organization to improve organizational climate and culture, one component of which is retention. Human Resources data is used to study retention and turnover and its relationship to organizational factors identified through the Comprehensive Organizational Health Assessment administered to Children's Division staff in January 2015.

2. Child Welfare Outcomes
St. Louis University

Studies have been conducted on large-scale datasets that correlate child, family, and child welfare factors with increased rates of permanency outcomes. An agency contracted with the Department of Social Services Children's Division requested an analysis of administrative data to explore possible correlates of increased permanency rates for children in foster care.

3. Understanding the Similarities and Differences of Foster and Adoptive Parents' Privacy Behaviors
University of Missouri

The goal of this study is to better understand the privacy behaviors of adoptive and foster parents when talking to their children about birth parents. Information about the study was included in a quarterly newsletter that is distributed to Children's Division foster parents and adoptive parents.

4. Pilot Test of Group Model Building as Triple P Implementation Strategy
Washington University

The purpose of this study is to use system science methods to gain insights into the implementation context of an integrated service network within the child welfare system. The study uses interviews and surveys to inform a group model building (GMB) session (a method for building system dynamics models with community participants). The goal of the session is two-fold. First, a systems map of the local implementation context will be developed. Second, researchers will test the feasibility of using GMB as a method to facilitate the implementation of Pathways Triple P, an evidence-based practice that has been shown to significantly improve the behaviors of parents and children involved with the child welfare system.

5. Child and Family Outcomes of Foster Youth in a Privatized Child Welfare System
Washington University

This study uses data extracted from case files maintained by an agency contracted with the Department of Social Services to provide foster care case management services. Through this review, the relationship between policy changes, permanency outcomes, and placement disruptions for youth in foster care will be examined.

6. Trauma Exposure, Emotion Regulation, and Cognitive Skills in Early Childhood
University of Kansas

The purpose of the study is to examine how youth exposed to various levels and types of traumas respond and, most importantly, what accounts for why some youth demonstrate positive (mal)adjustment. The project uses a prospective, longitudinal design to recruit from populations across the trauma exposure continuum. Youth (age 3-5,) their parents, and the child's day care provider will be assessed at four 6-months intervals, for a total of 18 months. Parents will be asked about their exposure to trauma, emotion regulation, and participate with their child in a recorded frustration task where their heart rate is monitored. Youth will also participate in a recorded frustration task and a measure of cognitive skills. All study questions will be completed using the audio, computer assisted self-interview (ACASI). Teachers will be asked about the child's emotion regulation.

7. Food Access for all Missouri Families
St. Louis University

This study's primary goal is to examine the impact of food insecurity and gaps in community food systems for foster families. One aim of this research project is to determine the extent of household food insecurity, the availability of fresh fruits and vegetables in the community, the rate of utilization of community and federal food aid, and gaps in community food systems. A second aim is to better understand the impact of food insecurity on family wellbeing and functioning, as well as strategies used to combat the lack of food.

8. Investigating the Community Loss Index in St. Louis, MO
Washington University

This was a request for Children's Division data regarding foster care placements to calculate a community loss index. The index consists of six parts: incarceration rates, foster care placement rates, unemployment rates, long-term hospitalization rates, untimely death rates, and foreclosure rates.

9. Implementing a Next Generation Evaluation Agenda for the Chafee Foster Care Independence Program
Urban Institute

The goal of this study is to assist policymakers and practitioners to better understand and administer the Education and Training Voucher (ETV) program. Administrative data from select states, including Missouri, will be analyzed to understand the characteristics of youth who receive

ETVs; how those youth use the vouchers; the educational outcomes of those youth; and how state-level policies, practices, and the characteristics of postsecondary institutions are associated with ETV utilization and education outcomes.

IN HOUSE TRAINING AND TECHNICAL ASSISTANCE

Trauma Learning Collaborative

To provide a trauma awareness foundation for all employees, a select group of Children's Division staff completed the NTCSN Child Welfare Trauma Toolkit Train-the-Trainer in September 2014. The training was provided by Dr. Kim Fielding and Dr. Patsy Carter, the Missouri Department of Mental Health Children's Services Director who holds a shared position with Children's Division. Since completion of the training, Dr. Carter has convened in-person learning collaboratives with this group, informally referred to as trauma specialists, every other month. The learning collaboratives are opportunities to build upon the specialists' knowledge and capacity so they, in turn, are equipped to provide support and consultation to field staff as the Children's Division moves forward to becoming trauma-informed.

Technical Assistance and Field Support

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

- Applying Medical Evidence within a Legal Framework: CA/N PDS provided technical assistance in creating this training from a policy perspective and identifying particular staff training needs. The CA/N Program Development Specialist was also available during training to answer policy-related questions.
- Reading and approving CA/N reports: Central Office staff assisted the field in reviewing and approving hotline reports that were completed but overdue for approval for the 31st circuit.
- Differential Response Pilot and Partnering to Achieve Change Pilot Conference Calls and In Person Meetings: Several conference calls were held with the field to evaluate implementation of the pilot and to provide technical assistance. Central Office staff met with circuits to lend support to workers and supervisors in the way of coaching for the pilot.
- Juvenile Report Training: CA/N PDS provided several training sessions in the Northeast region in conjunction with local Child Advocacy Centers. The CA/N PDS trained staff on the assessment process, while CACs trained staff on child sexual development.
- Southeast and Southwest Regional CA/N Supervisor Meetings: CA/N PDS participated in these regional meetings in March to give an update on policy changes and assisted hotline unit staff in presenting information on protocols at the hotline.
- Child Abuse and Neglect Review Board Refresher Training: CA/N PDS, legal aspects trainer, and CD CANRB liaison staff provided refresher training to all the boards.
- Beyond Protocols training: CA/N PDS and the Missouri Office of Prosecution Services (MOPS) provided multi-disciplinary team training in St. Roberts and Ironton with several CD staff in

attendance. Mandated reporting requirements, CANHU's protocols, and CD's response to hotlines was addressed by the CA/N PDS.

- Webinar on the Ins and Outs of CA/N: CA/N PDS and legal aspects trainer provided a webinar on legal definitions of child abuse and neglect, mandated reporting requirements, CANHU's protocols, and CD's response to hotlines. Participants included various multi-disciplinary team members and CD staff across the state.
- Meeting with Mercy Hospital: CA/N PDS, Greene County Program Manager, and Southwest Region Field Support Manager met with various hospital administrative and risk management staff in Springfield to address the hospital's concerns about the Children's Division response to reports of child abuse and neglect and removal situations when the child has been admitted to the hospital.
- Retention Discussion with St Louis County: Central Office staff spent two days interviewing workers in St Louis County (Jennings Office) on their job satisfaction and communication with their leadership teams. This information was shared with the Circuit Manager for use in making retention plans.
- Critical Event Reviews: Central Office staff began assisting in the completion of critical event reviews during staffing shortages in March 2016. Central office staff will continue to be in the rotation of completing these reviews.
- Signs of Safety Implementation Meetings: Central office staff participated in each region's implementation meetings for Signs of Safety to provide a state-wide perspective of implementation strategies and to provide any necessary technical assistance.
- Team Decision Making Implementation meetings: Central office staff supported the strengthening of the TDM process by attending refresher meetings in St Louis and Kansas City. Central Office staff also participated in the expansion of this program to the SW in the 31st and 29th Circuits.
- Case Narrative Entry: During a high staff turnover period, Central office staff assisted the 13th circuit in the entry of case opening and monthly summaries into FACES during Jan-Feb so cases could be transferred or closed.

Capacity Building Center for States

In June 2015, the Capacity Building Center for States conducted an assessment for services. The assessment meeting was well attended by key leadership staff in the agency. In a collaborative effort, several areas were identified for potential capacity building. Following are the areas identified from the assessment:

- ICWA Compliance – A consultant with the Center for States has conducted interviews of several stakeholders involved with ICWA around the state. The information gathered has been compiled and will be shared at an upcoming meeting with agency staff and stakeholders. The urban Indian centers will be in attendance so that all can begin to partner and collaborate on strategies to more effectively identify and provide services to Indian children. Training to field staff will be provided.
- Relationship with Courts – It is understood that by developing better relationships with courts throughout the state, the Division will be better able to move children to permanency timely. At this time, the Center for States is assisting leadership from Children's Division and the court system in the development of shared priorities.

- Update of CQI – The Division requested assistance in improving the infrastructure capacity of the agency’s CQI system. A two-day CQI Assessment workshop was held in January 2015, led by Ruth Huebner, consultant for the Center for States, and attended by over 60 staff members from all levels of the Division. The CQI Handbook has been updated and CQI training for staff has been developed. Implementation of training will begin in the next few months.
- Professional development for training team – This work will not begin until other projects are completed.
- Reasonable and Prudent Parenting – As the Children’s Division worked to develop policies and procedures to comply with the legislation, it was agreed the Center for States would provide a subject matter expert to provide feedback and a gap analysis in policies to ensure the agency can accommodate the new legislative mandates. The Center for States consultant has engaged youth through participation in the Youth Empowerment Task Force meeting and a State Youth Advisory Board meeting, and will meet with foster parents at the Missouri State Foster and Adoption Board. The consultant is currently reviewing policy and training from other states to incorporate important issues to Missouri.

A review of the assessment in July, 2016 resulted in the combination of goals with focus in the areas of ICWA compliance and education for staff, relationship building with courts and continued CQI updates. The goals surrounding professional development for training teams will not be pursued at this time. Reasonable and Prudent Parenting standards have been introduced to Children’s Division staff and resource parents with the assistance and support of the Capacity Building Center for States.

An additional follow-up meeting was held in February of 2017. The updates to the CQI manual and training were presented. A demonstration of the FACES Case Review Tool was also provided. Work will continue with the Capacity Building Center for States surrounding ICWA compliance and relationship building with courts.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

As of January 1, 2017, there were 187 foster children in Missouri who have been identified as American Indian/Alaska Native or who have AIAN heritage, per DSS Research and Evaluation. This information comes from the Case Member screen in FACES, which requires the case manager to select a “yes” or “no” as to whether the child has Native American Heritage. This information may come from self-disclosure by parents, family members or, if appropriate, the child. This information is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned to a child.

Out of those 187 children mentioned above, 108 of them are from southwest Missouri, 30 of those children from Jasper County, Joplin, MO. As of the 2013 census, the population was 116,398 with 1.7% being AIAN. Southwest Missouri continues to have the highest documented population of AIAN children. This is likely due to the Joplin-Miami, MO-OK metropolitan area. This area consists of three counties, Jasper and Newton counties in southwest Missouri and Ottawa County in northeast Oklahoma.

Although Tribes in Oklahoma are often those who Missouri works with, staff report working with Tribes in Alaska, Wisconsin, South Dakota, North Dakota, and Michigan.

In southwest Missouri, the Division is fortunate to have an American Indian foster parent who is willing to help facilitate communication between the CD and Tribes. The southwest also uses the Southwest Missouri Indian Center, located in Springfield, for consultation and mediation services.

There are two Missouri Indian Centers, the Kansas City Native American Indian Center and the Springfield Indian Center, which are active in the state. Coordination and consultation continues to be maintained with Missouri's two active Indian Centers over the past year with in-person meetings, phone and email conversations.

When a referral for protective custody is made on a child, contact is made with the parent or custodian of the child by the Children's Division to inquire if the child and/or family is enrolled or eligible to be enrolled in a Tribe, as well as if they have any American Indian/Alaska Native (AIAN) heritage. This inquiry is made again when the child is placed in out-of-home care by the child's Children's Service Worker at the 24 hour meeting with the family. During this meeting, the Children's Service Worker gives the family the Indian Ancestry Questionnaire, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

Per policy, phone contact to the appropriate ICWA representative of the Tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's heritage.

Children's Division ensures notification is provided to the parents, custodian, Tribe and BIA Regional Director by certified mail with return receipt requested of the pending proceedings and of their right to intervention, either through direct notification or by providing information for the notification to the juvenile court.

Missouri continues to receive Technical Assistance in SFY17 from the Capacity Building Center for States to work on enhancing the Division's identification of ICWA eligible youth as well as coordination with Tribes. Missouri is also receiving technical assistance provided with the Capacity Building Center for Courts, so as to strengthen the partnership with the courts in meeting the needs of American Indian/Alaska Native children.

In November 2015, the Division began the work with help from an ICWA Specialist and consultant with the Capacity Building Center for States. Since then, focus groups have been conducted with Missouri's Indian Centers as well as local CD staff. The CD ICWA Specialist has worked closely with the consultant in developing a plan of action. Missouri continues to meet monthly by phone with key stakeholders including; Indian Centers, American Indian older youth and CD staff to carry out this plan. Missouri has been provided information on genealogy sources, resources on historical trauma for AIAN youth including those in foster care and adoptions and the North Dakota Plan for implementing ICWA on a state wide basis.

In October 2016, the Capacity Building Center for States provided an ICWA Learning Experience. This two day training provided child welfare staff with knowledge to help them understand, engage with and support children and families who are AIAN through their work. The training provided a historical view

of State-Tribal relations, history of ICWA, and the historical trauma. The training helped staff understand the culturally responsive engagement with AI/AN children, youth families and Tribes. Discussion was held on establishing a State-Tribal partnership protocol, how to work effectively with Tribal government and principles that guide good working relationships. This training provided resources for staff to help when questions arise regarding ICWA or Tribal law policy.

One of many goals of this experience was to develop at least one staff from every region of the state as a trainer in the ICWA Learning Experience. Using the same curriculum and materials, staff with help from an AIAN co-trainer, would be able to present to field staff on an as-needed basis. Training objectives include:

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

Other goals from the work already underway include:

- Gather information from all families with children in care who do not already have the ICWA forms in their file
- As best practice, ask *grandparents* if the family has any Indian heritage when the child is first removed from the home
- Strengthen relationships with the Indian Centers and Tribes by inviting them to monthly or quarterly staff meetings
- Update the ICWA forms, notification letter, flow chart and brochure, create a cultural agreement form
- Plan ICWA training for all staff across the state to encompass the culture of AIAN, the history of ICWA and the importance of this work
- Have foster/adoptive parent recruitment events in combination with Tribal events
- Identify AIAN homes among existing resource homes

A more comprehensive case review tool was developed in 2016, the training for staff was held in February 2017 and the roll out began in March. The Division will be able to assess ICWA compliance with the new case review tool and provide more information at a later time. Practice improvements are also addressed through on-going CQI processes at the local circuit level.

All benefits and services under the programs are made available to American Indian/Alaska Native youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services. As of January 1, 2017, there were 42 older youth with AIAN heritage. All 18 older youth have been provided with services, there are currently 12 youth actively participating in Chafee or ILP services and one older youth actively participating in the meetings with the Capacity Building Center for States.

Missouri's APSR is posted on the Children's Division website and available to all Tribes. Additionally, the CFSR Advisory Committee has a standing member representing the Kansas City Native American Indian Center. The annual APSR is reviewed by this committee each year.

MONTHLY CASEWORKER VISIT FORMULA GRANTS

The state reported FFY16 monthly caseworker visits as required and anticipates having successful submissions for FFY17 and FFY18. Missouri has increased or maintained the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

Missouri achieved 98% for FFY16 of children in care having monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. In addition, 99% of the visits conducted during FFY16 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

Number of Children: 17,996

Total full months kids were in care during FFY16: 144,305

Total months with visits: 140,876

Percent Visited Every Month: 98%

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

Total full months kids were in care during FFY16: 144,305

Total number visit months where child was visited in the placement: 139,318

Percent for Worker Visit Measure #2: 99%

Missouri's strong performance in this area is due to a priority focus by CD leadership, Quality Assurance and Quality Improvement teams, and field supervisors in reinforcing the importance of this practice. Successful use of several reports created for monitoring and improving visits has been a key strategy.

State Standards for Caseworker visits:

Children's Service Workers are to have face-to-face contact, individually and jointly, with the child and resource provider, at the placement, the next business day following placement, when possible. The worker must meet face-to-face with the child and resource provider a minimum of one time per month thereafter. However, staff is likely to visit with children more than once a month. The visit must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

The following activities occurring throughout FFY16 to continue to maintain or improve caseworker visits with children during FFY17:

- Continued priority focus by Children’s Division and Contracted Case Management Agencies to improve this practice issue
- Frequent discussions during various management meetings to keep administration updated on progress
- Worker visits with children designated as a measure to be used for performance appraisals of foster care staff and managers
- A recent FACES enhancement shows worker with child visits as critical alerts. If there is a data entry error when the visit is entered, it will not remove the critical alert. This has helped reduce the errors in data entry.
- Local Program Improvement Plans included strategies to increase frequency of visits
- Increased focus by field staff for planning, scheduling and re-scheduling visits
- Increased supervisory oversight to monitor visits
- Improved data entry

A year-to-date progress report has continued as an outcome measure to be used for annual performance evaluations of foster care staff and managers

COA accreditation maintenance meetings and case reviews monitor performance on worker visits, providing an opportunity for program improvement or program enhancement plans to be completed as needed for targeted strategies

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit and Worker Level

Continued use of the electronic FACES monthly worker visit report

Drills worker visit data down to the case level and is accessible by the case manager, supervisor, QA/QI and Managers

Contracted Case Management Agencies can also access this report

- Worker visit data is used in a variety of ways including: Progress on visits is shared through a variety of communication efforts including:
- Featured in CQI In Focus Newsletter periodically
- Results are posted locally each quarter
- QA Specialists notify local managers monthly when their performance is below the required goal. Local Managers in conjunction with QI Specialists add circuit specific strategies to their local program improvement plans
- Technical assistance, oversight and coaching efforts by Quality Assurance and Quality Improvement Specialists
- Inter-agency QA/QI teams routinely monitor performance on visits and share strategies with each other. (Includes CD and FCCM QA/QI staff according to FCCM coverage areas)

Barriers in reaching the goal included the following:

- Children placed out of state through ICPC are reliant on cooperation from other states to conduct monthly visits
- Older youth attending college out of state do not have visits
- Runaway youth
- Turnover of staff and managers (caused fluctuations in caseload assignments and continual training for new staff)

The monthly caseworker grant will continue to be used to address the above barriers when appropriate. In SFY16, the grant was used to fund the Mobility Project, described in greater detail in the Program Support section of this report. This project provides all frontline staff with iPads, allowing for data entry while in the field. The Division continues to roll out WiFi in the offices and is paying for data plans for the iPads.

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

The examples below contain specific actions taken by the Quality Improvement/Quality Assurance units to support circuits with enhancing the quality or quantity of worker/child visits within each region:

Jackson

With the implementation of Signs of Safety, Jackson county staff has focused on engaging children and families in more meaningful conversations during home visits. Workers are using the child maps which include Signs of Safety practice tools such as the Three Houses, Wizards and Fairies, etc. The tools are designed to engage children and youth in a more meaningful conversation about their perceptions of their lives and the individuals within their lives. The maps help the workers assess the child's wellbeing in their placement as well as engage the child in case planning decisions. Although the implementation of Signs of Safety has been led primarily by supervisors and trainers, the Quality specialists have gathered qualitative and quantitative data on how the Signs of Safety model is working to engage children and the information is shared with the circuit and used to identify and implement changes to sustain this practice.

St. Louis Region

The Quality Assurance and Quality Improvement specialists in the St. Louis Region developed a Perform/Excel/Individual Go Green Chart Training during 2015. The training covered worker/child visit data and was completed with all supervisors, program managers and circuit managers in the St. Louis Region. The training provided information on how to access the Perform reports (which includes data on worker visits with children), how to do basic functions in Excel to help staff drill down the Perform data and then how to use the Individual Go Green charts to track worker and supervisory unit performance on the PERforM data over time. The Go Green training was designed to deepen the knowledge of supervisory staff with accessing and utilizing data to identify trends and opportunities to enhance practice. The Specialists presented information, such as results over time via charts about worker/child visits regularly in 2016 during circuits' supervisor meetings, and discussed data entry issues. Results were discussed and posted on share drives every month. The use of results was encouraged for improvement planning.

Northern Region

The Quality team reviews data on worker/child visits and then identifies and addresses data entry errors. During 2016, the Northern Region implemented a strategy to monitor the number of completed worker/child home visits by having all circuits submit the number of children and youth who were seen and needed to be seen on the 7th, 14th, and 21st of each month. Each circuit was required to submit worker/child visit data with the exception of workers meeting the state goal for this measure. Some regions also had clerical staff check on the number of completed worker/child visits and send a message to staff when visits still need to be entered in FACES. The quality specialists also shared percentages for worker/child visits during quarterly meetings. The Northern region has not needed to implement improvement plans around worker/child visits as the region continues to meet the goal.

Southern Region

The Southeast Region continues to be above goal for worker/child visits. The QA/QI staff continues to coach supervisors and frontline staff during quarterly meetings regarding critical alerts pertaining to worker/child visits. This includes coaching with both management and workers that if there is a data entry error the critical alert will not be cleared from the FACES monitoring system and this queue's the worker that there is an error and to correct the error. The Quality specialists continue to coach on the quality of worker child visits focusing on safety of the child in their placement and interviewing the child alone and documenting this contact as such in FACES. The QA sends the monthly worker child listing per month to each circuit requesting they review circuit specific data and make needed corrections by the end of the calendar month to receive credit for the worker child visits. Because the Southeast Region was showing low on initial worker with child visits, the Q's coached on a regular basis during quarterly meetings the importance of ensuring the 24 hour visit occurs and is documented correctly in the system.

Southwest Region

In the Southwest Region, some circuits created improvement goals to improve the quality of interaction with the children and placement providers during worker/child visits and the quality documentation of the worker/child visit. A quality worker/ child visit form was developed to track the completion and quality of worker child visits. Five circuits within the Southwest region are utilizing this tracking form for worker/child visits. The following is an example of how the 40th circuit is utilizing the form to enhance worker/child visits. The circuit specialists and supervisors accompany workers on one home visit per quarter to observe and provide coaching/mentoring. During the visit, the supervisor or specialist completed a Worker Observation form and reviewed the form with the worker during case consultations and also provided a copy to the Circuit Manager. The Circuit manager tracks the Worker Observation forms for each supervisory unit. The QA was asked to design an Excel spreadsheet to help the Circuit manager track the completion of Worker Observation forms. The circuit plans to evaluate if the Children's Service Worker IV can be utilized to go with workers on home visits quarterly and evaluate/provide feedback to the worker and the supervisor. Additionally, the specialist reviews one case per worker per quarter for quality worker/child visits in the Alternative Care and Family Centered Services programs. The goal for the circuit is review forms will be completed at 85% for quality documentation. The progress with implementation of worker/child visit strategies will continue to be monitored and supported by the Quality unit during quarterly enhancement meetings.

FFY17 caseworker visit data using the full population will be submitted by December 15, 2017 as required.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENT FUNDS

FY 2012 \$1,484,000

FY 2013 \$1,099,039

FY 2014 \$793,943

FY 2015 \$682,127

FY 2016 \$293,010

These funds have been utilized to support the Missouri Adoption Heart Gallery media site, as well as development of new recruitment materials with the theme of Life is Better with Kids Around. Additionally, these funds have been used to provide financial support to Missouri Adoption Resource Centers. Each year the Division has been able with this funding to expand support of the centers, and as a result, in September 2013 two additional centers were supported by the Children's Division/Adoption Incentive Funding. (The number of families and children served and increase in services is referenced in the Adoption Resource Center section of this report.) Payment has also been possible for funding of contracted termination of parental rights attorneys to expedite timely TPR and Adoption. In 2014, the Division was able to support attendance of foster and adoptive parents as well as staff at the North American Council on Adoptable Children Conference held in Kansas City. In 2016, the Division sponsored attendance of a number of staff and resource parents to the ATTACH conference in St. Louis, MO, which was a priority of the Adoption Resource centers.

The Children's Division will continue to fund the Adoption Resource Centers and their expansion as explained in the Adoption Resource Center section of this report including the two programs involved with Extreme Recruitment, and Missouri Heart Gallery with the goal of increasing permanency for foster youth timely, as well as funding activities identified in the diligent recruitment plan.

QUALITY ASSURANCE SYSTEM

Foundational Administrative Structure

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, 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.

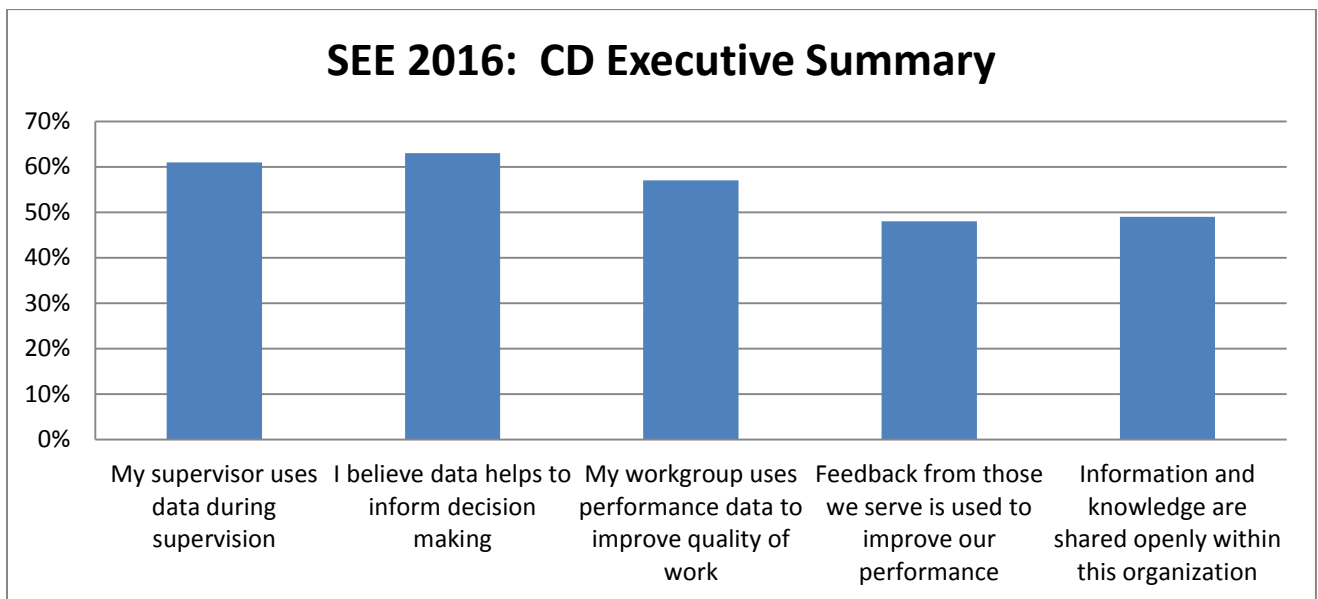
The interviews also gleaned opportunities for the state to improve the CQI process. The following opportunities were gathered from the interviews:

- 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

Case Record Review Data and Process

Missouri's has had several case reviews as described below active 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

Targeted reviews will be utilized at the circuit or county level when there is a need identified to explore practice outside of the formal case review process. The circuit will still participate in the formal case review process but may choose to hold a targeted review to look at other areas of practice that may deal with compliance with Children's Division policy, such as completion of narrative in a timely manner or a more in depth review of initial child contact practice. The targeted reviews may be completed by the QA/QI regional team or may be a combination of the QA/QI regional team and other local Children's Division staff. The reviews will not be as in depth as the case review process and will not include interviews. Targeted reviews will be used to quickly identify trends in practice and will be used as a support to the case review process. There are no plans to integrate at this time.

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 on January 17, 2017. Initial testing of the case review system was done in December, 2016 with regional QA/QI teams, product developers, Children's Division Computer ITSD staff, and QA/QI managers. In January, 2017, regional QA/QI staff continued the testing process.

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 specifics area of the state and see strengths/areas of concern, determine trends and assist with practice improvement. Results of reviews are used by the regional QA/QI teams to work with circuits to develop performance enhancement plans as indicated by case review results.

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 the 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 also 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 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.

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

Chafee Foster Care Independence Program

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

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

In SFY18, the CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, and State Youth Advisory Board. The state level coordinator will continue to provide support and oversight to the Missouri Customer Service Partnership employment program which began in SFY15 and co-lead the Youth Empowerment Task Force implemented in SFY16. The state level coordinator will assist with planning and implementation of Older Youth Summits, and seek youth representation/voice on workgroups, committees, and articles in newsletters. The Independent Living Coordinator (ILC) will implement federal and state legislative requirements into older youth programming and policy and assist with constituent concerns pertaining to older youth. The ILC will communicate activities through Facebook, newsletters, and email. The ILC will "shadow" each of the six Older Youth Transition Specialists (OYTS) annually and continue to have quarterly conference calls. The ILC will continue to participate in state level meetings pertaining to older youth and participate in national information sharing and research via surveys, email and phone interviews. The ILC will continue to develop and revise tools to assist in working with older youth.

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

In SFY15, an Older Youth Transition Specialist position was added to cover the Southeast region of the state, splitting the Southern Region into the SE and SW. In SFY17, an Older Youth Transition Specialist position was added to cover the Northwest region of the state, splitting the Northern Region into the NE and NW. These positions were granted due to the high concentration of youth in the Northern and Southern Regions in entirety and the difficulty of having only one position to cover the area. These two positions are not funded through CFCIP funds. Duties are primarily the same as the other Older Youth Transition Specialist positions however all of the duties of these positions are not specifically related to Chafee and in one region, less emphasis is placed on the Chafee related duties and on training and case management duties, which is not the intent of the position. One of these regions is the least populated region in the state and has the least volume of work in the duties. The disparity in workload and duties has created some issues as even with the additional positions the NE OYTS and the SW OYTS have a much higher workload than the other regions. The Chafee funded positions, although regionally located with the work duties being performed primarily in the region, can be assigned other duties in the state to help out if needed but realistically are not able to maintain. The two non-funded Chafee positions however could help the more populated Chafee funded positions out but they are viewed as regional allocations and if have additional time, perform other duties outside of Chafee. This issue is being addressed in the remainder of SFY17. There have been meetings to discuss the duties and how to improve older youth services and outcomes through these positions through the lens of the state versus the region. The OYTS duties were revised to include more detail including the expectations placed on the positions through the NYTD PIP. It is hoped that the regional administration can more clearly see the work being done through these positions and place more value on the duties through this as well as see the benefit of a state approach in areas of need. It is difficult for there to be a clear understanding of these duties as they are very specialized positions and there are only 6 in the state. These positions work closely with the ILC but are regionally supervised so the importance of the positions can easily be overshadowed with other demands placed on regions and how to accommodate those needs while neglecting the oversight needs of Chafee.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of their regions. Their job duties include older youth program presentations, training as it relates to referrals, and participation in community workgroups, task forces, and initiatives concerning Older Youth. As time permits, the OYTS attend Family Support Team Meetings, Team Decision Meetings (where applicable) and court hearings on older youth where case plans are discussed. The OYTS participate in service plan meetings for youth in Transitional Living Program placements. The OYTS provide feedback on program related memorandums and assist with promotion and recruitment for older youth related events such as focus groups or youth conferences, and develop regional plans for increasing the numbers of referrals, etc. The OYTS assist with the process for youth re-entering care, aftercare youth, and extended Medicaid enrollment. They attend exit meetings and provide exit packet information as requested.

The OYTS will continue to be the liaisons to the ILC and contracted providers of Chafee and TLP. The OYTS will continue to be responsible for contract monitoring and ensuring compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, life skills progress reports, and

outcome reports for accuracy. They will be the gatekeepers of referrals for Chafee services and TLP placements. The OYTS also verify eligibility for the ETV Program and Missouri Reach. The OYTS assist with compliance in reporting for the National Youth in Transition Database (NYTD) by assisting with survey reporting, maintaining a Facebook page to locate youth, approving services entered by contracted providers, ensuring highest grade level completed, email address, and physical address is available on youth ages 14-21, and ensuring youth have three permanent contacts documented. The OYTS monitor compliance with federal and state legislation as well such as documentation of credit reports and post-secondary visits. The OYTS are known as experts in the regions and assist with questions regarding normalcy issues, and many other topics related to older youth. The OYTS will continue to work directly and collaboratively with the ILC, case managers, contracted providers, and youth. They will be responsible for on-going consultation and education to agency staff, providers, and the community, about the Older Youth Program. The six OYTS also assist with specific program coordination in their designated regions. Conference calls are held with the OYTS and ILC quarterly and in person meetings as appropriate but at least annually.

The Children's Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher and Missouri Reach Program, and Independent Living Arrangements. The number of older youth has fluctuated some over the last few years but not substantially. In SFY11, there were approximately 3,391 youth in Missouri in the age range for Chafee services. As of November 31, 2016 there are 3,549 youth potentially eligible for Chafee services, which is an increase of 32 from SFY16. Missouri's criteria are youth in the care, custody, and control of the Children's Division regardless of case plan; however, youth with extreme special needs are excluded from being referred for services upon consideration and agreement by the Family Support Team. Youth in detention and on run are not referred for services until the circumstances change for the youth.

Missouri has provided supervision of older youth in foster care placed in Missouri over the age of 18 since SFY14. Youth eligible for this service are wards of another state and are in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA) or Transitional Living Arrangement (TLA). The financial responsibility for supporting these placements remains with the jurisdiction state. The sending state arranges for Chafee services directly via the Chafee contractor from the youth's residence region. The sending state provides for the Educational Training Voucher services if they are needed. Although the referral and reports are being processed through the ICPC unit, these older youth are not included in the Interstate Compact Placement of Children, which ends at age of majority (18). This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures safety and well-being of all youth in care, custody, and control of a child welfare state agency residing in Missouri who are not covered by the compact.

Within the Older Youth Program, there are services and funding provided through the Chafee Foster Care Independence Program. The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or who have obtained legal guardianship after the age of sixteen, as well as former foster youth. Services have been contracted out since January 2008. In SFY12, contracts were awarded with annual renewals and service delivery under this contract

ended on October 31, 2015. In SFY16, the contract was rebid and awarded to three agencies providing service to five regions of the state. A stakeholder's meeting was held in May 2017 for the purpose of reevaluating the program and contract requirements. Feedback will be sought electronically from current providers. An internal review will be held with the Older Youth Transition Specialists. Based on the feedback from the stakeholder's meeting, providers, and the Older Youth Transition Specialists, changes will be made to the contract and program if beneficial to the state and youth served and feasible within the current operating system. There are two potential assessment tools that CD is considering discontinuing mandated use of, one of which is given to the provider upon initial referral and the other is given to the provider upon initial referral and then provided to CD from the provider annually. This will be discussed in detail in a later section. There are no other considerations being given at this time but the process for feedback has not begun yet in SFY17. There were no amendments to the contract in SFY17.

A total of five agencies are providing services for six regions and one circuit of the state. Three of these agencies are providing services through a competitive bid process while two are Community Partnerships agencies.

The Transitional Living Program contract continues to be in the process of rebid for SFY17. The initial contract changes were submitted in October 2015 and were minimal. A pre-bid meeting was held in March 2016 and an evaluation team was convened and concluded in June 2016. The contract expired in June 2016. Extensions have been granted on a monthly basis until the contract was awarded in April 2017. As all of SFY17 was spent working on the rebid, no amendments were made to this contract.

The TLP contracts allow Division of Youth Services (DYS) to use TLP providers under the Children Division's contract. DYS remains responsible for youth served from their agency in these placements, but it allows for the same service provisions that youth in Children's Division custody placed in TLP receive.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS.

In SFY18, a meeting will be held with the new TL providers to discuss the contract, referral process, and documentation of life skills services.

Communication and meetings will continue as needed in SFY18.

The Chafee and Transitional Living Program contracts contain language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee and TLP contracted providers will engage the youth in case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in life skills. These principles will continue to be the basis of and guide the Older Youth Program in SFY18 and will be included in future contracts.

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

The philosophy of youth permanency and positive youth development;

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

Procedures for using the Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan (IAP) Goals; and helpful resources to engage youth in transition planning and self-sufficiency.

The Adolescent FST Guide and IAP Goals assist workers, Chafee and TL providers, and youth in planning for the transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Although transition planning is ongoing, the Adolescent FST Guide is completed within the first four months of a youth turning 14 or entering care after age 14, every six months thereafter and 90 days prior to the youth exiting care. It is updated throughout these time periods. The use of the Adolescent FST Guide and IAP Goals will continue in SFY18 and will be revised as needed. A systems change request has been submitted to move the adjudicated delinquent field which is reported for NTYD purposes to this guide in order to have it more visible to staff and in an area in FACES which is updated on a regular basis. Missouri is underreporting in this field and this is an effort to improve reporting as part of the NYTD PIP. This will also allow for closer monitoring of this field by the OYTS and supervision staff. In SFY17, FACES changes to the Adolescent FST Guide incorporated documentation of a credit history for youth age 14 and 15 as well as documentation regarding youth receiving information on their rights via the CD's guidebook "What's it all About?" A Guide for Youth in Out-of-Home Care. A period covered date was removed with only a date completed field remaining in order to more accurately capture the six month time frames of when a guide was completed. Entry is allowed after six months from the date completion date and then a new guide must be entered. This allows more accurate capture of gaps in completion and of due dates as the period covered was confusing to staff. Data from the Adolescent FST Guide is compiled on a report for the OYTS to monitor containing such information as credit reports and post-secondary visit information. The Adolescent FST Guide is the youth's transition plan and correlates with other tools currently being used. The Guide records domain information on such topics as education, daily living, money management, and housing. Current policy does not require this tool to be completed in its entirety in order to refer a youth for Chafee. Consideration is being given to using this important document in a more meaningful way by eliminating some of the other tools used and placing more emphasis on this tool. Providers report this tool is the primary tool used to gain initial assessment information regarding the youth's life skills obtainment and the guide portion could be the primary means used to develop goals with the youth. The goals are part of the tool but are a second step and separate screen. A PowerPoint presentation on transition planning is available on the intranet/internet for staff to view at any time.

The Casey Life Skills Assessment (CLSA) is an evaluation of youth's independent living skills. It consists of statements about life skills the youth and his/her caregivers complete and a copy is provided via e-mail. The CLSA was designed to be as free as possible from gender, ethnic, and cultural biases. The assessment is taken through Casey Family Programs website and saved in an account. Staff copy the link from the assessment onto the Adolescent FST Guide so it can be viewed by anyone having access to the Adolescent FST Guide in FACES. Notification was received from Casey Family Services that the account will only save assessments for two years beginning in June 2017, which will make many of the

previous assessments non-viewable as the links will be broken. However, policy does require assessments be completed annually. In discussing the best way to accommodate this change, it was suggested not to use it anymore. There is value in the assessment but the positives are outnumbered by what are viewed as negatives. This conversation began in February 2017 with feedback received from the OYTS and Chafee and TL providers. Feedback received is that youth do not want to complete the assessment (it is a youth completed assessment), youth do not accurately complete the assessment as to their skill set, caregivers do not know the youth well at times with placement disruptions, other information provided is more valuable, it is time consuming to coordinate the completion, and after completion it is not viewed again. In an effort to remove work that is not needed, valuable, or redundant, Children's Division is trying to "stop doing" things and this is one item that is now seen as something that could be stopped in order for more emphasis to be placed on other relevant tools and time saved from the work involved to complete the assessment on the case management and Chafee and TL provider end. Initial discussion with the executive team has been held but the discussion needs to continue in SFY17. There are several steps required to implement this change (policy, contracts, FACES system, education) so this may be worked on in SFY18 and is being given careful consideration. The assessment could still be used as optional as a tool in the tool box. As no decisions have been made, the use of the CLSA to evaluate life skills continues in SFY17 with consideration being given to eliminate its use. Two-hour training on the tool is available on the Employee Learning Center, and tips sheets for the youth, caregiver, and Children's Service Worker are available on the intranet.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The portfolio is a collection of samples which communicate a youth's interest and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates. The youth may share the successes included in their portfolio at a job interview, Court, FST or other time as appropriate. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. The portfolio assessment will continue to be a contractual requirement of Chafee and TLP providers in SFY18.

The Individual Life Skills Progress Form is used to record performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's overall life skill development and is completed by the person teaching life skills, typically a contracted Chafee or TLP provider. Services are recorded as they relate to a life skills goal and are brief descriptions of what has been provided. The Chafee and TLP providers complete this on a monthly basis. The use of this form will continue in SFY18. In SFY17, changes were made to this form as a result of the NYTD Performance Improvement Plan and to improve practice and reporting. The Individual Life Skills Progress Form was combined with the NYTD Older Youth Services and Expenditures screen. Both screens were used to report life skills information and were developed at separate times to meet the needs of CD. The NYTD Older Youth Services and Expenditures screen was developed in 2010 to be in

compliance with NYTD reporting. The Individual Life Skills Progress Form was developed when the Older Youth Program was contracted out in 2008 for contractors to provide progress information on life skills teaching. The form was converted to FACES in 2013 in order to have an electronic referral and reporting system. Because of the two different screens, with one being narrative and the other being number of occurrences, life skills were being under and over reported at times as seen with a miss match between the two screens. A life skill might be described in the narrative on the Individual Life Skills Progress Form but not be captured on the NYTD Older Youth Services and Expenditures screen and vice versa. To remedy this issue, the two screens were combined with function remaining much in the same manner in terms of reporting requirements. It is thought that having both pieces of information on one screen will reduce errors in reporting. In March 2017, an additional screen was added – The Individual Life Skills Progress Form Monthly Reporting. This screen lists all youth in the contracted providers referral base for initial point of entry and show the status of the youth for the month – whether services have been provided or not. It is hoped this will show trends in youth in terms of quantity of services being provided and allow the Older Youth Transition Specialists to monitor for quality and quantity as to the number of referred youth receiving services on a monthly basis and allow the agency’s to monitor themselves for youth who may not be getting life skills teaching over a period of time and ensure all youth in the referral base are accounted for.

The Life Skills Strengths/Needs Assessment Guideline Questions and Life Skills Strength/Needs Reporting Form are interview style tools to assist in the planning process. The strengths/needs assessment uses a holistic approach to develop rapport and engage the youth. The assessment covers nine domains and provides a snapshot in time. This tool is used to assist in determining goals a youth wants to work on (need statement) in the Adolescent FST Guide and Individualized Action Plan Goals and is filed in the youth’s record. The youth receives a copy of the completed form. This form is completed within the first 60 days of a youth turning 14 or entering care after the age of 14. The form can also be completed as the youths achieve their goals and when they identify a need to set additional goals. The elimination of the usage of this tool is being considered in SFY17. This discussion began along with the CLSA discussion and is similar in reasoning for discontinuation consideration. There is value in the assessment but the positives are outnumbered by what are viewed as negatives. This conversation began in February 2017 with feedback received from the OYTS and Chafee and TL providers. The tool is not viewed by Chafee or TL providers and is not used, as intended, to develop new goals. Goals are developed by addressing the Adolescent FST Guide and discussion in person with the youth, often in a meeting with the providers. Consequently, this tool is also being considered for the “stop doing” list in order for more emphasis to be placed on other relevant tools and time saved from the work involved to complete the assessment on the case management end. Initial discussion with the executive team has been held but the discussion needs to continue in SFY17. There are several steps required to implement this change (policy, contracts, FACES system, education) so this may be worked on in SFY18 and is being given careful consideration. The assessment could still be used as optional as a tool in the tool box as it does aid in youth engagement. As no decisions have been made, the use of the Life Skills Strengths/Needs Assessment Guideline Questions and Life Skills Strength/Needs Reporting Form will continue in SFY18.

Life skills training is provided by contracted providers, including contracted transitional living programs. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Casey Life Skills

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

The Older Youth Program was converted to an electronic format in the FACES system in June 2013. An electronic referral system for Chafee, Chafee Aftercare, and TLP is utilized. The following Older Youth Program forms are available in FACES:

- Adolescent FST Guide (Transition Plan)
- Individualized Action Plan (IAP) Goals (Transition Plan Goals)
- Individual Life Skills Progress Form and Monthly Reporting Form
- Life Skills Strengths/Needs Assessment Reporting Form
- Quarterly Outcome Reporting
- Referral - Chafee Independence Services
- Referral - Transitional Living Group Home / Scattered Site Services
- Referral - Chafee Aftercare Services

The dates of completion of the CLSA, Strengths/Needs Assessment, post-secondary visit per Missouri legislation, and credit checks are captured electronically on the Adolescent FST Guide. Documentation of the youth having in possession Social Security Card, driver's license or identification card, medical records and contact information, birth certificate, and health insurance information is documented as well as discussion of healthcare treatment options decisions in this tool.

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

In SFY17, enhancements were made on the Alternative Care Monitoring Screen to include the status of the Older Youth Program forms. This aids in supervision with case managers as a live status of completion dates is available of all tools on one screen. It is hoped to assist with keeping Older Youth Program forms on the forefront of case managers and supervisor's minds to keep life skills teaching moving and youth engagement as a priority. With this implementation there were several other usability features on OY screens such as increasing space and removing edits that were improved as well.

The Chafee and TLP program contracts require providers to serve a minimum of 65% of referred youth every quarter in identified life skills domains. Of these services, 70% must be in the domains of independent living needs assessment, academic support, career preparation (combined with employment programs or vocational training), and budget and financial management and 30% must be in the service elements of post-secondary educational support, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring and youth leadership. This is a step to ensuring the bulk of services being provided are the core services research has shown improve outcomes for older youth. On the NYTD Older Youth Services and Financial Expenditure Screen, the percentage of services provided in a quarter per agency, the number of youth who received at least one service per agency, and the percentage of services provided by an agency out of all service domains can be viewed monthly and quarterly.

Children's Division continues to work at ensuring youth are referred for Older Youth Program services. The Older Youth Transition Specialists receive monthly reports with referral status information of all youth eligible for Chafee services. The report is produced by a Research Analyst from Division of Finance and Administrative Services. The report is a snapshot of each youth age 14 and older which contains information such as referral status, placement, permanent connections, date of last physical exam, school year and grade, dates of fraud prevention checks, and if the youth has a driver's license. The report contains many fields of information. Usability revisions were requested in March 2017 as there continues to be more and more areas in which the OYTS want to monitor more closely to improve service provision.

Examples of specific support assistance to increase the number of youth referred for Chafee services and the quality of those services are provided by the OYTS in each of the regional sections listed later in this document. In response to the NYTD PIP to implement additional quality assurance controls to ensure that information on life skills domains are collected accurately and consistently in FACES, the OYTS are reviewing an additional 20 older youth files from each Chafee agency and five older youth files from each TL agency within the OYTS region, recording this on a monitoring tool, and addressing specific issues with the providers as a result. The referral process is being reviewed in terms of required tools needed such as the use of the CLSA and the Life Skills Strengths/Needs Assessment Reporting Form. There have been meetings in SFY17 to discuss OYTS duties and an additional OYTS position was granted as discussed.

A flowchart of the electronic Chafee and TLP referral path and a Power Point training overview is available on the FACES webpage for staff reference and assistance. An older youth referral tips and tidbits best practice promo was placed as a thumbnail feature on the intranet in SFY17. The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program, and efforts to ensure quality services are provided through the Chafee and TLP contracts will continue in SFY18.

Additionally, the older youth program served youth in transitional and independent living placement settings. As of November 30, 2016:

- 209 youth are in Independent Living Arrangements
- 5 youth are in the Transitional Living Advocate Program
- 106 youth are in Transitional Scattered Site Placements

- 83 youth are in Transitional Living Group Homes

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. To prepare youth for their exit from the foster care system, the case manager or Children's Division Worker meets with their youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the FST meeting with youth ages 14-21. A critical alert is received notifying the case manager a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, and options for re-entry and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance within the state and out of state for services which require eligibility verification. Continued education of staff on transition planning will continue in SFY18.

A reminder exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation of when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

Two charts, OY Services by Age and OY Tasks by Age, are available to show case manager tasks specific to older youth beginning at age 14 and services available based on age. A checklist on exit planning is available in e-forms and the intranet as well as an exit packet. Information on transition/exit planning is available as a PowerPoint presentation on the CD intranet and in the Child Welfare Manual. Documentation of youth receiving documents and exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide and Individualized Action Plan Goals. Chafee providers are to attend the exit meeting (when invited) with youth who are aging out of care and share information regarding the contractor's aftercare program with the youth. OYTS attend these meetings as well if they are able.

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

The use of technology (available to CD) as a means to stay connected to Older Youth will continue in SFY18 via a Facebook page entitled “Missouri’s Older Youth Program.” This Facebook page began in 2010. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted to this page. This is also connected to other youth serving organization’s pages. As of March 2017, 325 people “liked” the page. In addition, several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey. Several links to web resources regarding Older Youth were added to the intranet and internet and resources will continue to be added and updated in SYF18. The Children’s Division intranet OY page was completely redesigned in SFY17 to be more visual, user-friendly, and organized. All documents placed on the page was updated which included many tools for assisting staff.

“What’s It All About? A Guidebook for Youth in Out-of-Home Care” is a resource for youth information. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care. The book is intended to assist youth while in care and transitioning out of care. The last page of the guidebook contains an acknowledgement form for the youth to sign and a copy is to be placed in the file under the Older Youth Program. Documentation of a youth being provided the guidebook occurs on the Adolescent FST Guide in FACES. This change was implemented in SFY17 through a systems change. The guidebook is available on E-forms and located on the CD internet so that youth may access it electronically at any time, however Children’s Service Workers are responsible for ensuring youth receive the information. The Guidebook was distributed at events held throughout SFY17 such as Older Youth Summits and SYAB meetings. The Guidebook will be shared at the OY and Adult Leadership and Empowerment Conference in SFY18 with a staff person available to discuss the contents.

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require each child age 16 and older in foster care receive a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. Building and maintaining credit is vital to successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. Monitoring credit reports is one of the best ways to discover identity theft. Children’s Service Workers assist youth in interpreting the credit report, resolving any inconsistencies and ensuring the youth has a copy of the report. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children’s Service Workers are to document this on the Adolescent Family Support Team Guide and Individualized Action Plan Goals, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. The form is to be updated to reflect when a credit report has been received on a yearly basis. In SFY16, CD began running checks on 14 and 15 year olds as well. In SFY17, a systems change was made to the Adolescent Family Support Team Guide which allows documentation for ages 14 and 15. All documentation pertaining to the credit checks is filed in the Older Youth Section of the youth’s case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations. As this is life skill teaching, documentation of this service is also to be included on the NYTD Older Youth Services and Financial Expenditures Screen in FACES and entered by the Children’s Service Worker.

Additional resources and guidance to staff will be forthcoming in SFY17 as work is being finalized on a training video on identity theft made in conjunction with the training unit and the Attorney General's office. In addition, CD's process will change from referring to the Division of Legal Services to assist to directly referring to the Attorney General's office who considers youth in foster care a priority population. Due to staff changes, the credit check notification process was reevaluated in SFY17. The ILC was running the checks with another staff person sending out individual notifications regarding the status of each report ran. This was a time consuming process taking 2-3 days to complete. Often the email was sent to the wrong case manager as it went off information in FACES at the time the spreadsheet was received and from the time the checks were ran, many case managers would have changed. It was also noted that even though the notifications were sent, the information was not always being recorded on the Adolescent FST Guide. Because of the amount of work being done with the results not being documented, in February, the ILC ran the checks and then sent an email to each of the OYTS supervisors in each region. The email contained a spreadsheet with the names and other information of all the youth ran for the month from that particular region as well as the date the check was completed. The actual report was attached for anyone with a concerning history including actual arrears and inquiry's. Details on what to do were included in the email. It is hoped with upper administration sending the notification out; the importance of these will be reinforced. Although the process was time consuming, it took less than one day. However, the desired outcome of increased documentation and discussion of these checks will have to be assessed throughout the remainder of SFY17. A request was also made from research to provide in addition to who has a report documented at each age (which was being provided) information regarding who should have had a report by narrowing the parameters and showing if the youth was in care at age 14, and therefore should have a report, and if the youth has a report ran at 14 documented versus just displaying if the youth had a report at 14. OYTS also have been working on the documentation of these reports as "clean-up" and the ILC has received several requests for credit reports that were ran in the past, all which are kept.

Missouri has an agreement with TransUnion to use a web based portal for 14-17 year olds in a batch process.

In addition to completing checks on youth 14 and older, TransUnion has agreed to complete checks on any youth in foster care when there is reason for concern about credit history. This has been a request of staff and this allows for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980.

These checks will be conducted on a monthly basis and only if there is a reason to be concerned. If the Children's Service Worker identifies a youth (s) under age 14 needing a fraud prevention check, a Request for Fraud Prevention Check must be completed by the Children's Service Worker and submitted to Central Office.

A webinar "*Obtaining Credit Reports for Youth in Care*" is posted on the CD website. Resource information on obtaining free credit reports has been shared. It is hoped additional information can be shared in SFY18 such as the financial empowerment toolkit and tip sheets to assist and educate youth developed by the Department of Health and Human Services' Administration on Children, Youth, and Families and Office of Community Services.

In SFY16, CD and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity and capturing outcomes including decreased rates of identity theft, improved access to credit, improved credit scores, increased savings, and lower rates of financial hardship that could demonstrate whether their Your Money Your Goals (YMYG) toolkit is effective. The initiative included the YMYG training and includes a strong client screening process, referrals to financial coaching in some form, opportunities for peer support, additional “booster” trainings, and access to favorable financial products. This initiative formally began in March 2017 with a presentation at the Youth Empowerment Task Force meeting which served as an action planning meeting. From this meeting two workgroups were established to further discuss implementation such as the specific topic selections from the curriculum. Missouri is one of six states to receive this curriculum and will receive consultative support until August with reflective learning in September. There are many decisions to be made for this project such as to who will provide the training (staff, foster parents) and what type of training will be provided (train the trainer, webinars).

The Children’s Division implemented the requirements of the National Youth in Transition Database in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children’s Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys and an online tracking screen in the FACES system of survey completion has been provided to staff.

Three NYTD permanent contacts are in the FACES case member screen to assist with permanency and locating youth for the survey. The permanent contacts are recorded on the transition plan, Adolescent Family Support Team Guide. Information entered on this screen is used to survey youth if an attempt was made to survey the youth electronically via e-mail and no response is received within 15 days from the time the survey is sent. A hardcopy of the survey is mailed to the permanent connections and the youth’s last known address when this occurs, and will be used in connecting with the youth in the follow-up survey.

In March 2015, staff throughout the state completed train-the-trainer training on FosterClub’s Permanency Pact. Staff was trained statewide on the use of the tool in May 2015. The tool was introduced by memorandum in SFY17 with the three permanent contacts reinforced through policy. It is hoped that through the use of connection tools and by ensuring permanent contact information is captured and visited throughout beginning at age 14, CD is more likely to locate youth at age 19 and 21.

Information on youth to be surveyed for each survey period in which a baseline has been established is sent to OYTS to distribute across the state. This information is also viewable in FACES via the NYTD Survey Online Response Tracking Screen.

Missouri has designated the OYTS to locate and survey those youth no longer in care. Children’s Service Workers continue to follow up with youth in care. A case manager receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey.

It has been a challenge to locate youth formerly in care and engagement is critical. Steps are being taken to address youth engagement through the Youth Empowerment Task Force discussed later in this

document. NYTD data has been shared with stakeholders via email and Missouri is currently working with research to have the data broken down by county so it is more identifiable to staff.

In SFY17, Missouri was compliant with NYTD reporting. Since inception, Missouri has received one penalty for completion of surveys after the 45 day reporting timeframe. The penalty was 1.25% of the Chafee allotment and amounted to \$41,589. Efforts will continue in SFY18 to be compliant.

Missouri participated in the NYTD Assessment Review (NAR) Pilot in SFY15. The purpose of the review was to evaluate the state's policies and practices related to collecting and reporting reliable and accurate data on youth in transition. Going beyond the compliance checks performed on semi-annual data files, the NAR assesses the extent to which a state is meeting all of the NYTD data collection and reporting requirements and has sustained a high level of quality data. A complete review of the state's survey methodology was conducted. Missouri received the final report in February 2015 and steps continued to be taken in SFY17 to improve the NYTD process and will continue in SFY18. Missouri submitted its first improvement plan in April 2015 and submitted the latest update in November 2016. Enhancements that have been made to date based upon the findings from the review include:

Seventeen year olds are no longer mailed a paper copy of the survey and are surveyed in person by the Children's Service Worker within 45 days of the youth turning 17.

The survey was revamped with input from the federal government and the State Youth Advisory Board. The introductory letter and the format of the survey were revised. The explanations for each question are now incorporated in with the questions versus a separate definitions page. There are two versions of surveys – one for the 17 year old population and one for the 19 and 21 year old population. Additional information was incorporated within the survey which is needed for the success of continued surveying of youth such as the Consent to Access Administrative Data and permanent contact information. As permanent contact information for each youth is populated directly to the survey, the youth is given the opportunity to update this information themselves at age 19.

The option of "Declined" has been added to the NYTD Survey Online Response Tracking Screen.

A field was added for 'Highest Grade Level' completed.

Date fields were added for all special services.

Changes were made to allow and require Foster Care to Success, Missouri's ETV/Missouri Reach provider to report services for youth receiving financial education assistance in the NYTD Older Youth Services and Expenditures Screen.

Education on the adjudicated delinquent field was included in a FACES newsletter.

OYTS continue to review 20 Chafee files and five Transitional Living files from each agency on a quarterly basis by random sample to ensure quality and accurate documentation of life skills.

A section was added for Older Youth on the monitoring screen in FACES which allows case managers and supervisors to see at a glance completion and due dates of Older Youth forms and tools.

The Individual Life Skills Progress Form and the Individual Screen for the NYTD Older Youth Services and Financial Expenditures were combined to reduce error and improve consistency in reporting of life skills.

A new screen was developed in SFY17 to show a listing of all Chafee and TL youth in an agency's referral base. Beside the youth's name is the youth's status for the month indicating whether or not a life skills service was recorded for the month. This screen was designed to assist with monitoring of life skills services from the OYTS as well to enhance the number of youth served on the provider end as a tracking mechanism.

The nightly batch process was changed to ensure all 17 year olds are identified for surveying, including youth that enter care within 45 days after the 17th birthday.

Plans for SFY18 include:

Moving the adjudicated field to the Adolescent FST Guide with a roll over definition so it is more visible as this form is completed every six months.

Adding a column on a report received from research to increase monitoring of the adjudicated delinquent field.

Sending an alert to staff that a Chafee referral needs to be made when the youth moves out of region.

In SFY17, the ILC submitted a formal request to the State Judicial Records Committee, Office of State Court Administrators (OSCA), for data sharing regarding cases that were adjudicated for a status or law offense which also had an open foster care case at the time the delinquency case was initiated. It was thought that this would be another manner in which CD could ensure youth were being accurately reported for NYTD. The OSCA Research Manager ran a preliminary test and informed the ILC that it was feasible to obtain the data however the request was denied. At this time, the CD Director is working with OSCA to further explore possibilities.

Work continues on obtaining a report on NYTD data to disseminate to stakeholders and staff, with the most recent meetings being held in January and March. Two reports have been requested specifically for NYTD purposes. A report showing the responses of youth on the survey has been requested to be drilled down by state, region, and circuit so staff can have a better understanding of needs for youth exiting care in their area. An outcomes report has also been requested which correlates to the NYTD survey questions but is information entered on a quarterly basis by the providers indicating how the youth are doing. This will give a better picture of how things are going from the provider standpoint and the providers can see what is working well and where there are gaps. Comparisons can be made between the two reports.

CD staff and contracted providers are and will continue working jointly in the NYTD effort in SFY18. The program and information technology units work closely to ensure timely submission and compliance measures are met and this will continue in SFY18.

The CD plans to continue efforts to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY18.

Examples from providers on how this purpose is being achieved:

Epworth Children and Families, Chafee and Transitional Living Provider, St. Louis Region: In 2016, Epworth hosted Life Skills classes weekly Wednesday and Thursday from 6pm-8pm. Two classes were taught each evening with a maximum of 14 youth in each classroom. This is a decrease from the number of classes hosted in 2015 due to funding changes with the Chafee contract (the amount of funding decreased with the new contract due to youth population decreasing in the region). Group classes offer youth not only life skills education, but social experience and learning in a safe environment. Life Skills classes encompass topics such as: Self Esteem, Decision Making, Stress Management, Anger Management, Conflict Resolution, Self-Care, Bullying, Nutrition, Fitness, Leisure Time Activities, Cooking, Personal Safety, Etiquette, Sewing, Housing, Home Maintenance, Budgeting, Credit, Banking and Savings, etc. Epworth offers approximately 150 different classes in which youth can participate. Guest presenters are used regularly from the following agencies: NCADA, KUTO, Planned Parenthood, Legal Services of Eastern Missouri, Safe Connections, Federal Judicial Speakers Bureau with the United States Courts, United States Probation and Parole Office, Foster Club All Star, Community Action Agency, A Pathway to the Heart, League of Women Voters, Covering House, Safety Council of Greater St. Louis, City of St. Louis Department of Public Safety, and Chads Coalition. Epworth has engaged two former youth in programming through co-facilitating life skills classes alongside Epworth staff. Youth complete a pre and post-test for all classes to determine class effectiveness for that youth and receive a Certificate of Completion for all classes attended. In addition to group classes, life skills are taught on an individual basis with youth who cannot attend group classes and as extra help for youth who attend group classes but also need additional assistance to grasp the material.

In 2016, 217 unduplicated youth attended at least one group life skills class. Out of these 217, 197 youth gained knowledge at least one time based on their pre and post-test scores. 1922 duplicated youth attended group life skills classes this year.

In 2016, Epworth began utilizing a new company, Save Drivers, to provide driving instruction to youth. Throughout the year, Epworth paid for driving lessons for 25 youth. All of these youth received their driver's license in 2016. Youth who attend a Transportation class and get their permit have the opportunity to participate in private driving lessons. Epworth pays for a maximum of 12 hours of private driving lessons. Youth drive the instructor's vehicle for lessons and on the last lesson take the driving test in the same car. Epworth offered a Preparing for Your Permit class to assist youth in learning and studying for the written permit test. Epworth also offers an All About Autos class specifically geared towards youth wishing to purchase a vehicle. The struggles in this area are the frequency of youth moves and youth not showing up for scheduled appointments with the driving instructor. This increases the cost of the service due to charges for no shows in addition to the actual lessons the youth receive. Save Drivers has also presented the Alive at 25 curriculum this year to youth on several occasions. This is a two-class series in which youth learn all about safety while driving.

In 2016, through a partnership with CATE (Coalition Against Trafficking and Exploitation), 17 youth participated in the 10 session, I AM Empowerment Curriculum. This is a curriculum designed to educate youth in the areas of Human Trafficking and Commercial Sexual Exploitation and to give them the tools they need to prevent them from falling victim to sexual predators. In 2017, Epworth staff will be trained to present this curriculum to youth on a more regular basis.

In 2016, Epworth was the recipient of the PREP Grant in order to present the Making Proud Choices curriculum to Chafee youth in St. Louis. Eight staff was trained in the curriculum. This curriculum is intended to teach youth safe sexual practices in order to prevent them from making choices with which they are uncomfortable, maintain their health, and learn how to use birth control methods in an attempt to prevent unintended teenage pregnancy. In 2016, 35 youth participated in this 10 session curriculum. Two sessions were held at Epworth residential program and two sessions at Chafee office locations. Epworth's goal in 2017 is to successfully schedule this program at other residential programs in St. Louis.

Epworth assisted youth with opening bank accounts, completing housing applications, creating budgets, exit plans from foster care, Re-Entry requests, Advocacy training, Leadership development, Metro Bus Training, and Transitional Living Program tours.

LINC, Chafee Provider, Kansas City Region: Life Skill Classes are one of the many supports offered to the older youth. There are a variety of topics which include information and experiential activities designed to teach young people skills they will need as they transition from foster care to the community. During 2016, sixty-eight foster youth attended one or more of 27 classes offered. Classes included information on: Relationships and Communication, Cultural Competencies, Housing Options, Daily Living Skills, Budget and Money Management including how to budget and importance of bank accounts, Career Planning including resume writing and interview skills, Education Planning including secondary education options, campus visit and hearing what is needed to enter college, Community Resources, Self-Care, and Transportation Services.

In addition, LINC assisted 22 youth in care to take drivers education classes, four young people purchase furniture for their apartments, and 14 youth obtain startup kit items for apartment living. LINC assisted one youth with utility assistance which allowed her to stay in her apartment and avoid having her electricity discontinued.

Pathways, a Transitional Living Provider in Kansas City: Youth were provided with hands-on instruction and demonstration by Merry Maids regarding how to maintain clean and sanitary living conditions. Because of an increasing national focus on the use of force by police officers, KCPD met with several Pathways youth to discuss how to safely and appropriately interact with police and to gain knowledge and perspective from a police officer's point of view. Youth received education regarding how to identify common illnesses and when it's appropriate to visit emergency care vs. urgent care vs. doctor's offices. Pathways youth participated in a workshop with a property manager from an apartment complex from which Pathways rents. Workshop consisted of a mock apartment application as well as information regarding renters insurance, consequences of breaking a lease, documentation needed to rent, as well as what your income needs to be in order to apply for certain apartments. Pathways youth participated in "Under the Hood," a workshop that teaches youth about aspects of car maintenance, buying and maintaining car insurance, and purchasing the right vehicle.

The Community Partnership, Chafee Provider, Southeast Region: Most of the youth receive life skills through one-on-one sessions based on the youth's needs and skill level. A variety of resources are used including career interest inventories, the Dibble Institute, PAYA, Building Strong Families, Making Proud Choices, Charge it Right, etc. In addition, the Community Partnership offers periodic group classes on things such as banking and money management, and healthy cooking on a budget. A local bank volunteers time to teach the classes related to budgeting. The bank provides The Community

Partnership with check books for youth to practice balancing accounts. Referrals are made to the Career Center to take part in their summer work and WIA programs. Several youth have been connected with the Tri-County Center for Independent Living for assistance in obtaining furniture, deposits, and rent costs.

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

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

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

Contracted providers are required to assist youth in developing these skills. Examples provided include:

Family Facets, Chafee Provider, Northeast Region: Chafee Advisors assist youth individually with applying for technical, trade school, or a job placement program if that is the intended path after high school. Advisors have given more than 150 youth information, applications for technical trade school, and/or certificate programs.

Chafee Advisors offer youth group classes which assist with job skills such as creating a professional cover letter and resume, researching, and applying for positions online. In addition, youth receive assistance with posting resumes and cover letters on job sites such as Monster, Linked In, Indeed.com and college career center websites. Family Facets hosts mock interviews, and teach professional follow up skills following an interview. Advisors discuss education and employment skills to more than 45% of youth on a monthly basis.

The Community Partnership, Chafee Provider, Southeast Region: A variety of tools are used with the youth including career interest inventories, the "Job Search Basics" and "How to Build a Resume for Teens" books. The staff assist in the employment process by making youth aware of businesses in the area that are hiring, showing youth how to search for jobs in newspapers and online, and how to dress for an interview. Sample questions employers might ask and what to expect are covered. During this process, tools are frequently used such as You Tube videos on topics such as "*How to Prepare for your Job at McDonald's.*" In addition, youth are assisted in getting established on the Career Center webpage to do job searches and use the resume builder tool. Youth are referred to Vocational Rehabilitation services for "supported" employment opportunities. In SFY16, youth participated in a Transitional Fair sponsored by Tri-County that was geared toward high school seniors with IEPs. At this event, agencies in the community partnered to provide break-out sessions, resources, and information on topics such as internet safety, post-secondary education, and employment to increase their skill set in these areas.

Epworth Children and Families, Chafee and Transitional Living Provider, St. Louis Region: The following classes are taught to youth on a group and individual basis: Career Exploration, Preparing for the Workplace, Dress for Success, Job Search, Fact Sheet, Applications, Resume and Cover Letters, Interview Skills, Mock Job Interviews, Job Maintenance, New Employment Essentials, and Metro Bus Training. Chafee staff also accompanies youth on personalized job searches, online application

completion, follow-up calls, and assist with transportation to job interviews. Epworth takes youth to job fairs, career fairs, and hiring events. Epworth assists youth with locating community service and volunteer opportunities in the area. Epworth uses community resources such as the Mission St. Louis, MERS Goodwill, Vocational Rehabilitation, STL Jobs, Project Xcel, and the Missouri Career Center. STL Youth Jobs came to Epworth and hosted recruitment with youth in the program which resulted in employment opportunities. Epworth provides youth with financial assistance in the following areas: Background checks, Original Birth Certificates, SS Cards, State IDs, interview attire, work uniforms, and bus tickets until they get paid and can purchase them on their own. Epworth continues to employ a Career Advancement Specialist in SFY17 who is working closely with local businesses to establish relationships for internships and employment opportunities that will meet the specific needs and skills of the youth. Relationships have been successfully built with Panera, Ballpark Village, and several other smaller, local companies. In 2016, 94 youth in Epworth's program either gained or maintained employment.

LINC, Chafee Provider, Kansas City Region: At the Junior High and High School levels, youth were assisted with getting current transcripts and current number of credits in order to know what is needed to graduate on time. There were nine youth assisted financially with dual credit classes, HISet testing, ACT testing, and cosmetology license fee. There were thirteen youth who needed assistance with paying for work clothing/uniforms and clothing for job interviews. Thirteen youth were assisted with bus passes that allowed them to get to school, look for work or get to their job. One youth was assisted in obtaining a food handlers permit which was required for employment. One youth was assisted with a car repair which was necessary for being able to attend school and work.

In SFY14, CD began collaborating with Department of Economic Development, Division of Workforce Development to develop and initiate a pilot project in the St. Louis and Springfield areas. The Missouri Customer Service Partnership/Project Excel is a partnership bringing together business, government, and young people aging out of Missouri's foster care system to achieve employment readiness goals. Through shared commitment and responsibility, the partners are address business demand for good customer service employees, meet public expectations for reliable and courteous service, and get young people started on meaningful career paths.

Project Excel is a professional training program designed specifically for young people aging out of foster care to introduce them to meaningful careers with opportunities for advancement in six occupational fields including: hotel/resort desk clerks, receptionist/information clerks, customer service representative, retail salesperson, cashier, host/hostess. Career-seekers learn essential universal skills that build on a strong foundation for longevity and career advancement including interpersonal and business communications, problem-solving, conflict resolution, critical thinking, teamwork, effective customer assistance, diversity, and service excellence. It also prepares career-seekers to earn employer recognized certificates such as the National Career Readiness Certificate (NCRC) offered by ACT, the National Retail Federation's National Professional Certification in Customer Service, and the Internet and Computing Core Certification (IC3). Project Excel is partnered with companies who have a large workforce of service employees and are committed to continuous employee learning and development. Upon completion of the program, Project Excel represents the participant and provides a professional referral to these partner companies to ensure a successful employment match.

To be eligible for Project Excel youth must:

- Be between the ages of 17-21, or turn 17 during the 10-week training
- Be aged out or transitioning from foster care or Division of Youth Services and not on a post-secondary or career path
- Have a high school diploma or HiSet or working toward obtaining
- Be interested in better employment opportunities
- Live in Springfield or St. Louis areas
- Be drug-free

Youth enrolled in the ten week program receive training, matched individual mentoring, certifications, continuous learning, and supportive follow-up for one year. Youth in the Springfield cohort have the ability to earn up to six hours of college credit and youth in the St. Louis cohort can earn up to four hours of college credit.

Department of Social Services has an agreement with two Community Partnerships to provide the mentoring and supportive services for the continuous learning. ARCHS, the partnership in St. Louis, has subcontracted with Epworth, a Chafee provider, for the provision of these services. Workforce Development has contracted with the colleges to provide the training.

The first cohort began in SFY15. The eighth cohort began in February 2017. Since inception, over 70 youth have graduated from the two programs with varying certification completions. Ninety percent of completers obtained the career readiness certification, while over 60% obtained the customer service certification. The internet and core computing certification had a lower percentage of completers and varied between the two sites.

At one time, consideration was given for this to be a statewide program. In SFY16, discussions began for expansion to the Kansas City area and this never came to fruition due to the low number of youth interested. The job program instruction was to be taught at Career Centers in the Kansas City Region with youth be offered the opportunity to participate in a paid internship through a combination of funds from an existing program. A recruitment event was held in three locations throughout the Kansas City area with 13 youth attending, but a lower number committed to participate. In addition, there was not a lot of follow through from the proposed partners so the program did not take off in this location.

In 2017, a decision was made to end the program because of the low participation rate. The last cohort will finish May 2017. Supportive services will continue for one year from the end date of the last classroom session. Many adjustments were made to the program throughout its tenure but the numbers did not increase regardless of the adjustment made. A debriefing/reflection meeting was held in March 2017 to discuss what went well and what did not work with both state agencies and staff from the two sites. The mentoring component was seen as difficult – maintaining a relationship and finding mentors willing to make a year commitment. At times, youth were not prepared academically nor behaviorally for a classroom setting. Youth were not always able to focus on what was happening in the classroom because of difficulties going on in their lives at the time. Recruitment was difficult and the majority of youth were youth in care, while the program was meant to benefit youth no longer in care too. There are competing programs in the St. Louis Region which offer a stipend. However, the program did provide certifications, continuous learning, peer support, college credit, and employment and for youth who

received the service, it was beneficial. Staff in the two programs was dedicated to the youth and the program did assist many youth in its duration.

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

The Casey Family Programs “Ready, Set, Fly” curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home. Foster parents licensed for older youth are required to receive the training as are Transitional Living Advocates. The training is conducted by local training staff. An Older Youth Curriculum is also provided to staff via the training unit.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and Foster Care to Success as well as other opportunities that present themselves for Older Youth in SFY18.

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

(See Educational Training Voucher Section for additional information)

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The Children’s Division believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post-secondary education or employment. Missouri plans to continue supporting contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

As a result of Senate Bill 205 passed in SFY14, beginning July 1, 2014, youth age 15 or older who are in the foster care system within the Children’s Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or exiting from foster care. The visit includes an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. Children’s Division had resources in place to implement the legislation and provided some specific guidance to staff to ensure youth are assisted and more emphasis is placed on this. The post-secondary visit is first discussed at a Family Support Team meeting. The visit occurs three primary ways: the case manager, the contracted life skills provider or the contracted life skills/housing provider. Youth can be referred for this life skill opportunity through a contracted provider (Chafee) who is charged with teaching life skills to youth. This was a contractual requirement prior to the legislation but the legislation

has emphasized the need for all youth to have the opportunity. Once a visit has occurred, it is documented on the youth's transition plan. The visit and related processes are sometimes selected as life skills goals the youth wants to work on. The Older Youth Transition Specialists monitors this and addresses it in Family Support Team Meetings they attend (in addition to the case manager and supervisor).

Some case managers have been directly involved with the requirements of the legislation while others utilize the contracted providers in place for life skills teaching. CASA and foster parents have assisted in getting information on career paths, military options, and colleges and universities.

Visits are occurring through the case manager/county taking the youth individually/in a group, through Chafee taking a youth individually/in a group, and through Transitional Living Program providers taking youth individually/in a group. Some visits have been in the area the youth resides while some have been outside.

LINC, a Chafee provider in the Kansas City Region has offered this as a life skill class. One of the evening classes is devoted to walking the group over to Penn Valley Community College which is located right across the street from the agency. The group of attendees takes a quick tour of the campus and meets with one of the financial advisors who share some valuable information about what to expect and available supports for students who choose to enroll.

Some providers have travelled to see a specific college that has a particular interest for a youth and one provider has a sign-up sheet for certain colleges and arrangements are made based on this.

The legislation allows for this requirement to be waived by the Family Support Team for youth who are disabled and will not be attending college due to the severity of needs. As of March 2017, over 200 youth in care are documented as having a visit. This is something that has been discussed in SFY17 as a point of consideration for special monitoring by the OYTS. The OYTS have incorporated this requirement in their tasks such as including it in monthly emails to staff, sharing the requirement at presentations, and helping to facilitate a group tour.

Examples from providers on how this purpose is being achieved:

Epworth, Chafee and TLP Provider, St. Louis Region: In an effort to encourage and support youth to complete their high school education, Epworth attended IEP meetings as invited, provided financial assistance with sporting equipment, school uniforms, extracurricular club fees, bus passes, special equipment purchases, and school supplies (received from community donations) and assisted youth in obtaining tutoring to address academic areas of struggle.

Epworth hosted a graduation party for their 2016 graduates in which 12 youth attended. Epworth's annual Back-to-School BBQ had 35 attendees and youth received donated backpacks and school supplies along with donated attendance prizes such as headphones, flash drives, lunch boxes, staplers, locker shelves. Both of these events were sponsored by Salem United Methodist Church. Volunteers from this congregation bring food, games, donated prizes, and stay to serve the youth their meal, play games, and assist with craft projects.

Epworth schedules college tours annually during the spring and fall semesters. The schools visited are directly determined by our high school seniors' interests. In 2016, Epworth visited Ranken Technical College (nine youth attended), Southeast Missouri State University (eight youth), University of Missouri St. Louis (nine youth), Southern Illinois University – Edwardsville (five youth), Missouri State University (seven youth), and Harris Stowe University (ten youth).

Epworth offered Life skills classes on the topic of Preparing for College, Career Preparation, Study Skills, Time Management and Goal Setting, College Essay Workshop, Health Concerns for Students, and College Life. During the “College Life” presentation, current college students from the St. Olaf University discussed what it is like being a college student. This includes challenges, fears, school activities, and adjusting to the class schedule and routine.

Epworth's Chafee program assisted youth in paying for senior expenses such as: caps and gowns, announcements, prom tickets, prom dresses, tuxedo rentals, and senior dues required by the schools. Epworth partners with Foster Care Coalition to refer youth to the Cinderella Project where youth can receive prom dresses at free and reduced prices. Professional photographers volunteered time to take senior pictures with the youth. In 2016, 21 youth participated in this event at the 9th Street Abby. (14 youth who were scheduled to attend were no shows, even though transportation was provided for them.) The extraordinary venue was donated for Epworth's use through one of the photographers. Each youth received a personalized sitting and a disk of pictures to be developed at the location of choice. Youth are also given a \$10 gift card to Wal-Mart to help with the development costs. Pictures usually occur on a designated day in the spring or in the fall. Epworth encourages the youth's caregivers to share the senior picture experience with them and offers transportation for youth when needed. The youth thoroughly enjoy this experience. However a struggle is the lack of participation by foster parents and caregivers. Epworth typically provides transportation for all but two or three youth. The experience could be more monumental for the youth if their caregivers were active participants.

Staff with Chafee met individually with all high school seniors for a “Senior Night” class. During this visit, the primary focus was ensuring all High School graduation requirements are met and discussion of next steps for the youth's education and/or career paths. Epworth reviewed ACT test dates and school requirements, Financial Aid options, College application processes, Scholarship opportunities, discuss college debts, and financial assistance for senior expenses. Further appointments were scheduled in accordance with timelines to complete FAFSA applications, ETV applications, College applications, ACT registration, personalized scholarship searches, College Housing applications, etc. Epworth's Chafee program assisted with paying College application fees, paying or getting Housing application fees waived, and dorm start up kits. Chafee staff enjoys attending high school graduation ceremonies in support of the youth's achievements and are often part of a very small supportive audience in attendance.

Epworth also has a long standing relationship with Manchester United Methodist Church. This has allowed Epworth to connect youth with bicycle and computer ministries. Epworth staff refer youth to receive bicycles and helmets for transportation assistance and refurbished computers to assist with school work. The church also donated many items for dorm start-up kits this year.

Family Facets, Chafee Provider, Northeast Region: Advisors take youth on college tours where youth view dorm rooms, talk with financial aid and admissions as well as representatives from the different departments including the athletic department.

Chafee Advisors assist youth with completing the FAFSA and ETV and ensuring the youth learn to follow up when submitting an application. Advisors have assisted more than 30 youth with completing the FAFSA and ETV.

Chafee Advisors encourage youth to take the ACT and take advantage of offered practice sessions. Advisors have assisted more than 50 youth with information on when and where to take the ACT. Advisors use materials from Journey to College and MDHE to assist youth in preparing for and being successful in college. Advisors provided Journey to College and MDHE information to more than 150 youth.

Chafee Advisors assist youth with the payment of pre-college credits also known as dual credits and have financially assisted four youth with eight dual credit classes this year.

Chafee Advisors assist youth in researching the colleges of their choice and contacting those institutions for general information and material. Advisors review the information with the youth and help the youth understand the cost, location, and degree program offered by that university, community college, or trade school.

The Community Partnership, Chafee Provider, Southeast Region: The Community Partnership has a good relationship with several of the area colleges. Each year at "Education Night" representatives from area schools, Job Corps, and the military are invited to come and set up booths to talk to the youth and provide information. Missouri S&T also does a financial aid program to explain student loans and how they work/are applied by the school. The Community Partnership employs an education coordinator that works extensively with the youth on helping them research degree programs/schools of interest, complete the FAFSA and ETV applications, and submit paperwork. Most schools that youth have been interested in are local community colleges, so the Community Partnership does not complete college visits, but does help facilitate the process and connect youth with the admissions office to get questions answered and arrange a tour if necessary. The education coordinator regularly conducts group presentations at area residential facilities on how to navigate the financial aid process and each youth is given a copy of "True Independence" book that serves as a quick reference guide. The Community Partnership has a partnership with a local foundation that donates money to the agency each year for the specific purpose of providing scholarships for post-secondary education (to be used for tuition, books, supplies, equipment, etc.) to program participants. Youth have to apply, and typically four to six scholarships are awarded to Chafee youth ranging in value from \$500 - \$2000.

Ozanam, TLP Provider, Kansas City Region: Youth toured Penn Valley Community College. A workshop regarding how to enroll in college, how to complete FAFSA applications and the use of ETV was provided.

LINC, Chafee Provider, Kansas City Region: Fourteen youth were provided hands on assistance with completing the FAFSA and ETV documentation. Several youth were assisted with current website address and other assistance over the phone. Eight youth applying for college were assisted financially with orientation fees, dorm deposits, and start up kits for young people accepted into college.

Ten young people who visited the community college during the life skill classes and met with a school advisor to get a tour and explanation of what is necessary to apply. Virtual tours were given to four youth who expressed some interest in attending post-secondary schools.

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

The Children's Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff that work with older youth.

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

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

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

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

Examples on how this purpose is being achieved:

- LINC, Chafee Provider, Kansas City Region: Staff took on the role of youth advocates for the young people they worked with. This resulted in many of the young people calling their assigned youth advocate for advice or support on things including, interactions with peers and teachers at school, what to wear for interviews, how to buy a car, how to shop using a budget, relationships, questions about overall health, and just the everyday struggles young adults experience as they transition to adulthood. In addition, the youth advocates support young people being in attendance at their FST's and encourage participation in the discussion.
- Epworth, Chafee and TLP Provider, St. Louis Region: Although there is not a structured mentoring program as part of Epworth's services, limited referrals are made to community organizations that specialize in this area. The youth in Epworth's program tend to view staff at Epworth as "mentors" and part of their support system. Youth contact staff even after they leave the program to ask advice, brag about their achievements, and discuss their obstacles. Staff has

attended youth's family funerals, birthday parties, weddings, and graduation ceremonies. Epworth hosts an FYI support group for LGBTQ youth in our programs. Youth have the opportunity to share experiences, struggles, and learn coping skills from each other, Epworth staff, and community guests. This group meets in Epworth's location twice monthly and together attends a larger community support group once per month, when appropriate. This year, Epworth staff partnered with Manchester United Methodist Church to coordinate attendance at the dress rehearsal of the Webster University Repertoire presentation of "Mothers and Sons". The youth enjoyed a dinner prior to the show and a personal discussion with the actors after the performance.

- The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody. This program will continue in SFY18.
- Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers, as an organization statewide, have assisted youth throughout the state in advocating for their needs and providing emotional support.
- The Missouri Mentoring Partnership (MMP) has been a resource throughout the years and will continue to be a resource and provide resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.
- The MMP Work Site program provides job readiness training, mentor recruitment and training and support services and local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.
- The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.
- Youth participating in The Missouri Customer Service Partnership Employment Program are provided a matched mentor for at least one year.
- Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities and this will continue in SFY18.
- Youth participating in ETV/Missouri Reach have a virtual mentor through Foster Care to Success (FC2S). The Academic Success Program partners the dedication of trained, supported volunteer coaches with the resources of FC2S's experienced staff to provide students with the

encouragement and guidance they need to do well academically and personally. Coaches make a one-year commitment to support three to four students with at least weekly communication. Coaches generally dedicate from one to three hours a week to the Academic Success Program. Coaches can text, email, phone, Skype, or use postal mail to talk with their students. This is not a face-to-face communication program.

Many of the providers struggle with the mentoring aspect. Developing a mentoring program is a full time job in itself. Some youth do not want a mentor and some mentees do not have the understanding to work with the youth with a trauma history who are most in need of a mentor. In SFY17, an intern in the St. Louis Region designed a mentoring program working with community members and some alumni youth. However, there are limited resources available for sustainability and no funding being provided so it is uncertain how long this program will continue. Mentoring is to be a topic of discussion at the next OYTS meeting as to ways to improve this service need most effectively.

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

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

In SFY14, Missouri legislators passed re-entry legislation per SB205 (2013) and SB208 (2013). Effective August 28, 2013, youth who left care and are over age 18 but are not yet 21 may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer. Youth are expected to participate in the case plan, meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider, and/or go to school and work to demonstrate his or her own efforts towards independence. A Frequently Asked Questions is on the CD internet and a re-entry brochure designed by SYAB members is incorporated in the exit packet. As of February 28, 2017, there are ten youth who had a re-entry into care after age 18. Three of these youth are parents. The youth reside in five of the six regions of the state and all but one youth is in a transitional living placement or an independent living arrangement. One youth resides in a foster home. Staff report anecdotally that the failures for re-entry are youth who come back into care and only want financial assistance, however all services are provided for re-entry youth and the youth must be willing to accept help.

For the purpose of this legislation, Children's Division is defining a youth as a person who meets all of the following criteria:

- Any person age 17 through 20 who was previously placed in the care, custody and control (LS-1) of the Children's Division.
- Was released from care, custody and control within the last 24 months.
- Is otherwise competent, and not in a guardianship or conservator relationship and is not in the legal custody of any other individual or institution.
- Is not incarcerated or committed to any jail, detention facility, or the Department of Corrections.

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

- Participate in and comply with any transition plan developed by the Children’s Division, Family Support Team, and the youth.
- Meet with his or her Children’s Service Worker, the Juvenile Office, and Chafee Provider, as required.
- Participate in any services provided such as Chafee and Transitional Living Program Services.
- Enroll in and attend a “secondary school program of instruction” or an “institution of vocational or higher education,” if determined the program will benefit the youth in their efforts to achieve independence by the Family Support Team.
- Find and maintain employment to supplement the youth’s transition plan.
- Work to maintain his or her own efforts toward independent living.

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

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

- The youth is unwilling or unable to develop, implement, or otherwise cooperate with the implementation of the transition plan;
- The youth pleads guilty to or is found guilty of any felony, or any misdemeanor in which the youth is sentenced to a period of incarceration;
- The youth is committed to the legal custody of any sheriff or the Department of Corrections; or
- Any other circumstance where the youth fails to cooperate with the Children’s Division or the Children’s Division does not have services available or the ability to provide services.

If a youth is returned to custody under the re-entry legislation, and is consequently released from jurisdiction for any of the above reasons for termination, another petition will not be filed by Children’s Division on behalf of the youth. In SFY16, legislation was re-introduced to assist with the re-entry process by changing some of the language of the statute. Some court jurisdictions were unwilling to hear petitions of youth unless the youth was terminated from their jurisdiction however some youth were no longer living in the county of original jurisdiction and did not have the means to travel to the original county of jurisdiction. This created an unintended barrier in which the proposed legislation would eliminate by allowing the youth’s petition to be filed in any jurisdiction of the state, regardless of history.

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

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental

funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Missouri Reach is also available to youth no longer in care or who were adopted after the age of 14.

In SFY17, money was awarded at the Department level to a community agency to provide services to youth who have transitioned out of foster care and are transitioning. The agency, FosterAdoptConnect is assisting youth in two locations, Kansas City and Springfield, in their Community Connections program. The program assists youth up to age 25. The agency has employed former foster youth as case managers to work with the youth in the areas of housing, education, employment, healthcare, finances, social support, transportation, legal advocacy, and more. Although this is not a Children's Division program, OYTS in both locations are trying to coordinate services with the Chafee providers to ensure the youth receive the most benefit from the two programs and to ensure these life skills are captured for NYTD.

LINC, Chafee Provider, Kansas City Region: During 2016, a number of supports and services were provided for aftercare youth. Examples include: assisted two youth with purchasing work clothing, paid for one youth to take driver's education classes, provided bus passes to four youth to assist in school attendance, looking for work, or getting to their jobs, paid for emergency food one youth helped two youth with startup kits, assisted two youth with purchasing furniture for their apartments, helped one youth get their drivers permit, and helped one youth pay for outstanding traffic tickets that were keeping them from qualifying for housing.

The Community Partnership, Chafee Provider, Southeast Region: Although The Community Partnership does not receive a lot of aftercare referrals, they have assisted with emergency needs, apartment start kits, electric and/or rent deposits, and car repair. Additionally, they have helped with education such as refiling for ETV and the FAFSA, as well as obtaining documentation such as Driver's Licenses, and getting youth re-enrolled in Medicaid. Typically, The Community Partnership sees more often than emergency aftercare needs, is youth who have been adopted or were granted guardianship that remain in their program (or return) after they are eighteen to receive services. Most of the aftercare services involve resource and referral, as the youth have been assisted with all of the items mentioned above, as well as help in applying for affordable housing, applying for SSI, enrolling in college classes, and getting their car licensed. Many youth appreciate the access to on-going (non-emergency) support if needed.

Family Facets, Chafee Provider, Northeast Region: Chafee Advisors assist Aftercare youth with budgeting and provide financial assistance with rental deposits.

Chafee Advisors assist youth with finding information on how to register for college and the steps necessary to complete the registration process. Family Facets drives them to the college or universities, assists youth while talking with admissions and completing the necessary paperwork to register or assists them in calling the appropriate departments to obtain the answers for any questions.

Chafee Advisors assist and connect aftercare youth with Missouri Career Center and other job services programs. Chafee Advisors assist aftercare youth obtain their driving permit and license when necessary.

Chafee Advisors assist connecting aftercare youth with social services such as food stamps and health insurance. Advisors connect aftercare youth with community programs such as LINC, NECAC, WIC, Nurses for Newborns, and the local housing authority.

Epworth, Chafee and TL Provider, St. Louis Region: All services provided to youth in care are available and provided to youth in Epworth's Aftercare program between the ages of 18 and 21. In addition to these services, for youth who were released from foster care after their 18th birthday, Epworth has assisted with applying for public financial aid, referrals to transitional living programs, apartment start-up costs, emergency rent and utility payments, emergency car repairs, creating budgets, and transportation assistance. All youth received a Community Resource Guide and referrals were made as needed. Epworth worked with the youth to develop their ECO Map and discuss ways in which to build their support system and make them stronger and more positive. Epworth has also been instrumental in working directly with youth in their endeavors to reenter foster care successfully. Through a continued relationship with Hopewell Center, Epworth has been able to secure housing for youth with mental health needs in their RISE program. This is a two year program which focuses on hands on, practical training geared to this population of youth who need extra assistance but are capable of learning to live independently.

As of January 2017, there are 45 youth in the aftercare service population.

Since 2007, Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who left care after age 18 but are not yet 21. Effective August 28, 2013, SB127 expanded this coverage to include youth "in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

Are under 26 years of age;

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

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

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

Youth must have aged out in Missouri and reside in Missouri. Coverage can still be provided in another state if a provider is willing to participate in the MHD program. The Children's Division website contains the Mo HealthNet Exit Pamphlet and Mo HealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth. As of November 2016, there are 1,766 youth enrolled in this service and 3,260 youth eligible for this service. However, all youth regardless of enrollment status have coverage under this program should it be needed as long as the eligibility criteria is met.

The Mo Healthnet liaison for CD spoke to the SYAB in SFY17 about services. There will be a presentation on Mo Healthnet benefits at the Youth and Adult Leadership and Empowerment Conference in SFY18. Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY18.

The Missouri Customer Service Partnership/Project Excel will also serve youth who have transitioned from foster care in SFY18 in Springfield, St. Louis; with supportive services as will the Missouri Reach Credential Completion and Employment Financial Assistance Program.

6. Assist youth with regular ongoing opportunities to engage in “age or developmentally-appropriate” activities:

Missouri began a concentrated focus on normalcy in SFY16. Missouri CD began work with the Capacity Center for States to assist in policy and program development on this issue. The Capacity Center for States consultant met with the State Youth Advisory Board, the Youth Empowerment Task Force, and the State Foster Care and Adoption Advisory Board. A tips sheet was developed to have a guide towards a shared understanding of normalcy. The sheet contains a summary of the legislation, definitions, implementation steps, and tips for teens, case workers, resource parents, and birth parents, and youth advisors and advocates. The sheet is to be shared at every Family Support Team Meeting and Permanency Planning Review. A Reasonable and Prudent Parenting Standard online training is available for guidance on the CD internet. The training is designed to be used with resource parents, residential care staff, youth and Children’s Division staff to familiarize all with the intents, actions, limitations and outcomes of parenting foster youth in this way. Legislation was passed in SFY17 to mirror the federal legislation. Transitional Living Program contracts and Chafee contracts were revised and amended to include the purpose. A meeting was held with Department of Mental Health to incorporate the normalcy aspect with youth in Independent Supported Living and the PowerPoint training was revised to fit their population.

The CD Director and other staff have been speaking on the topic of normalcy and the importance of this at numerous speaking engagements across the state and youth have participated in panel presentations at two state wide conferences in SFY17. A “Bill of Rights” for youth in foster care has been reintroduced in SFY17 legislative session and youth on the State Youth Advisory Board are advocating for this at Child Advocacy Day in April 2017. Since the framework for the work on normalcy has begun with legislation, policy, training, and tips being developed, CD is considering how the impact of this legislation can be evaluated. Although SYAB has given feedback on the effects of the implementation, a broader range of youth voice is needed on this topic in SFY18.

The State Youth Advisory Board is affirming to transgender, gay, and lesbian youth. A workshop on identity is being planned for the 2017 Older Youth Conference. The youth involved in the planning of that workshop are being assisted by a professional trainer on the specific topic of LGBTQ youth. There are Transitional Living Providers in the state who have an excellent reputation of working with youth who identify as LGBTQI. Missouri’s state partner, Department of Health and Senior Services, is in the process of implementing a training curriculum with their staff and providers and have offered to share resources with CD. At this time, it is unsure what this will look like as it is in the very early stages. Additional work can be done in this area and Missouri will continue to work on it in SFY18.

LINC, Chafee Provider, Kansas City Region: There were 31 youth who were assisted in purchasing items that are important to every graduating senior. These included class rings, year books, caps and gowns, invitations, and other school spirit items that help young people feel more a part of their school. Linc provided financial support that helped six youth participate in their schools color guard, band, track, football, and cross country teams. Linc assisted twelve youth in getting their drivers permit, twenty-nine

youth in obtaining copies of their state I.D.'s, and twenty-two youth in taking drivers education. Linc provided information and education, "Making Proud Choices", to thirty-three youth who completed eight hours of education on pregnancy prevention and STD and HIV protection. Linc helped two youth pay to get their cars licensed.

Preferred Family Healthcare, Chafee and TL Provider, Northwest, Southeast, Southwest, and St. Louis Regions: Staff promotes attendance to quarterly Local Youth Advisory Board meetings where youth socialize with games and activities. Staff provides a guest speaker or mentor to speak on important life skills for youth. Staff transport and chaperone youth for the quarterly State Youth Advisory Board meetings where youth socialize with other foster youth from many different areas. Staff also provides lesson plans that allow group activities when possible during quarterly visits. Staff encourage youth to participate in, provides financial support for, and identifies extracurricular activities for youth such as sports, band, dance, golf, gymnastics, homecoming, prom, and fundraising opportunities. Staff provides financial assistance in purchasing shoes, equipment, tickets, and traveling expenses. Staff provides and encourages attendance to classes on sexual guidance such as "Making Proud Choices".

The Community Partnership, Chafee Provider, Southeast Region: The Community Partnership frequently provides access to extra-curricular activities by assisting youth with fees and required materials for participation. At residential facilities, the coordinators regularly play age appropriate, learning based board games and the "Real Friends" simulation. Area Board members are frequently given opportunities to engage in volunteer activities in the community including building and running a lemonade stand for PCCAN's "Take a Stand Against Child Abuse" event, walking dogs at the animal shelter, and ringing the bell for Salvation Army.

Training Planned for SFY18

All new employees are trained through a separate curriculum regarding the OYP requirements. The Older Youth Program Training, which includes training on the Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan Goals, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration, was incorporated into the core curriculum for all new hires in July 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state but have some regional discretion as to what areas are emphasized. Training staff have on-going processes for changing training to meet current policy and to ensure it is meeting the needs of the local agency and seek input from Older Youth Transition Specialists.

In June 2012, members of the SYAB made a training video for Children's Service Workers basic training entitled "What's It All About." This was in coordination with the Professional Development and Training Unit and is utilized.

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

The Casey Family Programs "Ready, Set, Fly" curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills

classes to help them practice their skills learned in the home. Foster parents licensed for older youth are required to receive the training as are Transitional Living Advocates. The training is conducted by local training staff.

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

Since 2011, 4-H and the University of Missouri Extension have offered the "Youth Development Academy". The program's goal is to provide youth development professionals with the knowledge and skill necessary for work with youth in public, private, or civic sectors. Topics include enhancing diversity, relationships in youth development, youth/adult partnerships, experiential learning, engaging volunteers, community partnerships, ages and stages, managing risk, and evaluation. Although there is a cost associated with this academy, it is a training resource available to those working with older youth in Missouri and college credit is received (3 hours).

Court Appointed Special Advocate (CASA) has a training program. The Fostering Futures Initiative is a specialized curriculum for CASA volunteers who specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. The curriculum is based on the possible selves' theory. It is available to the 22 Missouri CASA programs.

Information is provided in Older Youth Summits on financial capacity from Clark Peters, University of Missouri-Columbia, Professor of Social Work and Law. A financial capacity training video has been recorded in coordination with the Professional Development and Training Unit and the Attorney General's Office, Assistant Attorney General, Consumer Protection Division. This video has a series of topics that staff can view via a YouTube link as needed and addresses such issues as how to build and maintain good credit, how to interpret a credit score, and how to dispute a negative credit history. The training is generic and appropriate for anyone who works with older youth. The training has not been released yet as the details on having it accessible through YouTube is being finalized.

CD and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity through Your Money Your Goals (YMYG) toolkit and booster trainings. This training will be implemented in SFY17 and SFY18. Train the trainer sessions and webinars are being planned. There are two workgroups formed in March 2017 to plan the implementation and roll out.

Service Design and Delivery of the Trust Fund Program

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

Transitional Living Providers are required contractually to help youth transition to independence including financial. This is usually done by developing a savings account to be used when the youth exits care, with the agency and youth both contributing. Children's Division also has a KIDS Account – Children's Income Disbursement System. Some youth who come into out-of-home care have an independent source of income such as Supplemental Security Income (SSI), Veterans Affairs, Railroad benefits, child support, lump sum payments and inheritance. This money is used to provide for the

youth's care. Once an account is established, expenses are paid from this account such as the maintenance paid to the care provider, health care expenses, counseling expenses, and clothing allowances. At age 16, a savings of the money deposited begins to accrue up to \$999.00 to assist the youth when leaving care. However, if a youth leaves care prior to age 16, any debt that could have been paid the previous five years from this account but was not, is recouped. If a youth leaves care after 16 but prior to living independently, the funds are released to the guardian.

Some examples of services being offered:

Ozanam, TL Provider, Kansas City Region: Youth are required to save 50% of all earnings in a protected savings account called LEAP (Living Expense Assessment Program). Youth receive this money at discharge for 'startup funds' to get an apartment, pay apartment deposit, furniture, car, etc. Representatives from Bank of America facilitated a workshop for Pathways youth using the FDIC Financial Education Curriculum.

Epworth, Chafee and Transitional Living provider, St. Louis Region: Epworth offers Life Skills classes on the topics of credit and credit reports, budgeting, banking, saving, shopping on a budget, consumer awareness, holiday budgeting and gift ideas, and cooking low cost meals. Youth with more basic needs are taught how to count money during individual sessions with staff. Epworth creates budgets individually with youth and teach youth how to view credit scores.

Epworth is a partner in an Individual Development Account program with the United Way. As part of this program, participants must be employed and be able/willing to participate in 16 hours of Financial Literacy classes offered through the UMSL Education Extension program. After completing the 16 hours of classes, youth will open a Custodial savings account at US Bank. The youth have a maximum of 24 months to save money in this account toward the purchase of a United Way approved asset. The United Way provides the youth with a 2:1 match, \$2000 match maximum, to assist with this purchase. Approved assets consist of vehicle, new apartment start-up including furniture, house purchase, post-secondary education tuition, books, or supplies, and opening a long-term savings venue. Epworth opens accounts of this nature every summer. All youth involved in Chafee and Chafee Aftercare services are eligible for this program. If a youth ages out of the program prior to the 24 month completion date, Epworth will continue working with them in the IDA program until the goal has been reached and a purchase made. In 2016, twenty-eight new accounts were opened with youth. Ten youth with previously opened accounts were able to make a matched purchase with their funds in 2016.

Family Facets, Chafee provider, Northeast Region: Family Facets provides the opportunity for youth to open an Individual Development Account (IDA) offered at US Bank and sponsored by Family Facets. Chafee Advisors discuss and offer Family Facet's IDA, which is a one to one match up to \$500 per year. Advisors offer monthly budgeting classes, savings and banking classes, and classes on how to live successfully on your own. Advisors have offered the IDA program and classes to more than 40 youth.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process

(See State Youth Advisory Board Section for more information)

Local Youth Advisory Boards contribute to efforts at the community level:

Ozanam, TLP Provider, Kansas City Region: Two youth attended the Older Youth Summit in Trenton in 2016. Through participation in the YES (Youth Educational Success) program, an agency initiative, one youth went to Washington DC and met with Michelle Obama regarding educational advocacy for youth in foster care.

Epworth, TLP and Chafee provider, St. Louis Region: Epworth's Chafee program hosted a Youth Leadership Camp in 2016 at Camp Wyman in Eureka, MO from 4/8/16-4/10/16. The Youth Board began preparations for this camp in November 2015. Activities included low ropes course, group building activities, high ropes challenges, archery, dancing, ice cream socials, field games, slide show, and a camp award ceremony. Thirty nine youth attended camp in 2016 and it was a time for youth to experience personal growth and for staff to witness youth pushing themselves and seeing the pride on the youth's faces as they succeed in very difficult endeavors.

Epworth's Area Youth Advisory Board met at least one time per month in SFY17. The Youth Board and State Youth Advisory Board members spent many hours preparing for the Youth Leadership Camp. The Board began preparations for the 2017 Youth Empowerment Conference. On 4/6/16, nine Youth Board members participated in Child Advocacy Day in Jefferson City. During this event, youth were able to speak personally with State Legislators regarding topics that directly impact youth in foster care. Eleven Youth Board members volunteered at the Hot Chocolate 5K/15K with all proceedings benefiting the Ronald McDonald House. Youth arrived as early as 6:30am on a Sunday for this event. Seven Youth Board members volunteered at Biddle House, the newly built Adult Homeless Shelter in St. Louis City. They served meals to homeless individuals and reported it as an eye opening experience. Ten Youth Board members also attended a St. Louis Cardinal Baseball game this past summer. Two youth participated in Youth Panels at the Alternative Care Conference and the Juvenile Justice Conference in SFY17. Epworth staff assisted these youth in preparations for the panel and transportation to and from the conferences.

LINC, Chafee provider, Kansas City Region: The local and state youth boards are a great opportunity for youth to have a voice in improving things at the local and state level. Nine youth participated in the local youth board during the year. LINC had three of these youth recommended and approved to be a part of the State Youth Advisory Board and participate in four statewide youth board meetings during the year. In April, the local youth board provided feedback to the Jackson County Children's Division office on plans being considered to have older youth case managers. In June, the board provided input to the Jackson County Systems of Care Committee on the Barriers to service that foster youth experience. In August, the local youth board participated on a youth panel at a STAR's training and answered questions from participants who were interested in becoming foster parents. In October, the youth board provided feedback to the state on the impact of Normalcy Legislation. The local youth board provides input and feedback to LINC on the Chafee services provided such as the types of classes to include in the life skill workshops. The youth developed a Local Youth Board Flyer that will be used in the recruitment and education of foster youth interested in becoming local board members.

Family Facets, Chafee provider, NE Region: Four Regional Youth Advisory Board Meetings were held in SFY17. A holiday party was scheduled but canceled due to weather. However, staff delivered gifts to the 41 youth signed up to participate. Advisors assist youth with public speaking at state offered events, as well as at local area events. State events include Child Advocacy day where youth testify in front of

the legislature regarding foster care related items. This year, 12 youth were in attendance at Child Advocacy Day. Chafee Advisors and youth attend monthly community services projects at food pantries and nursing homes. The NE Region Chafee youth average two to three community service, youth leadership, and speaking engagements per month.

The Community Partnership, Chafee provider, Southeast Region: Youth regularly participate in speaking engagements. Youth participated on STARS panels for Foster Parent training, spoke at special committee meetings in Jefferson City, and participated in focus groups. In SFY17, the Local Youth Advisory Board Chair was selected to take part in the National Congressional Shadowing program in Washington D.C., as well as the program's Leadership Academy in California. Other Local Youth Advisory Board members rang the bell for Salvation Army and volunteered to run craft tables for smaller kids at the Circuit's Foster Parent appreciation events. Four youth participated in Child Advocacy Day.

Older Youth Efforts

Over the past few years discussions have been held on incorporating LGBTQ into the state's Child Welfare practice and increasing awareness. Missouri continues to use the Casey Life Skills assessment which has available an LGBTQ assessment supplement. The supplement is designed to help youth who have needs in this life skills area and is available through the Casey Life Skills website. In SFY15, it was decided that awareness would be a regional responsibility however in SFY17 this topic is being revisited at the state level, beginning with assessing resources and guidelines in residential care for transgender youth.

"What's It All About? A Guidebook for Youth in Out-of-Home Care" was revised in SFY17 and includes state and national resources on LGTBQ for youth.

There is no specific LGBTQ training for foster parents referenced in the resource development/training section of policy. However, the STARS in-service training Module three is Addressing Developmental Issues Related to Sexuality and LGBTQ issues may be brought up during this module training. There are other approved in-service trainings that are specific to LGBTQ that foster parents can get outside of the Children's Division. This topic was shared with regional directors in the past and they were asked to assess their capacity to serve and what resources they may need to meet the needs of LGBTQ youth in care. Resources were shared and the regional directors were encouraged to share those resources with staff and resource providers.

Missouri Children's Division has developed a practice guide for working with LGBTQ youth in out-of-home care. The practice guide is designed as a tool for children's service workers, resource parents, and residential treatment staff to increase awareness, knowledge, and skills to effectively and competently serve the unique needs of LGBTQ youth and their families. The guide includes a wealth of state and national resources for supporting lesbian, gay, bisexual, transgender, and questioning youth. Planning for implementation has been paused so the regions can develop internal and external readiness. The Division will revisit the discussion and review the guide to ensure all aspects remain current. Once approval is given, the practice guide will be provided to all current resource providers, as well as prospective resource providers during the initial licensure process. The practice guide will also be provided to all current licensed residential treatment facilities, as well as prospective facilities during the initial licensure period.

The Department of Health and Senior Services (DHSS) has begun work training their staff and providers on a curriculum for working with LGBTQ youth and it is hoped that collaboration providing this training to CD staff can take place in SFY18, as CD and DHSS have collaborated in this nature in the past. The implementation of this within DHSS is in the beginning stages.

CD plans to invite an LGBTQ support/resource agency to the youth conference to be held in July to participate in a resource fair mini presentation.

The ILC is a member of a listserv for the Central Missouri Stop Human Trafficking Coalition. A Central Office CD employee is a member of an advisory board regarding human trafficking. In SFY16, CD offered training to Chafee and TL Providers to assist with implementing the requirements of H.R. 4980, the Preventing Sex Trafficking and Strengthening Families Act. In SFY17, CD plans to invite an individual knowledgeable about human trafficking support/resources to the youth conference to be held in July to participate in a resource fair mini presentation.

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the CD on implementing Missouri's Personal Responsibility Education (PREP) Program. The Children's Division had an MOU agreement with DHSS for the purpose of providing PREP program services, specifically the Making Proud Choices (MPC) program to selected foster care youth. In SFY17, the MOU ended and the services were competitively bid directly by DHSS with all of the Chafee providers. The services are still viewed as an extension of the Chafee services as the program is for youth in foster care and the training is provided by Chafee providers, however the agreement is now directly between DHSS and the Chafee agencies with invoicing and reporting going to a DHSS staff person. This greatly expanded these services for youth in foster care in Missouri as prior, the service was available only in three regions of the state and it is now available in five regions, with only one region not providing this service. The NE Chafee provider chose not to bid on this contract, however the agency did send staff to the train the trainer session for the curriculum. A second opportunity was provided to this agency but again they chose not to contract with DHSS for these services.

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

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

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent living skills;
- Parent-child communication skills;
- Education and employment preparation skills; and
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

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

According to DHSS's contracted researcher with the University of Missouri, overall, PREP participants had a statistically significant increase in their knowledge regarding pregnancy, STD's and HIV. Additionally, participants indicated they were more likely to avoid sexual intercourse and more likely to use a condom if they decided to have sexual intercourse as a result of the programs.

Since April 2013, Older Youth Summits have been held to address issues of youth transitioning at the community level, where youth are exiting and depend on the much needed resources provided where youth reside. OY Summits focus on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where the community would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps with responsible partners to achieve a community vision. Each summit follows a general format with some flexibility on speakers. Information has been presented on financial capacity building, adolescent brain development, national and Missouri data, youth perspectives via a panel and alumni speakers, and legislation and advocacy. It is the intention of the Children's Division and its partners to have Older Youth Summits across the state. A summit was held in October 2016 in Trenton, Missouri in the NW part of the state covering three judicial circuits with approximately 140 people in attendance. Another summit was held in April 2017 in the NE part of the state covering four judicial circuits and 150 people attended. After this summit, there are two areas in the state remaining in which a summit has not been held. It is CD's intention to continue summits in SFY18 to finish the remaining areas.

In the 2014 legislative session, HB 1092 was passed which allows youth 16 and older in Children's Division custody to contract for the purposes of automobile insurance with the consent of the Children's Division or Juvenile Court. Prior to this legislation, Missouri youth under the age of 18 were not allowed to enter into a contract, such as automobile insurance, on an individual basis. This legislation applies to youth in foster care only and benefits youth who own a vehicle – a co-signer is not needed. The youth is

responsible for paying the costs of the insurance premiums and is liable for damages from an automobile accident. In 2012, CD12-96 introduced a Non-Owner Insurance Policy for Older Youth available exclusively through Missouri's Automobile Insurance Plan. Children's Division introduced this policy for 18-21 year olds. As a result of this legislation, the Non-Owner Insurance Policy was revised to include youth 16-21 in Children's Division custody. A Frequently Asked Questions was developed by the Department of Insurance for youth and caretakers and is available on the CD internet in the Older Youth Program Section.

The ILC has been a member of the Council for Adolescent School Health (CASH) for the last eight years. CASH meets quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Service decision-makers regarding adolescent and school health issues and initiatives. The Council for Adolescent School Health may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. The mission of CASH is to support adolescent school health and to facilitate collaboration and professional development with others to promote a coordinated family, community and school approach to achieve healthy adolescent development. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects. Recent topics include LBGTQ activities, and input on DHSS programs. Meetings are scheduled for the remainder of SFY17 and part of SFY18. The ILC will continue participating in this task force in SFY18.

The ILC has been a member of the Child and Family Services Review Advisory Committee for the last eight years and will continue involvement in SFY18. The ILC has been a member of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT) since 2010. In SFY17, the ILC stepped down from this team and another representative from CD began attending these meetings. MITT was formed in 2007 to promote interagency collaboration in Missouri at the state-level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT, consisting of diverse state-level membership meets quarterly to share resources, develop goals and promote concrete activities to improve transition education and services. A representative from CD will continue participation in MITT in SFY18.

The Kansas City Region Older Youth Transition Specialist (OYTS) is a member of:

- The Coalition of Homeless Youth Providers of Services (CHYPS). This group is comprised of various agencies that work with youth that are homeless or may become homeless to provide support and information on what is available for this population. The goal is to alleviate homelessness among youth ages 12 to 24 and their dependents, through advocacy, coordination and collaboration of direct services. Speakers address topics of interest and need.
- Youth Educational Success Program (YES) board member. This is a program through Cornerstones of Care that assists youth currently or formerly in care achieve a college degree or post-secondary education through educational, social, emotional, and financial support.
- Youth Empowerment Task Force - The group is comprised of Children's Division staff, judges, foster parents, youth and others working with foster youth. The group's goal is to insure that policies and procedures are in place to assist youth while in care.
- FACES Design Team – This group designed and updated the older youth forms in FACES.

The Kansas City Region OYTS trainings in SFY17:

- Provided training about the Older Youth Program to Court Appointed Special Advocates (CASA), ReStart – A homeless shelter, and other community agencies.
- Provided training to Children’s Division staff and Foster Care Case Management staff on Older Youth tools in FACES - how the forms can assist with helping youth transitioning out of the Foster Care system.
- Provided training and additional support to the Transitional Living Providers and Chafee Provider in the Jackson County.

The OYTS participates in the following meetings ongoing:

- Stability Staffing – This is used to try and maintain youth placements that may be disrupting or help find an appropriate placement.
- Family Support Team Meeting – Meetings held every six months for families involved with the Children’s Division.
- Quarterly Service Plans – This meeting is for youth in Transitional Living Program to discuss how they are doing in the program and come up with goals that will assist them.

Partnerships:

- Church of the Resurrection – They are a local church that provide life skill training to youth in care.
- Community Connections – This is a program through Foster/Adoption Connection. They provide assistance to youth in care and adopted youth. Youth can receive services until they are 26 years old.
- CASA Older Youth Program – They provide life skill training and assistance to youth in custody. You must be represented by CASA in court on order to participate.

Additional support services:

- Provided assistance to community members on resources available for youth that are not in the Children Division’s custody.
- Visited TLP facilities across Missouri to have a better understanding of what is available to youth.

A challenge in the Kansas City area has been getting the Chafee referrals completed. In order to assist with this, the KC OYTS holds monthly computer labs to assist case managers with completing the older youth forms. Each case manager is assigned one youth per month from their caseload that must be referred. Weekly reminders of what needs to be completed are sent out. These efforts have increased Kansas City’s referral percentages from at one time being the lowest in the state to being one of the top regions.

Chafee Contract efforts: The OYTS meets quarterly with the Chafee Provider who is willing to provide a variety of services to our youth. Overall staff are satisfied with the services, however they do complain that of the provider’s staff need to be more proactive and not wait for the youth to contact them. The OYTS has worked with the Provider concerning this. The OYTS has also worked with Children’s Division staff to make sure Individualized Action Plan (IAP) Goals are appropriate and have tasks that the

Chafee Provider can work on. The Kansas City OYTS would like to see the IAP goals improved this year in terms of quality SMART goals and to make sure more youth get consistency services.

TLP Contract efforts: The Kansas City OYTS meets quarterly with the TLP Providers, mostly individually. TLP placements are going well. The one area of concern would be exit planning. The OYTS would like for the Provider to have more concrete plans for youth before they leave.

The Southeast Region OYTS:

- Completed older youth trainings for the nine SE circuits.
- Visited all the Chafee and TLP providers in the Southeast Region to train and monitor programs being offered to the Older Youth.
- Completed two trainings with the contractors across the state.
- Hosted SE OY Summit – Youth, CSWs, Supervisors, FSMs, Director, Chafee, TLPs, Residential facilities, and community partners participated.
- Hosted SE OY Summer Picnic – Youth, CSWs, Supervisors, FSMs, Director, Chafee, TLPs, Residential facilities, and community partners participated.
- Attended Community Partnerships meeting across the SE Region including All Star Club presentation, SE Region Foster Parent Advisory Board provided older youth training, Fostering Futures CASA provided older youth training, Perry County Council of Agencies and presented Older Youth Programs, Active member of the Southeast Missouri Social Work Department Advisory Board, Fostering Court Improvement provided older youth training, and Bollinger County Caring Council and Ripley County Chamber of Commerce meeting.
- Provided Ready, Set, Fly! Training.
- Attended LYAB meetings and community events hosted by LYAB.
- Created community partnerships with the 32nd Circuit Juvenile office, CASA, FCI, SEMO College, Three Rivers College, Mineral Area College, Hope House, Central Missouri Foster Care and Adoption Association and Care Portal.
- Meet quarterly with SE Director, FSMs and Specialist to share information regarding the older youth programs.
- Attend FSTs and PPRTs across the SE Region.
- Started hosting older youth workers meetings in the SE Region with guest speakers.

The Southeast Region OYTS is working with the Chafee Contractors to ensure participation in the Local Youth Advisory Boards are available to youth in all areas of the Southeast. Youth are being offered the opportunity to participate in leadership by being supported to attend the LYAB and SYAB. The SE OYTS has attended the LYAB meetings. The OYTS is ensuring Circuits are helping to locate youth selected to complete the NYTD surveys. The SE OYTS monitors reports and contracts to ensure the contract is being fulfilled. The SE OYTS completes all trainings for CSWs and Supervisors in the SE Region to ensure the CSWs are referring youth and documenting services being provided to meet the federal requirements and to improve outcomes for older youth. The SE OYTS attends FSTs and PPRTs to ensure the IAP goals and FST guides are being discussed at the meetings with the youth and team.

The SE OYTS attended Community Partnerships meeting across the SE Region and works towards sharing information regarding the older youth programs. Through the community partnerships, more

youth are receiving campus tours and attending college, having more independent living skills trainings, and youth have more support from positive adults. The SE OYTS shares opportunities for the youth to present at community meetings and supports the youth having more leadership skills.

The time spent in the community has opened opportunities for the OY in the SE Region. CASA in Cape Girardeau started a Fostering Futures Program recently. The SE OYTS attends the Fostering Futures trainings and present at these trainings. Cape Girardeau Juvenile Office has started having life lesson classes. Central Missouri Foster Care and Adoption Association has offered services to youth in Columbia area. The OYTS shares the information about community partners providing life skills with the CSWs and Chafee Specialists and encourage them to enter the services on the CD95 to show the youth is receiving the independent living services needed to be successfully independent.

In the future, SEMO college is interested in starting a support group for OY attending college at SEMO. United Way is interested in collaborating. Caring Counsel would like to start a mentoring program. The OYTS in the SE region would like to have more time to work with Chafee and TLP contractors and to be more of an expert in the OY programs and contracted services in SFY18.

The Southwest Region OYTS is a member of:

- The Ozark Region Workforce Investment Board Youth Council.
- Build My Future Committee, a part of the City of Springfield and Home Builders Association. This committee is sponsoring a “Construction Career Day and Industry Showcase” to give youth an opportunity to have a day to work in the construction industry through a five hour interactive showcase. The youth activities will include educational displays, equipment operations and learning labs.
- The Homeless Youth Subcommittee of Community Partnership’s Christian, Greene, and Webster Counties Continuum of Care.
- The SW Region Leadership Meetings. In these meetings, there is opportunity to share about issues/concerns and progress with the older youth program.

The Southwest Region OYTS trainings in FY2017:

- Provided training for advocates for the Transitional Living Advocate Program.
- Provided refreshers on the core curriculum Older Youth training to five circuits throughout the Southwest Region.
- Provided support training to Foster Care Case Management partners.

The Southwest Region OYTS provided additional support services:

- The OYTS attends older youth Family Support Team meetings and residential reviews.
- The OYTS assists with the Missouri Customer Service Partnership Program/Project Excel/Career Launch in Greene County.
- The OYTS assists with FosterAdoptConnect, a community program to assist youth transitioned from care. There are many programs under their umbrella and the OYTS helps to identify youth in alternative care to refer to their “Community Connections Youth Project” which connects older youth to community based providers (healthcare, employment assistance, education, etc.) with the

goal of easing the transition to adulthood for alternative care youth who are aging out of the system.

Additional Efforts Provided by the SW OYTS:

- The SW OYTS began emailing case managers to remind them that their youth has been in care for over 120 days and needs to have a Chafee Referral completed and offers assistance in the process. Emails are sent to case managers if a Chafee referral has been closed due to a youth moving out of the current contractor region and about youth who has been selected for the NYTD survey reminding them that this needs to be completed within the time frame allotted. Even though case managers get worker alerts for these surveys via FACES, the OYTS is able to answer questions they may have in regard to the process. In addition, to bring the focus to the Chafee referral process and the need for these to be completed, circuit specialists have been instrumental in helping the case managers get these referrals completed.

The Northeast Region OYTS:

- To assist the circuits with entering information on the Older Youth Program tools in FACES, and making referrals for services, the OYTS sorts and updates the listing of eligible youth provided through State Office, and sends that to each of the 21 circuits in the region. As a means to improve the quality of the information provided for referrals, the Older Youth Program tools (Family Support Team Guide and the Individualized Action Plan) are reviewed in FACES by the OYTS at time of referral and detailed instructions are sent to case managers and supervisors for entering additional required information in the system. The Field Support Managers (FSM) have assigned Program Managers and Children's Service Specialists in their sub-region to assist the circuits with follow-up on these tasks. The FSMs are supportive of the OYP, and continually include OYP agenda items in the sub-regional meetings. The FSMs follow up with the Circuit Managers when listings are sent to the circuits, and also assist in setting deadlines for referrals and action to be taken within the circuits. The FSMs are also supportive of the OYP in assisting the OYTS to arrange meetings and trainings in the circuits to educate and review progress and barriers to progress. The Quality Improvement Specialists of the region review the OYP tools when meeting with the circuits and this is very helpful.
- Another OYTS was assigned to the Northern Region in October, 2016, so now the region is split into two sub-regions, and more time and effort can be expended in assisting the program efforts. Specifically, more attention is being given to assisting the case managers with completion and update of the OYP tools used in case planning with the youth.
- An Older Youth Summit was conducted in the NW Region in October, 2016. Youth, case managers, stakeholders from the community, and state office staff came together for a day of hearing about the national and Missouri landscape of youth in care, and briefly exploring some ideas of how the community can come together to support the youth. Education, job training, placement options were part of the conversation. Another OY Summit was held for the NE Region in April, 2017.
- One barrier to maintaining focus for referrals in the 11 circuits of the Northeast Region was the constant change of staff in the circuits. New staff was placing importance on other aspects of their job rather than focusing on the older youth tools. Granted, one of the difficulties for new workers is grasping the ways in which the older youth tools can assist in case planning and transitioning the youth. The case managers who utilize the Family Support Team Guides and Individual Action

Plans as required by policy (update every 6 months) find that their cases are easier to manage, and that the youth tend to accept more responsibility for their transitioning. One of the tasks for the OYTS this year is meeting with each circuit at least once to review the use of the older youth tools.

- The OYTS continues as a member of the Quarterly Residential Review Teams in the region. These teams are divided among the FSM sub-regions, are comprised of Case Manager, Supervisor, Circuit Manager, Youth with Elevated Needs Specialist, Residential Care Coordinator, OYTS, and FSM. The purpose is to review the progress/inhibitors of moving youth from residential settings into placements that may assist with transitioning out of care. The OYTS participated in reviews in these circuits: 10th, 11th, 12th, 13th, 14th.
- The Northern Region OYTS conducted Older Youth Program (OYP) trainings and refresher meetings in the following Circuits: 1st, 4th, 11th, 3rd, 9th, 43rd, along with staff from several contracted case management agencies, juvenile offices and transitional living programs.
- The Chafee services contract in the NW Region was awarded to a new contractor in November, 2015. It took a lot longer to get the services fully operational in the Northwest Region, due to the difficulty the contractor had with retaining staff dedicated to the Chafee program. It was only after some administrative reorganization, as well as finding the right persons to perform the job duties that services began to improve. The new contractor had merged with another agency, the focus of services being mental health rather than life skills training, and some of the staff initially assigned were wanting to focus on treatment issues rather than life skills opportunities. The Chafee contractor in the NE Region made a decision to cut back on the number of their staff, assigning a larger geographic territory to each of their staff. This was done because they stated they were not receiving as large an award from the new contract, and had to cut back on their costs. The OYTS met with several of the circuits and the contractor, and it was agreed that more Chafee staff was needed, so the contractor hired additional staff for service provision.
- When a new request for proposal for transitional living program services was issued during this past year, one of the current providers of those services did not submit a bid, thus reducing the number of placements available in the region. It was also disappointing that three agencies in the region that had stated an interest in providing transitional living services chose to not offer a bid. The OYTS had met with each agency prior to the request for proposal being issued, to encourage each agency to submit a bid, in order to increase placement opportunities for transitioning youth. One of the agencies said they would not submit a bid due to the costs of operating a program and the uncertain economy of the region.
- The contractor for the ETV services provided a presentation in July, 2016, part of which introduced a new program, the Credential Completion and Employment Financial Assistance Program (CCE). Many of the youth and workers feel this is a much needed program that fits a segment of youths' needs, although it is believed many youth in the region have not utilized it yet.

The Northwest Region OYTS partnerships in SFY17:

- Older Youth Summit for the 3rd, 9th and 43rd Circuits. Assisted with community vendors as well as invites to all school counselors in the 3 circuit area.
- Held quarterly meeting with the Chafee contractor to discuss contract compliance as well as other items that may have come up within the quarter.

The Northwest Region OYTS provided additional support services in SFY17:

- Conducted a quarterly meeting with circuit managers, supervisors and alternative care staff in all 11 circuits in the NW region during the 4th quarter. These were held to discuss data regarding older youth entries in FACES as well as to discuss any concerns and/or successes that the circuits have had.
- Helped the 6th and 7th circuit get all needed information up to date in FACES so that their older youth could be re-referred to LINC due to their split from the KC region.
- Provided assistance to both the NW and NE regions in entering all completed credit checks on the Adolescent FST guide completed by state office for LS youth ages 14-17.
- Determined ETV/MO Reach/MO Reach CCE eligibility for both NW and NE regions.
- Monitored NYTD survey completeness and assisted when necessary for both NW and NE regions.
- Attended or provided written documentation for Family Support Team Meetings to case managers in the NW region for youth over the age of 14.
- Assisted in getting access for new Chafee hires as well as set them up in FACES.
- Sorted and disseminated a spreadsheet monthly to all 11 circuits and contracted/specialized case management regarding youth and referral data along with areas needing attention highlighted.
- Provided training to a few new CD workers regarding what is needed for an older youth referral and how to complete all needed information in FACES.

The St. Louis Region OYTS is a member of:

- St. Louis Older Youth Resource Network (OYRN) – Chairperson/Facilitator. OYRN meets quarterly with OYTS, Deputy Juvenile Officers, Guardians Ad Litem, Court Appointed Special Advocates, Chafee providers, and Transitional Living Program providers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.
- SPOT-Coach Project. The Coach project is for youth ages 13 to 17 years old in foster care in the St Louis region. The SPOT provides a comprehensive medical home for these youth and provides safer sex intervention to help address the high rate of teen pregnancy for foster youth. In addition to these services, The SPOT offers medical, dental and psychiatric services
- Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community individuals who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. The task force has a yearly law forum which educates professional in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division.

The St. Louis Region OYTS provided additional support services:

- Assisted with the Missouri Customer Service Partnership Program/Project Excel through recruitment. The OYTS has helped recruit youth by sending email blasts for all cohorts

City/County wide. The OYTS promotes this program at different meetings attended. The OYTS shares the flyer often and continues to talk to the TLP providers about this program.

- Attends interagency self-evaluation and Performance Improvement Plan advisory meetings when requested.
- Attends frontline city meetings and Fostering Court Improvement city meetings when requested.

The St. Louis Region OYTS trainings and presentations in SFY17:

- Provided hands on training and support to each St. Louis Children's Division office, which includes 13 alternative care supervisory groups.
- Spoke to new employees during On-the-Job Training about the Older Youth Program.
- Presented information on the Older Youth Program to each office when requested.
- Presented to the City and County resource units which included contract liaisons, adoption/guardianship subsidy workers and resource licensing workers.
- Presented information to some FCCM partners such as Bringing Families Together, MBCH, Epworth and Youth in Need. Discussed the process and need for Chafee referrals.
- Attended monthly meetings in the City and County where Alternative Care supervisors and management are present to discuss importance of older youth referrals, NYTD, and other information pertaining to older youth.
- Presented Older Youth Program information on two occasions to foster parents during their Ready Set Fly training.
- Presented older youth information to St. Louis County Deputy Juvenile Officers.

Challenges and successes in the St. Louis Region:

- This past year the St. Louis OYTS has reviewed the list of new youth entering care each month. The idea behind this is to make contact with each worker and their supervisor right from the start to remind them of the Older Youth Program. The OYTS makes monthly contacts with the worker and supervisor until the youth has been referred for Chafee services. The St. Louis OYTS is also diligent in reviewing the LS1 listing each month which includes every youth over the age of 14 in foster care. A detailed highlighted list is provided to each supervisory group and/or FCCM partner. The OYTS informs them of youth that need to be referred and youth that are overdue. The St. Louis OYTS includes all levels of management to help support timely older youth referrals.
- The TDM process is unique to St. Louis and Jackson County. The OYTS has attended many Team Decision making meetings for older youth, specifically each one on youth aging out of care. The St. Louis regional policy includes holding a TDM on youth aging out one year before the youth will exit care and then again three months before the youth exits. In between these two TDM's, the case manager holds a Family Support Team meeting at 6 months and 9 months. During these meetings, the OYTS educates the team about the services offered to the youth after 21 such as Medicaid, the Aging Out Program through Epworth, and ETV/Missouri Reach. The team plans for youth that are exiting care early and discusses peer support, permanent contacts and the KIDS account. Team members leave the meetings with tasks to complete to ensure everything is in place as much as possible for the aging out youth.

New to the St. Louis Region during SFY17:

- A mentoring program was developed by an intern and supported by the St. Louis OYTS. This program allows for older youth males to be referred and matched by a qualified/trained mentor. This program is still new but there have been success stories already.
- The St. Louis OYTS will continue to work on timely older youth referrals and bringing up the percentages of youth served. The St. Louis OYTS will also be taking a closer look at the job duties that are not centered around Chafee/TL/ETV contracts and bring the focus back. This OYTS will spend more time evaluating the services provided by Chafee and TL contractors in SFY18.

Chafee and TL contracts:

In St. Louis the OYTS monitors one Chafee contract and during part of the year it was up to eight TL contracts. The agencies are evaluated at least on a quarterly basis however they are actually monitored on a daily basis. The St. Louis OYTS has daily contact with the Chafee provider and weekly contact with all TL providers. Some monitoring activities include file reviews, services entered on the CD-95, observing life skills classes, and attending service plan review meetings. The OYTS also physically sees the TLGH's and TLSS apartments on a regular basis. The St. Louis OYTS fields very little if any complaints regarding Chafee services provided by Epworth. If a concern is noted, then it is handled immediately by calling the Older Youth Services Assistant Director. All issues have been resolved but there were no issues in SFY17. However, there are complaints regarding some of the TL providers. Most of the time case managers do not think TL providers are doing enough. The OYTS handles this by putting concerns in writing and also asking for time limited solutions. The St. Louis OYTS has also asked for a few corrective action plans this past year for noncompliance on reporting on FACES. This has been resolved.

In SFY16, several topics regarding case management and normalcy issues were discussed anecdotally at the State Youth Advisory Board meetings, Older Youth Summits, and conversations with youth outside of the meetings regarding their experiences in foster care which were concerning. Prompted by this and federal legislation, *H.R. 4980 Subtitle B: Improving Opportunities for Children in Foster Care and Supporting Permanency*, the Children's Division formed a Youth Empowerment Task Force to envision and facilitate culture and practice changes in areas such as increasing youth voice and choice, normalcy, financial capacity, wellbeing, and healthy transitions. The task force met quarterly in SFY17 and will continue in SFY18. The task force provided input on the tips sheet that was developed. The task force has been focusing on education of the core topics and is now at the point in which the work is beginning. At the March 2017 meeting the task force acted as stakeholders for the financial capacity training curriculum and two additional workgroups were formed on this subject at the meeting. At the June 2017 meeting, the group will continue to explore training for foster parents and evaluation.

The Children's Division issued memos specific to older youth in late SFY16 and in SFY17:

- CD Memo 16-76 was issued regarding "Older Youth Advisor/Advocate Support identification and involvement in case planning." The Permanency Pact tool was introduced.
- CD Memo 16-71 was issued regarding "Reasonable and Prudent Parenting and Normalcy"
- CD Memo 16-66 was issued regarding "What's It All About? A Guidebook for Youth in Out-of-Home Care" revisions.

- CD Memo 16-61 was issued introducing the “Older Youth Exit Packet and Personal Documentation Checklist.”
- CD Memo 16-60 introduced the “Missouri Reach Credential Completion and Employment Financial Assistance Program.”
- CD Memo 16-47 introduced “ FACES Enhancements for Older Youth Program and NYTD”
- In SFY17/SFY18, a memorandum will be issued on the Transitional Living Contract awarded in April 2017 and on Child Support information and education for older youth.

The ILC will continue to give program presentations and trainings as needed in SFY18.

The intranet has a thumbnail to spotlight additional information and best practices for staff and several were specific to Older Youth in SFY17:

- A feature promoting the bi-annual youth conference
- OY Program Referrals Tips and Tidbits

The Children’s Division intranet and internet have been updated in SFY17 with resource information specific to older youth and this will continue in SFY18. The intranet page received a complete redesign to be more visual and organized. CD also utilizes Facebook as a means to share information specific to the Older Youth Program and on average makes one post every two weeks. This will continue in SFY18.

The Chafee contract is in effect until October 31, 2018 with two annual renewals. There are five agencies across the state providing Chafee services.

The TLP contract was awarded April 2017. There are 11 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services.

The ETV and Missouri Reach contract expires June 2018 with three annual renewals.

For SFY18, CD will continue contracting Chafee, TLP, and ETV and Missouri Reach services and continue development of community resources to support these contracted services. The Children’s Division continues to monitor and provide support to providers of the ETV, Chafee and TLP contracts, as well as continue to educate staff and stakeholders about providers and the services they offer. The Children’s Division will continue reporting services and outcomes on older youth. Meetings for providers will be held as needed in SFY18.

Education And Training Vouchers

For review of the Missouri State Education and Training Voucher Program and Reach Program Annual Report for Academic Year 2015-1016, please refer to Attachment B.

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

With the passage of the Stable and Safe Families Act, Missouri offers the Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post-secondary

educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their HiSET, or have a HiSET certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment, or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continued assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has different types of post-secondary institutions which provide education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

Missouri continues to reinforce the ETV program to serve eligible youth. The CD has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care 2 Success to provide these services. Missouri has utilized all of its ETV funds for the past ten years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website.

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

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

The application and all record keeping are online and available to appropriate state staff for oversight purposes. The website allows CD to monitor the youth's application and paperwork at each step of the

process. Foster Care 2 Success looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs.

Current requirements for eligible youth to receive assistance are:

- Youth must demonstrate academic success or motivation in school (generally a “C” average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

Youth are required to provide financial need information through the on-line application process. Foster Care 2 Success reviews each student’s online budget to help determine unmet need while helping them understand how financial aid works and the necessity for budgeting and money management. All first year students are required to participate in an individualized budget session prior to receiving ETV funding in the fall and spring semester. Budgeting and financial planning is done with upperclassmen each semester that recognizes their individual strengths, developing independence and increasing financial responsibilities. The on-line eligibility approval tool includes a field to be used for youth in care to show stipend/housing information and amounts as well as agency service information. Along with the Cost of Attendance and other financial aid information FC2S receives as part of each student’s application, the agency/stipend/housing information forms a more complete picture of the youth’s financial status and needs. This enables Foster Care 2 Success (FC2S) to administer ETV dollars with a more complete view of the student’s financial situation, and help students understand and budget their resources wisely and feel more secure financially so that they can focus on their studies and plan ahead. The application process and a database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or \$5,000 per year.

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

Missouri will continue to monitor any fluctuation in our funded youth numbers. If there is a significant change, CD will evaluate with service providers.

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

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher

Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program for SFY17 in the amount of \$188,000. Implementation of the program fully began in fall of 2011.

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

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

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

In order to apply, youth must go to <http://www.fc2sprograms.org/> and complete the online application. Youth apply for ETV and Missouri Reach in one place to streamline the process for youth and ensure no eligible youth are overlooked. Older Youth Transition Specialists verify eligibility once application is made.

The Missouri Department of Higher Education (MDHE) approves applications based on the priority criteria. Youth eligible and accepted are notified as funding is available on behalf of MDHE.

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

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

- Volunteering with a non-profit community service organization
- Community service club activities (not meetings)
- Campus coordinated community service projects include unpaid practicum and internships as well as philanthropic activities conducted by student service organizations
- Institutional and community sustainability projects
- Volunteering at a hospital, convalescent home, or group home for youth in foster care
- Unpaid peer mentoring or tutoring programs, both on- and off-campus
- Weekend campus clean-up, beautification activities
- Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.)
- Volunteering for Habitat for Humanity, locally or abroad
- Unpaid internships with local, state or federal agencies

The following are not considered appropriate for community service:

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

- Service performed for a profit-making organization
- Service accomplished without obtaining prior approval
- Activities usually considered normal extracurricular (or co-curricular) activities,
- Service performed by a student for a family member or in instances where the family member supervises the service
- Service related to a class, credit for a class or the making of profit, defraying costs of trips, etc.
- Pay is received for the service rendered

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

In SFY17, 20 youth were funded and the total amount awarded was \$183,183. Of the students funded, 35% (7) were first-time funded and 65% (13) were returning students.

SFY18 final information is not available at this time. Twenty-seven youth were funded for the fall semester with twelve students being new participants.

Missouri has utilized the funding since the inception of the program and will continue to do so. It is anticipated that the number of students funded will remain relatively the same.

In SFY17, additional funding was provided as a line item in the budget to assist youth in obtaining postsecondary education beyond the high school level. With the additional funding of \$450,000, the Missouri Reach Credential Completion and Employment Financial Assistance Program (CCE) was developed and implemented. The Missouri ETV/Missouri Reach contract with Foster Care 2 Success (FC2S) was amended in January 2017 and the program is administered by Foster Care 2 Success (FC2S), the ETV and Missouri Reach manager, as an extension of Missouri Reach. All three programs use the same application website, making the process streamlined for youth who are applying and ensuring eligibility for all three programs and the right fit is explored. The new program was designed in coordination with the expertise of FC2S. Based on national statistics of time it takes for foster care youth to earn a degree or certificate after first enrolling and through monitoring of enrollment and completion of degree obtainment for Missouri ETV recipients through the National Student Clearinghouse; in Missouri, 16-20% of youth who receive funding from the ETV Program or MO Reach Tuition Waiver will earn a degree.

With the CCE, Missouri is committing to helping all youth earn a credential by age 26 to increase the number of completers who experienced foster care. Based on brain development and the unique social-emotional challenges associated with exposure to trauma, it was thought that a new approach would benefit former foster youth transition into adulthood.

The new program compliments but does not duplicate existing education and training funding and assistance. The funding fills the gap between the more traditional funding that is available for youth enrolling in higher education after high school and the reality that many young people are not on that linear path and do not earn a credential within the current framework of thinking that college is the only path for youth after high school to obtain employment.

The CCE is a program to help youth successfully pursue an education or training pathway that leads to a recognized credential and entry into the workforce. In addition to ETV, there are now two components to MO Reach which are distinct but complementary:

- 1) The Reach Tuition Waiver, which is a full tuition waiver program available since 2011-12, and
- 2) Credential Completion and Employment (CCE), launched in fall 2016, which is a short-term, targeted assistance program to help youth earn a recognized certificate and/or specialized training that leads to employment.

Missouri Reach CCE Requirements:

- Eligible youth are currently in care, exited care after age 17.5, or obtained legal guardianship or adoption after age 14.
- Youth ages 19 – 25 are eligible (the credential must be earned by 26th birthday).
- Program participation is limited to 12 months – including pre- and post-training time - of comprehensive support and funding that leads to credential completion.
- The credential must be earned in less than 9 months.
- The maximum award amount is \$8,000 over a 12-month period.
- CCE participants **are not simultaneously** receiving:
 - postsecondary funding from ETV or Missouri Reach Tuition Waiver, or
 - other (specific) public education and training funding (i.e. workforce stipend).Exceptions may be approved by the Older Youth Program Development Specialist or Older Youth Transition Specialist in cases of documented need or extenuating circumstances.
- Participants may be in a no-cost Workforce Program but need living assistance – 3rd party rent payments, gas cards, etc. (less than 25% of funding will be given to program participants.)
- If a youth needs 15 credits or less to earn a Bachelors or Associates degree and has expended all federal and state higher education funding (such as PELL & ETV) MO CCE funds may be used to pay tuition, fees and buy books.
- Participants must complete a skills and abilities aptitude test, phone-meet weekly with their FC2S navigator and build an online success profile (record personal and training goals and accomplishments).
- All applicants are screened to determine if they are in default of federal student loans and coached to enter into a loan repayment plan. This is a program requirement for participants.

Information on the CCE was shared with staff via memorandum. Information was put on the Children’s Division website and the Older Youth Program’s Facebook page. Policy was revised to include information on the CCE as part of the exit packet information and “What’s It All About – A Guidebook for Youth in Care” was revised to include information on the program. Foster Care 2 Success developed a postcard for distribution and included information on their website. In addition, in July 2016, Foster Care 2 Success and the ILC worked together to provide three educational sessions throughout the state (Kansas City, Jefferson City, and St. Louis) entitled “Marketing Success in the Instagram Era: Selling Education and Training as THE App for Success.” The purpose of the training was to discuss helping youth find an education or training pathway that is right for them, right now.

The sessions were utilized to introduce and market the CCE program. Participants received 3.5 hours of training credit. Regional experts from community colleges and workforce development programs, as well as Foster Care 2 Success staff, discussed how to leverage services provided and address issues and challenges that prevent young people from being successful. An online registration form was sent out ahead of the sessions so participants could provide input on information to be covered and this was incorporated in the sessions. The following was covered:

- The multitude of education and training opportunities available to youth in Missouri
 - Stacked credentials, changes in workforce training, articulation agreements
 - Predicting the future – which fields are growing and which are losing jobs?
 - Remember – encouraging and advising youth requires you to keep learning, too.
- Helping youth set achievable education and training goals – why we have to have honest conversations with the 18-year-old reading at the 6th grade level, the young parent with two toddlers, and the youth who hated high school.
- Is the message, “Everyone has to go to college,” sabotaging too many bright young people? Let’s change the message so it speaks to the many strengths, interests and unique circumstances youth have, and builds on the extensive education and training opportunities available in Missouri.
- How your community college can be a strategic partner with your agency and DSS office – mapping resources and opportunities to meet the education and training needs of all youth.
- Guide youth to set achievable education and training goals
- Help foster youth define a future when their wounds from the past have not healed
- Motivate them to succeed, one step at a time

Approximately 30-40 participants attended each session.

As with many new programs, the CCE is off to a slow start. Foster Care 2 Success has been working diligently to reach out to youth for participation and provided information on efforts from July – December 2016:

Moving from inquiry to enrollment, for the majority of applicants, it’s taking significantly longer than anticipated to help youth identify appropriate training programs and assess specific needs. Applicants are requiring upwards of 10 contacts just focusing on different career options and identifying appropriate training programs in the youth’s area. In addition to juggling work and family obligations, youth struggle with prioritizing, time management and communication – the youth’s phone gets stolen, a death of someone close to the youth, car breaks down, or youth finds out that she pregnant, etc. All of this and more, prevents them from moving forward in a linear way, instead it’s a start and stop and start again process.

As of December 31, 2016:

- 529 calls made to a list of previously ETV funded, non-completers – this initial outreach identified 40 prospective applicants who indicated interest,
- 39 other inquiries from online form,
- 291 emails and more than 350 phone calls in October and November,
- Outreach to all attendees from July 2016 MO training sessions - mailed postcards, posters and program information and followed up with emails,

- Outreach to foster and adoptive parent associations with program information – Central Missouri Foster and Adoptive Parent Association, Foster Adopt Connect and Foster and Adoptive Care Coalition,
- As of December, 31 youth are engaged and this required frequent communication and intensive guidance – more than 118 phone conversations and 100 emails to bring them to the point of enrollment
 - Enrollment:
 - 2 students have enrolled in programs
 - 9 are set to start programs in January,
 - 20 will likely enroll in February/March timeframe,
 - 14 expressed strong interest in enrolling in a program

The number one challenge in enrolling youth in CCE:

- Balances owed to community colleges. There are several applicants who are unable to enroll in their identified programs because the youth owes money to the college previously attended - outstanding balances range from \$700 to \$3000. Applicants have been advised to work out payment plans with the schools but are reporting that the schools are requiring payment in full before enrollment in training programs.
- Unpaid balances are a result of a student dropping classes or dropping out after receiving the Pell grant but before the end of the semester – youth must pay back 50 percent of a percentage of aid not used for classes (based on when during the semester the student drops out.) The youth owes the college because it had to pay back the Department of Education for the aid not used for classes.

Issues and Barriers:

- **Transportation and Limited Program Sites:** In the more rural or smaller suburban areas there is little to no public transportation and the only community college or training site may not be accessible. Fifteen of 43 applicants do not have a car and will be dependent on public transportation; others share a car which is not reliable. Foster Care 2 Success is working with youth to identify local options that make sense for those without reliable transportation, (shorter term certificates, WIOA funded programs - so more CCE money can be leveraged for transportation) but these conversations require the youth to consider training and career opportunities in their geographic area and understand the logistics associated with enrolling, attending and completing a program.
- **Unplanned pregnancy:** Three female applicants have withdrawn applications because of unplanned pregnancies. The youth have indicated interest in training after the baby is born.
- **Scheduling conflicts:** A number of potential applicants are employed fulltime and do not want to leave jobs to enroll in training. Although the youth are being offered (limited) financial assistance from CCE for rent etc., the youth are reluctant to pursue training now because they have some level of financial security. Depending on where the youth live, there are a few programs that offer evening and weekend training but this remains an ongoing challenge.

Confirming Assumptions:

- Lack of awareness about federal student loan debt. CCE enrollment requires that applicants complete a Student Aid Report (SAR) to determine student loan balances and whether or not they are in default. Youth who have requested their SAR have learned that there is outstanding loans ranging from \$5800 to \$12,300 and are in default. This information has upset youth who believed that it was all ‘financial aid.’

Conversations have been held with Foster Care 2 Success about providing training to Missouri staff on how to assist youth in understanding this information on Pell grants and loan defaults which is not unique to youth in foster care.

In addition to financial assistance, FC2S has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care 2 Success. Although Foster Care 2 Success is not headquartered in Missouri and the work with students is completed through technology, the employees have established good working relationships with staff and youth.

Foster Care 2 Success was awarded the contract on April 1, 2015. The contract is for one year with two annual renewals and will expire June 30, 2018. With the rebid of the contract, CD aligned the contract timeline to coincide with the state fiscal year. This allows applications to be accepted throughout the year, including summer school. It was previously on the federal fiscal year. Prior to this change, it was difficult, but not prohibitive because the funding for the contract started and ended in the middle of school terms. By incorporating ETV and Missouri Reach programs within the same contract, there is a more efficient means of coordination, use of funds, and accessibility to youth and staff. Changes in the contract were minimal but included services being offered by the current provider in the same web based structure but allowing historical data views for each student. This was determined to be very difficult with the contracted provider’s data system however; FC2S was able to provide a spreadsheet in which the Older Youth Transition Specialists have to refer to for historical purposes. Requirements were also put in place for the provider to access FACES and report educational services for National Youth in Transition Database. Foster Care 2 Success training and access to FACES was completed in September 2015 however data has been reported for the time period since July 2015.

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet and a description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information regarding FAFSA and other educational resources is on the website as well as PowerPoint presentations on ETV/Missouri Reach. Information regarding ETV is also in the Child Welfare Manual. The brochures are included in the exit packet information. The Independent Living Coordinator also shares information on Facebook on “Missouri’s Older Youth Program.” The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency’s website. FAFSA has the Independent Living Coordinator’s contact information available to individuals who apply and the ILC responds to these inquiries. Most of these inquiries are not eligible but it is an added measure of outreach and assurance. The ILC receives an average of two inquires a week.

In November 2016, Foster Care 2 Success hosted a webinar (six sessions) for Missouri Public Colleges and Universities regarding a system developed to make the process for school reporting on financial aid for ETV and MO Reach students easier. The process allows for reporting online versus faxing paperwork, as soon as the student applies. The sessions were 45 minutes each and included information on Missouri Reach and ETV, partnering with Foster Care 2 Success, and accessing and using the Foster Care 2 Success portal. The student's digital signature meets the FERPA requirement that the student authorizes the school to release data to FC2S and then the financial aid office is able to print a PDF of the digital signature for school records. The financial aid office is able to download a single report for the semester, listing all students and award amounts for both programs. Sixty-eight users were trained. The Missouri Department of Higher Education helped to disseminate the training notification.

In SFY17, the Urban Institute contacted Missouri to participate in a research study with Foster Care 2 Success on the Educational Training Voucher program. Through administrative data from a select group of states, the intent of the study is to better understand (1) the characteristics of youth who receive ETVs, (2) how those youth use the vouchers, (3) the educational outcomes of those youth, and (4) how state-level policies, practices, and the characteristics of participating postsecondary institutions are associated with ETV utilization and education outcomes. This study will continue through SFY18.

Children's Division plans to continue the program structure in place as funding is utilized and CD is able to meet the needs of youth with the additional funding of Missouri Reach.

Foster Care 2 Success discontinued the Aim Higher program which was a peer-to-peer mentoring program that seeks to improve college readiness for foster youth who are still in high school by tapping the experiences and unique perspectives of successful Foster Care 2 Success Scholars. The program was designed to help foster youth gain a better understanding of the differences between high school and college and to develop the academic and life skills they need to graduate and several Missouri youth participated but this was not a program in SFY17.

The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program. Missouri will continue to use different formats such as focus groups, webinars, and summits to share information and train staff on educational resources and improving outcomes for older youth.

For FFY18, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts regarding the program.

In SFY18, CD plans to have a stakeholders' meeting and begin contract revisions for the ETV and Missouri Reach contract.

In SFY18, CD plans to continue the program structure in place as we are able to utilize our funding and are able to meet the needs of our youth with the additional funding of Missouri Reach.

As part of the contract, Foster Care 2 Success provides an annual report. Please see *Attachment Missouri ETV and Reach 2015-2016 YE Report* for additional information on services provided and demographics of youth served through the ETV and Missouri Reach programs.

STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

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

Sources of Data on Child Maltreatment Deaths

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children's Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are accepted for investigation, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The FACES system captures all fatality reports and screened out referrals. Missouri additionally determines substantiated findings when a death is due to neglect (in addition to abuse) as defined in statute unlike many other states. The FACES system does not obtain a "reporter" description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional status of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels. While there is not currently an interface between the state's FACES system and the state's Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the State Technical Assistance Team (STAT), who tracks all deaths and oversees the state's child fatality review panels, DSS has a collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT has the capacity to make additional reports of deaths to the hotline to ensure all deaths not otherwise reported are captured in FACES. The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the "Preponderance of Evidence" evidentiary standard of proof.

It is noteworthy to mention that since Missouri captures 100% of child abuse and neglect reports and referrals based on the hotline (CPS) agency being the central recipient for fatality reporting combined with the statute which requires coroners and medical examiners to report all fatalities, Missouri could appear worse; i.e., a higher number of fatalities, when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities. Missouri is able to thoroughly report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

In Missouri, agencies have a "check and balance" with each other to ensure no child is overlooked in reporting of child deaths. Monthly, the DHSS Bureau of Vital Records reports child deaths to STAT. Additionally, CD keeps an internal log, maintained by Central Office, and performs an as needed comparison with STAT.

Education and Training Vouchers

In 2014-2015, there were 291 youth funded from ETV. Of those 291, 158 (54%) were first time funded.

In 2015-2016, there were 272 youth funded from ETV. Of those 272, 144 (53%) were first time funded.

Final information for 2016-2017 is not available at this time. As of February 22, 2017 Missouri's totals based on the information available at Foster Care to Success's web portal are:

| Total Applications | Apps In Progress | Total Funded Students | Total Funding | Unable to Fund |
|--------------------|------------------|-----------------------|---------------|----------------|
| 435 | 15 | 252 | \$ 926,288.00 | 168 |

Unable to Fund

These are students who:

- Are ineligible according to state eligibility criteria (for example they were not in care or adopted before age 16), or
- Do not submit the required paperwork within five weeks of applying.

In most cases, "unable to fund" are those who do not enroll in school or who have adequate funding from other sources and choose not to participate in ETV.

Missouri will continue to monitor fluctuation in funded youth numbers. If there is a significant change, CD will evaluate with service providers. There is a small difference in the numbers but it is not considered significant and can be attributed in part due to Missouri Reach Tuition Waiver program and Missouri Reach Credential Completion and Employment Financial Assistance Program, now providing funding for youth that would have previously accessed ETV.

Inter-Country Adoptions

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post- adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. For calendar year 2016, the Missouri Child Placing agencies reported no international adoption dissolutions or disruptions that resulted in children adopted internationally entering state custody.

The Children's Division collects information regarding children who are adopted internationally and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. Records indicate there were four (4) children who were adopted from other countries who entered state custody during FY16 due to a disruption of placement or adoption. Information regarding these four children is as follows:

One female child was adopted from Russia but the child placing agency is unknown. The plan for this sixteen year old youth is guardianship. Her adoption disruption occurred due to physical abuse by her parent.

Another female child was adopted from Romania when she was 10 months old but the child placing agency is unknown. The plan for this sixteen year old youth is reunification which has already occurred. The youth has mental health concerns including Reactive Attachment Disorder. She was initially removed from her adoptive home due to allegations of abuse.

A third female child was adopted from Korea at the age of three. The child placing agency was not a Missouri agency, but was Dillion International in Tulsa, Oklahoma. The permanency plan for this child is adoption. Her adoption disrupted due to the severity of her behaviors and her adoptive parents placed her in the Children’s Division custody for the purpose of treatment. However, at this time, her adoptive parents have disengaged from the reunification process and do not want her returned to their home.

The fourth child is a male child adopted from a Russian orphanage. Love Basket, a former Missouri Child Placing agency was involved in this international adoption. This ten year old child has mental health concerns including Reactive Attachment Disorder. He came into the Children’s Division custody as he was out of parental control. His case plan is reunification with his adoptive parents.

FINANCIAL INFORMATION

FINANCIAL INFORMATION

Please see the following attachment:

FY18 Financial Information
Attachment C—Missouri FY18 CFS-101s

UPDATES TO TARGETED PLANS

UPDATES TO TARGETED PLANS

As specified in ACYF-CB-PI-17-05, the following plans are being submitted as discreet sections:

Foster and Adoptive Parent Diligent Recruitment Plan

The Diligent Recruitment Plan is a standalone attachment to this document. Please refer to Attachment D for more information.

Health Care Oversight and Coordination Plan

Missouri Children’s Division has worked earnestly with other state agencies and stakeholders to support the implementation of the Health Care Oversight and Coordination Plan developed in partnership with the Health Care Coordination Committee (HCCC). The HCCC is a multidisciplinary team comprised of Children’s Division, the MO HealthNet Division (state Medicaid agency), the Department of Mental Health, the Department of Health and Senior Services, as well as other state agencies, pediatric and health

care experts, and stakeholders. The HCCC meets quarterly to review the plan's goals and progress and to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care.

The committee was eager to achieve short- and long-term successes following the plan development but wanted to hone in on collective priorities:

- 1) All children entering state custody will have a comprehensive evaluation within 30 days to direct the development of a health care plan for the child. Though required by policy, baseline data extracted from FACES exposed low compliance in either getting children an EPSDT assessment within 30 days of entering out-of-home care, or getting this data entered into FACES timely. Missing or incorrect FACES data entries were presumed to account for a significant percentage of the low compliance results. The committee is provided comprehensive assessment compliance data at each quarterly meeting and strategies for improvement are discussed. The first improvement plan entailed collecting timely comprehensive assessment data quarterly for dissemination to Regional Directors and contracted foster care case management providers with the expectation deliberate plans for improvement would be developed and compliance monitored. Marginal gains were made prompting a change in strategy. Current efforts for improvement involve more frequent data pushes and a preemptive approach. Specifically, data files now are run monthly and sent to the circuit manager who has more direct oversight of the staff responsible for case management and data entry. Furthermore, the data files include and highlight children who entered out-of-home placement within the previous month to alert staff that if a comprehensive assessment has not already been scheduled, or entered into the system if it has been completed, then it needs to be done. Data shows noted progress since implementing this improvement strategy. Although encouraging, to better understand what and where more support is needed, circuits are being asked to provide the reason the child is missing a comprehensive assessment in FACES.
- 2) Develop a measurement system specific to health outcomes for kids in care. The HCCC wants the ability to measure key health metrics for children in out-of-home care to ensure children are getting necessary and appropriate health care. Developing an interface between Children's Division and MO HealthNet systems to track and measure health outcomes for children in care remains a goal. To effect more immediate change, MO HealthNet accepted from the Health Care Oversight and Coordination Committee recommendations of key metrics to be included in the new managed care contract released for bid in 2016. The statewide expansion of Managed Care began May 1, 2017 affording all foster children the same coverage, services, care coordination, and measurable health outcomes. Generating and providing various points of data specific to foster children is a performance requirement of the contract. Children's Division is in the early stages of using the *ProAct Advantage* tool through Care Management Technologies. Based on Medicaid claims data, *ProAct* provides a myriad of data by population or individual, including best practice "red flags," gaps in care for chronic diseases, and integrated health profiles. The end user access to *ProAct* has recently expanded to include quality assurance specialists across the state to allow regions or circuits to tailor and prioritize key metrics to monitor and measure.

- 3) *Children in care will have access/increased access to quality behavioral health care.* Children involved in the child welfare system have unique needs and, when indicated, should be referred to the right behavioral health care provider, not the most readily available. Several members of the HCCC formed a subcommittee to examine children's access to quality and meaningful behavioral health care.

The subcommittee's work has focused on reevaluating the residential care referral and screening process, improving discharge planning, and creating outcome measures to be included in the next contract rewrite and bid proposal. Changes have been made to the residential referral process, including the adoption of the 2014 revised CSPI. The revised CSPI requires the rater reflect on information and events occurring in the past 30 days so information used for the youth's placement and treatment planning is based on current and relevant information.

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

Improving behavioral health care for youth in residential treatment reaches beyond the referral, screening, and discharge processes and requires close examination of what is being delivered during the youth's placement. The subcommittee's initial endeavor has been the identification of outcome measures to be included in the next contract bid, including: seclusion, critical events, hospitalizations, emergency discharges, physical restraints by child, chemical restraints by child, and readmissions to another residential facility or that same facility after placed in a less restrictive placement. Much effort has been expended defining the outcomes to ensure all residential providers are measuring the same thing in the same way. Retrieving baseline data and determining how these outcomes will be tracked, documented, and measured is the subcommittee's current objective.

Appropriate Use and Monitoring of Psychotropic Medications

Missouri has long recognized the high psychotropic medication utilization rates for children in out-of-home care. A second opinion process was attempted in 2013 by which Department of Mental Health Chief Medical Officer, and board-certified child and adolescent psychiatrist, Dr. Laine Young-Walker, conducted a review of ten cases meeting specified criteria. Obtaining complete records from prescribers and health care providers was a difficult task and the review did not render sufficient or meaningful data.

A second set of reviews was initiated in February and May 2016 with a more formal and coordinated approach by the Children's Division Director, the MO HealthNet Director, the Department of Mental Health (DMH) Children's Services Director, and Dr. Laine Young-Walker. Twenty-five (25) children/youth in Children's Division legal custody prescribed five (5) or more psychotropic, or two (2) or more antipsychotic, medications were pulled for the review. MO HealthNet obtained medical records, Children's Division collected social history and current case information, and all were provided to Dr.

Young-Walker to complete a clinical review. MO HealthNet, as recommended by the Health Care Coordination Committee, agreed to apply financial leverage to providers non-compliant with requests for records.

The case reviews were far more productive this cycle than last. Dr. Young-Walker noted the most common trend found was youth not getting the required labs for medications prescribed. If the prescription was not a clinical match for the youth's diagnosis, and the medical records did not support the prescription, Dr. Young-Walker provided feedback and recommendations. If alternate therapeutic interventions were suggested, Children's Division communicated those back to the youth's case manager. No additional reviews are planned at this point.

By the time the 2016 review began, the Children's Division, MO HealthNet, and Department of Mental Health had worked together to create a hard stop edit in the MO HealthNet pharmacy system. This Atypical Antipsychotic Clinical Edit required a review of all new and non-compliant requests for an atypical antipsychotic for all enrolled children under the age of five (5) before the prescription could be filled. Dr. Young-Walker reviews the request to ensure appropriate diagnosis, metabolic monitoring, and co-occurring, evidence-based behavioral interventions are implemented. In late 2015, this edit was increased to any child under age nine (9) and is targeted to be increased again soon to any child under age thirteen (13). The edit also triggers a clinical review when a child is already on an antipsychotic, is non-compliant, but attempting to refill a prescription. MO HealthNet has also removed Oppositional Defiant Disorder as a qualifying diagnosis for children under the age of nine years.

The MO HealthNet system edits seem to have contributed to a decrease in the number of requests from prescribers for an antipsychotic for a child under age nine. The requests Dr. Young-Walker is receiving are being approved at a higher rate, indicating prescribers have changed prescribing practices.

Children's Division is collaborating with Dr. Laine Young-Walker to provide staff training on the appropriate use of psychotropic medications for children and youth. The goal of the three-part series webinar training is to provide practical information on common classes of medications and best practice guidelines, including tips on monitoring psychotropic medications with youth and caregivers. Staff will learn how to prepare for an appointment and what questions to ask the provider when giving informed consent. The first training was held on June 8. Additional trainings are scheduled for September 28 and November 13.

Children's Division, with the goal of becoming a trauma-informed organization, is training all resource parents on the National Child Traumatic Stress Network's Resource Parent Curriculum *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. Resource parents may have become too accustomed to seeking pharmacological interventions to address behaviors. The eight-week workshop prepares resource parents to understand how trauma affects children so resource parents, in turn, are more skilled and effective. Although the goal is to train all current and newly licensed resource parents on the RPC curriculum, there are an insufficient number of facilitators statewide to project a timeline for completion. Until there is statewide facilitator capacity, the training will not be required. In the meantime, to build enthusiasm around the program, the Children's Division is currently motivating resource parents' voluntary participation through active promotion and peer endorsement.

Training all resource parents will take time. More immediately, Children's Division is interested in identifying how many children are being prescribed psychotropic medications as what may be the first line of therapeutic intervention. The Division is gathering data on the number of children who receive a first-time prescription for a psychotropic medication within the first sixty (60) days of initial entry into out-of-home care. Once the data is available, case reviews will be completed to assess the appropriateness of the intervention and if the child should have been referred to alternate therapeutic interventions instead.

Children's Division is in the early stages of using the *ProAct Advantage* tool through Care Management Technologies. Based on Medicaid claims data, *ProAct* provides a myriad of data by population or individual, including best practice "red flags," gaps in care for chronic diseases, and integrated health profiles. The end user access to *ProAct* has recently expanded to include quality assurance specialists across the state to allow regions or circuits to tailor and prioritize key metrics to monitor and measure. The Division receives a quarterly report of children/youth prescribed five or more psychotropic medications. This report is also provided to Dr. Young-Walker and the rest of the psychotropic medications workgroup for oversight and strategic planning.

Trauma-Informed Care

Children's Division recognizes exposure to trauma can impact children's physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus.

Children's Division selected the National Child Traumatic Stress Network Child (NCTSN) Welfare Trauma Toolkit training to establish this shared foundation. Staff training began in January 2015 and all staff were trained by the end of June 2016. The Toolkit training course is now offered across all regions of the state on a quarterly basis to accommodate newly hired staff. Class openings are offered to stakeholders, such as guardians ad litem, juvenile officers, school personnel, law enforcement, etc.

Increasing staff's awareness of the trauma children and families involved in the child welfare system often present naturally propelled Missouri's focus to the secondary traumatic stress experienced as well by Children's Division staff, especially frontline practitioners and supervisors. All staff are required to completed training on an adapted version of the *Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff* curriculum from the ACS-NYU Children's Trauma Institute, concentrating on self-care. Supervisory staff are required to have a next-level training focused on promoting resiliency and creating a trauma-responsive work environment.

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

specialists will also assist circuits in developing local trauma committees, providing clinical support as needed.

Equipping resource parents with the knowledge and skills to care for children who have experienced trauma is congruent with the Division's practice model that is supported by a foundation of trauma-informed care. Increasing resource parents' understanding of the impact and manifestations of a child's trauma history, and to recognize behaviors as symptoms of those traumatic experiences supports the child's safety, permanency, and well-being. All current and prospective resource parents will be trained on the NCTSN Resource Parent Curriculum, *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. Five cohorts of curriculum facilitators and co-facilitators have been trained and a small percentage of resource parents have completed the workshop. The workshop has been well-received and the Division continues facilitator recruitment efforts to ensure accessibility to resource parents across all regions of the state.

Disaster Plan

When disaster or emergency events occur in Missouri, such as tornadoes, damaging winds, flooding and power outages, and local assistance such as shelters and feeding operations or Multi Agency Resource Centers (MARC)s need to be opened, Department of Social Services (DSS) Central Office Emergency Management staff report to the Missouri State Emergency Management Agency (SEMA) State Emergency Operations Center (SEOC). At the SEOC, they staff the Emergency Support Function (ESF) 6 desk along with SEMA Emergency Human Services staff and American Red Cross volunteers. If the scope of the event does not require SEOC activation, Central Office staff responds to the event remotely. DSS staff working in a response role, whether at the SEOC or remotely, provides information to Children's Division staff regarding mass care activities, such as daily shelter reports and other situational information throughout the event. This allows Children's Division staff to be aware of the area(s) of the state affected and the seriousness of the event.

Children's Division staff follow pre-established disaster response procedures, pursuant to the Division's Emergency Plans, to begin assessing the well-being and potential needs of children, families, and resource providers. Activities may include making contact with all resource providers caring for children in Children's Division custody to assess needs and provide assistance as needed. Children's Division Early Childhood and Prevention Services, along with the Department of Health and Senior Services, may make contact with Licensed and Registered Providers in affected areas to assess disruptions in child care services and provide assistance as needed. This reach out to resource providers is the expectation of field staff in all disaster and emergency events regardless of scope.

Resource providers and residential care facilities that serve children under state care or supervision are required to have an emergency plan. Resource providers' plans are to address various disasters and include a plan for what will happen if disaster strikes when the resource provider is away from the child. The plan is to display contact telephone numbers, including a number for local and regional Children's Division staff, and a toll free number to contact Children's Division administration if other communication channels are not available. The family disaster plan is to be reviewed with foster youth in the home every six months, which is documented in the resource provider's record.

The Children's Division has a statewide Emergency Operations Plan (*See Attachment E - CD Emergency Operations Plan, Attachment F - CAN Emergency Plan, and Attachment G - Out of Home Care Emergency Plan.*) The Children's Division Emergency Operations Plan includes direction and considerations in the accounting for, and responding to the needs of, children under state care or supervision. In addition, plans to continue essential agency functions, such as responding to new reports of child abuse or neglect and providing services, are incorporated into the statewide plan. During Calendar Year 2016, there were no disasters that required implementation of the Children's Division's Emergency Operations Plan. There are no known required changes or additions to the plan.

The Children's Division Emergency Operations Plan recognizes that following a disaster, it is likely children under the care or supervision of the agency may be relocated out of state. If the child remains out of state longer than twenty-eight days, Interstate Compact for the Placement of Children (ICPC) protocols should be followed. Missouri Children's Division ICPC staff members have an established relationship with ICPC staff in other states throughout the country.

Each Children's Division office is required to have a local emergency plan that is regularly reviewed with staff and shared with stakeholders. The local emergency plan is an all-hazards plan that describes the local response with considerations for agency and community resources. Quality Improvement staff review the plan annually with each circuit to ensure the plan is updated and to make appropriate changes. Each circuit maintains emergency contact information for staff and managers, so essential Children's Division personnel are able to be located following a disaster. The Child Abuse and Neglect Hotline Unit also maintains contact information for staff and managers.

Essential program records are maintained electronically in Missouri's Family and Children Electronic System (FACES.) The records are accessible to Children's Division staff throughout the state. The records are backed up and efforts are made to ensure that they would continue to be accessible immediately following a disaster. The Information and Technology Services Division (ITSD) maintains and provides technical support for FACES and has an established disaster recovery plan. In addition, ITSD staff members are to have a presence at the State Emergency Management Agency if needed following a disaster to help maintain essential operations.

Employees are required to receive basic emergency management training through online courses offered through the Employee Learning Center (ELC.) The required training curriculum is reviewed annually and the assigned curriculum varies based on the employee's level of response in an emergency. This practice equips employees with basic information about responding to emergencies, which will make them better able to respond when a disaster occurs. The availability of training through the ELC has proven to be a useful tool for our agency and is readily available for staff at their convenience.

Severe flooding impacted a large portion of the state beginning December 27, 2015 and continuing into January 2016; 41 counties and the City of St. Louis received a presidential major disaster declaration. During this time Department of Social Services emergency management staff worked the State Emergency Operations Center as needed to support mass care operations within the state. The American Red Cross with support of Missouri Voluntary Organizations in Disaster had multiple shelters open beginning December 27, 2015, with the last one closing January 9, 2016. During this time Children's Division staff verified the safety and status of children in state custody within the affected regions and checked with resource homes and providers to see if they required assistance.

Department of Social Services staff attended Multi-Agency Resource Centers to share program information and assist with applications for programs administered by the department. The Multi-Agency Resource Centers were held at the following locations on the dates listed:

- Old Monroe (Lincoln County) – 01/04/2016
- Cape Girardeau (Cape Girardeau County) – 01/08/2016
- House Springs (Jefferson County) – 01/09/2016 - 01/10/2016
- Pacific (Jefferson County) – 01/11/2016 – 01/12/2016
- Manchester (St Louis County) - 01/13/2016 – 01/14/2016
- Arnold (Jefferson County) – 01/16/2016

On May 25, 2016 heavy rain and storms caused flooding in the Village of Ferrelview (Platte County) and the evacuation of Unicorn Apartments displacing 150 persons. The American Red Cross opened a shelter on May 26, 2016 that remained open until May 28, 2016. The Children’s Division verified the status of children in state custody and checked with resource homes and providers within the affected area to provide assistance if necessary.

PREPAREDNESS ACTIVITIES:

Department of Social Services staff including Children’s Division staff participate in preparedness activities throughout the year that include training, exercises, and planning. The Governor’s Faith Based and Community Service Partnership for Disaster Recovery (The Partnership) and the Missouri Voluntary Agencies Active in Disaster (MOVOAD) are responsible for much of the response activities within local communities. The Department of Social Services is represented in these groups by the Department’s Emergency Management Coordinator and/or the Children’s Division Manager at the state office level responsible for the Children’s Division emergency planning and response. They meet regularly with The Partnership and the MOVOAD to plan for disaster preparedness, response and recovery. They serve on multiple committees and sub-committees of The Partnership and MOVOAD, often as committee co-chairs including:

- Access and Functional Needs Committee
- Children and Youth in Disasters Sub-committee (Co-chair)
- Children in State Custody and Congregate Care Work Group (Co-chair)
- State Mass Care Committee (Co-chair)
- Emergency Services for Children and Youth Work Group

Children’s Division staff attended training on “Pediatric Disaster Response and Emergency Preparedness” in April 2016. The purpose of this course was to learn how to plan for and address the specific needs of children in a community-based incident. On 04/04/2016, Children’s Division staff and stakeholders from throughout the state attended a Psychological First Aid course that was provided by the Missouri Department of Mental Health.

On April 19-22, 2016, Children’s Division staff as well as other Department of Social Services staff attended the State Emergency Management Annual Conference and received valuable information on emergency preparedness, response, and recovery.

The Children's Division manager at the State Office responsible for the division's emergency management program attended a two-day FAST (Functional Assessment Support Team) training in February 2016. Additionally, a FAST table top exercise was held on June 27, 2016, and the Children's Division participated in this exercise. FAST teams are relatively new for Missouri; the state adopted the concept after reviewing the State of California's model. FAST Team members are trained to go to a congregate care shelter following a disaster, identify functional and support needs, and help the local jurisdiction access resources to meet those needs.

On July 11, 2016, Children's Division staff from Jefferson and Franklin Counties attended the 2016 Community Organizations Active in Disaster (COAD) Collective Impact Conference. This event provided the opportunity to bring community partners together to build, strengthen, and define relationships. A Multi-Agency Resource Center demonstration was part of this event, and Children's Division staff provided information and resources about Children's Division programs and services.

On August 9, 2016, staff from the Children's Division and the State Emergency Management Agency presented at the 2016 Alternative Care Conference that was hosted by the Office of State Courts Administrator. Information about the unique needs of children in disaster was provided as well as special considerations for children in state custody. Multiple agencies that serve children in state custody, including Children's Division staff from throughout the state, were represented at this conference.

On August 22 – 25, 2016, Missouri hosted the National Mass Care Exercise. The focus of the exercise was evacuation after a catastrophic event. The scenario was a 7.7 earthquake in New Madrid affecting 22 counties and the City of St. Louis, with an impacted population of 2.2 million and 842,000 persons displaced. The State Emergency Operations Center was fully activated for this exercise. At the same time, a number of jurisdictions around the state held exercises of evacuation concepts and sites, including Evacuation Assembly Sites, Consolidated Assistance Sites, Evacuation Respite Sites and Evacuee Reception Centers, to allow for evaluation of these sites and their mass care functions. In addition, task forces met for feeding, sheltering, bulk distribution and reunification. Each task force was given injects to work with instructions to be looking at time frames from 30 days to two years after impact. Department of Social Services staff, including representatives from the Children's Division, participated throughout the National Mass Care Exercise. Children's Division staff led the Reunification Task Force, worked shifts on the State Emergency Operations Center floor, and participated in the full scale Evacuee Reception Center and reunification exercise held in Jackson County.

On September 8, 2016, a group of Children's Division managers from Central Office and various regional managers attended the FEMA course "Planning for the Needs of Children in Disasters". The goal of the course was to educate Emergency Managers and those who implement children's programs on the unique needs that arise among children as a result of a disaster or emergency. The course featured segments focused on the needs of children, preparing to meet children's needs, meeting children's needs during disaster response, helping children recover from a disaster, and mitigating the effects of disaster on children and families.

On October 18, 2016, the Children's Division's 42nd Circuit held a meeting with local first responders and Children's Division staff to discuss emergency preparedness. Preparedness tools and information were distributed to local Children's Division staff to be used in their own preparedness efforts and to assist resource providers and other caregivers to become more prepared.

Information about the unique needs of children in disasters and the role of Department of Social Services Children's Division staff was presented to Children's Division 12th Circuit staff of November 16, 2016.

On November 29 -30, 2016, the Children and Youth in Disasters Conference was held in Jefferson City, Missouri. Children's Division staff from throughout the state attended the conference. Children's Division staff also participated in conference planning and preparation. A member of each work group, including the work group for Children in State Custody or Congregate Care, had the opportunity to participate in a panel discussion about the workgroup's efforts. Workgroup breakout sessions were also part of this conference. The conference included a several presentations, including a presentation by the National Center for Missing and Exploited Children, and a family reunification exercise.

Training Plan

Please see Attachment H—Statewide Training Plan and Attachment I—Training Plan Matrix for more information.