

Missouri Department of Social Services, Children's Division



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2022 ANNUAL PROGRESS AND SERVICES REPORT

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2022 Annual Progress and Services Report

State of Missouri

Department of Social Services

Children's Division

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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 service programs. The Children's Division works in partnership with families, communities, the courts, and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. The division works with all parties to safely maintain children in their homes whenever possible and to secure safe, permanent living arrangements when out-of-home placement is necessary. The Children's Division administers the Child Abuse/Neglect Hotline, Intensive In-Home Services, Family-Centered Services, Adoption Services, Independent Living, Foster Care, Residential Licensing and preventive services including Early Head Start, 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 using pre-established judicial circuit boundaries. Each of the 46 circuits in Missouri has oversight by a Circuit Manager. The state has five regions with each governed by a Regional Director. In the Jackson County urban area, the Regional Director and the Circuit Manager positions are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri's five regions are St. Louis, Kansas City, the Southwest Region, the Southeast Region, and the Northern Region (East and West).

Collaboration

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

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth, and families. A broader collaboration of this kind benefits families in improved access and service availability, and a reduction of services and funding fragmentation. Standing members include Children's Division managers, representatives of the Department of Elementary and Secondary Education,

Department of Mental Health, Office of State Courts Administrator, Department of Health and Senior Services, Children's Trust Fund, CASA, Missouri Coalition Against Domestic and Sexual Violence, the health care community, private child welfare agencies, public university partners, a tribal representative, as well as foster/adoptive parents, foster youth, and front-line staff. Recent additions to the committee include a front line supervisor, a parent with lived experience, and an attorney who frequently represents parents and serves as GAL for children in foster care.

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

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

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

The Children's Division continues to collaborate with the courts through a variety of mechanisms. A member of the Children's Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 18 Fostering Court Improvement (FCI) sites in the state. Fostering Court Improvement is a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. In addition to the above projects, an OSCA representative participates in the planning and development of the Children's Division's quarterly In-Focus newsletter, a newsletter developed to guide the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

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

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.

While CTF works with the Missouri Children's Division at the state level through collaborative efforts through initiatives such as Early Childhood Comprehensive Systems (ECCS) and the Maternal Infant and Early Childhood Home Visitation (MIECHV), and as an ongoing member of the Parent Advisory Committee state planning team. In addition, Family First Act planning, safe sleep and home visiting are other examples of CTF and Children's Division working collaboratively.

At the local level, CTF-funded home visiting programs often work with families referred by Children's Division.

Background Information

For the first twenty years as the CBCAP lead, CTF primarily used CBCAP funding to partner with 18 communities to implement a coordinated service delivery/collaborative model to prevent child abuse and neglect. Efforts have centered on overcoming challenges, which have historically diminished the effectiveness of child maltreatment prevention efforts. Designated as the Lead Agency Model, this model was based on Collective Impact and was particularly effective for families with multiple needs.

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

Home Visiting

CTF currently uses CBCAP funds to support three home visiting programs, which include a Collective Impact initiative in the central west part of the state, including Kansas City. Promise 1000 is a home visiting collaborative that uses centralized intake and evaluation mechanisms to reduce duplication and improve the quality and assessment of services. Also supported with CBCAP funds are a Parents as Teachers (PAT) school-based program and a Healthy Families America (HFA) home visiting program (Whole Kids Outreach). CTF uses leveraged funds to support an additional HFA site (Randolph Co Health Center), a Nurturing Parenting home visiting program and a program that provides in-home services to families with children who have disabilities/developmental issues (Capable Kids and Families).

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

Evaluation

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

Parent Engagement and Leadership

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

Training

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

Crossover Youth Initiative

Background: Crossover youth are defined as any youth who have experienced maltreatment and engaged in delinquency and have had any level of contact with either the dependency (child welfare) or delinquency (juvenile justice) systems. These youth have a unique set of risks and challenges and typically require a more intense array of services, and the leadership within Missouri's youth-serving agencies is committed to improving both the experiences and outcomes for these youth.

The Crossover State Policy Team was formed in 2013 and includes executive leadership from several youth service agencies including the Missouri Supreme Court, Office of the State Courts Administrator, Children's Division, Division of Youth Services, Department of Mental Health, and a Circuit Chief Juvenile Officer. Through an ongoing partnership with the Center for

Juvenile Justice Reform, this team led the initiative to pilot the Crossover Youth Practice Model in four Judicial Circuits, encompassing nine counties and provide technical assistance to two additional Judicial Circuits seeking to improve their practice with this population. This team also developed a shared framework to including the following guiding principles for system change and case level practice related to Crossover Youth:

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

Progress in 2020 and 2021: Building on the work of Missouri's Crossover Youth State Policy Team, experiences of pilot projects, and ongoing assessment of field practice/outcomes over the last seven years, a workgroup comprised of core youth-serving agencies partnered with the Center for Juvenile Justice Reform to begin creating the Missouri Crossover Youth Toolkit. The workgroup brought together central office, regional leadership and field staff from juvenile justice, child welfare, and mental/behavioral health to contribute to the development of the Toolkit.

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

System-level goals include the following:

1. Ongoing operation of the Crossover Youth State Policy Team to drive the initiative forward through setting vision and providing oversight of implementation of the Toolkit.
2. Completion and roll out of the Crossover Youth Implementation Toolkit to provide training to state and circuit level leadership within juvenile justice, child welfare and mental/behavioral health on the Toolkit's purpose, content, and utility. This will include access to the System Self-Assessment which will empower circuit level teams to identify system strengths and areas where practice change should begin and a complete field guide to implement best practices for Crossover Youth.

3. Create and implement sustainability plan to ensure ongoing efforts toward best practice. This includes ongoing technical assistance from a multi-agency team, enhancing aggregate data reports to include indicators specific to desired outcomes, annual completion of system self-assessment by circuit level leadership to track progress, and providing progress updates and ongoing training throughout the juvenile justice and child welfare systems.

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

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

Challenges: Children's Division lost the position designated to Crossover Youth due to budget cuts in July 2020 and the Court Engagement Coordinator began to oversee this work. Children's Division and OSCA through the Partnership for Safety and Well-Being discussed the importance of this work and the need to provide more supports than Children's Division was able to provide in the past year. It was decided that beginning March 2021 the Crossover Youth Statewide Team would be housed under OSCA as a subgroup of the Juvenile Court Improvement Project (JCIP). It is believed this transition will allow this important work to continue to be supported in a multi-system way allowing for maximum collaboration.

Georgetown Center for Juvenile Justice Reform (CJJR), Children's Division Deputy Director, and Children's Division Court Engagement Coordinator hosted a training for the Missouri Juvenile Justice Association conference in the fall of 2020 to provide information regarding the development and roll-out of the Toolkit. The Statewide Implementation Team continues to meet under the direction of OSCA to finalize policy updates and Toolkit roll out anticipated in the spring of 2021.

State Youth Advisory Board

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

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

Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from his/her area of the state. Each member of the board is a youth with leadership capabilities in foster care or who obtained adoption or guardianship after the age of sixteen. The SYAB determines the goals and activities to pursue for upcoming meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB).

Membership Requirements and Composition:

Members must be ages 15-21 to serve, but if a youth turns 21 or leaves Children's Division custody during the term; he/she can finish the remainder of the term if in good standing. During a conference planning year, a youth may stay on the board until the conference is over, even if they have turned 21 and their term expired so they may finish the commitment they started. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, Censor, and Media Specialist. The Media Specialist position has not been officially added to the handbook. Youth struggle with fulfilling their obligations in this role. However, this position will continue in SFY22. Officer elections are held annually each summer. Due to an interruption in the year because of the COVID-19 pandemic, and it being a conference planning year, it was decided to postpone elections as the officers had not had a lot of opportunity to lead in a normal way. Shortly after this decision two officers resigned and other positions previously elected were allowed to promote to these vacancies with only a couple of positions being open. These positions were filled during a virtual meeting.

The board also may consist of three non-voting, Ex-Officio members. An Ex-Officio member must be a current or former foster care youth who served at least a one-year term as a board member or alternate within the last three years. There were no Ex-Officio members on the board in SFY21. Ex-Officio members must apply each year and can serve no more than 2 years upon recommendation of the ILC and approval of the Director.

Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance.

Occasionally more do attend but they are invited to attend on different days so no more than three are present at one time.

In SFY21 to date, the SYAB has had eight unique community members:

- In September 2020, the Children's Division Deputy Director joined the meeting. Missouri's 2020 Foster Club All-Star shared his experiences from his internship.
- In February 2021, three staff from the Children's Division Health Information Team presented on the "Learn Your Rights (LYR)" brochure. A Program Specialist from the

Children's Division provided the board with an overview of the current status of the Families First Prevention Services Act (FFPSA) implementation

- In March 2021, a representative from United Healthcare, a Mo Healthnet provider, brainstormed ideas on a virtual career fair this agency would like to sponsor for youth for National Foster Care month. A national consultant from Evident Change spoke to the youth on safety assessments.

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

Recruitment and Retention:

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

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

As of March 2021, there are 29 members on the SYAB.

The SYAB met sporadically in SFY21 due to the COVID-19 pandemic. The March and June in person meetings were cancelled under a previous hotel contract due to social distancing. The September, November, and March meetings were held virtually. A virtual meeting was held in February as well as the virtual meetings must be kept to a shorter time period and a catch up meeting was needed. At the writing of this report, an in person meeting is scheduled for May and June. The contract for SFY22 has not been awarded however the SYAB will continue to meet in SFY22. In SFY21, the Media Specialist with assistance from her local region, developed a recruitment brochure. This is available on the CD internet.

Although members have busy and sometimes unpredictable lives, commitment to the SYAB is vital for its success. 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. Many long term members elected to no longer participate in SFY21, however, ten members have been involved with the SYAB for over one year. There is one member who has been on the board since September 2017. Two youth have been a members since March 2018, with one holding an officer position. Even though these youth with longstanding history do not always serve in the role of an officer, they become natural leaders of the group.

However, since the SYAB moved to a virtual platform, it has been difficult for youth to get to know one another and it is difficult to engage a new member. Some youth have technology issues and enter and re-enter a meeting while others have distractions at home. Some youth schedule activities during parts of the meeting so only join for a portion. Some youth can only participate via phone so it is hard to distinguish their presence and involvement during a meeting. A higher number of youth join for a meeting and do not return to the next meeting. Meetings must be kept shorter as well for attention span purposes. Youth have expressed a desire to meet in-person.

Board Policy and Written Guidance:

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

- Plan and facilitate a conference for youth in summer 2021 – including developing workshops and eligibility for attendance and seeking donations.
- Make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.
- Be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

Work has been done on these goals in SFY21 and will continue in SFY22.

The SYAB did not make any changes to their handbook in SFY21.

The board uses a creed to assist with conduct at meetings. Potential members must agree via signature to the conditions of the creed prior to becoming members and the creed is kept on file with the Independent Living Coordinator (ILC). The board has had minimal conduct issues but this was 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. There were no revisions to the Code of Conduct in SFY21 and this will be evaluated as needed in SFY22. Many of the items in the Code of Conduct surround in person meetings.

Youth Representation and Activities:

Child Advocacy Day

Each year the SYAB participates in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. However, due to COVID-19 and social distancing, for 2021 this event was held online and was a week-long event. Consequently, there were no planned events by Children's Division and SYAB. Youth were encouraged to participate and offered the incentive but no youth participated. The online format spread throughout the day and the week does make it more difficult for youth to justify a school absence. It is hoped that this event can be held in SFY22 in person. Then SYAB will develop talking points to share when they meet with legislators from their area to talk about issues important to the youth and plan to speak in an open forum at the Capital with legislators. They can then resume the normal activities associated with Child Advocacy Day such as the rally at the Capital, an educational workshop on advocacy, and lunch hosted by the State Youth Advisory Board.

Youth and Adult Leadership and Empowerment Conference:

The SYAB is hosting an Adult and Youth Leadership and Empowerment conference September 2021. This event has been rescheduled to the fall due to the pandemic. The theme of the conference is "Learn from Yesterday, Live for Today, Hope for Tomorrow." Due to the conference being held in the fall during school and not as much in person time to plan, it will be a conference with fewer activities and shorter in time duration. The conference will be held in Jefferson City and participation will depend on the numbers allowed for gathering. The workshops planned to be facilitated by SYAB members are on natural supports, post-secondary education, health and well-being, prevention of homelessness, and dysfunctional dynamics. Regions selected the topics. The event is fun, educational, and allows youth to interact with other youth and supportive adults throughout the state.

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

The remainder of meetings for SYF21 will be spent planning for the conference. The conference often inspires youth to get involved and stay involved with the State Youth Advisory Board.

FosterClub All-Star Program:

Children's Division has invested in the FosterClub All-Star Program which moved to a virtual platform in SFY21. Through the program, youth are provided with intensive leadership and public speaking training. In addition to motivating, educating and empowering foster youth

across America, the FosterClub All-Stars raise awareness about foster care. Missouri utilizes the youth upon his or her return to teach other youth, particularly SYAB members, leadership and 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. Missouri is sponsoring a youth participant in SFY21-22, and selection was made in April 2021. Four youth applied. Youth selected are expected to participate in Children's Division workgroups, state agency advisory boards and various speaking engagements.

The 2020 All-Star attended an SYAB meeting to share his experiences from his internship in order to get current members interested in the opportunity. He represented Missouri in the virtual roundtables with former Assistant Commissioner Jerry Milner. He has agreed to serve in the capacity of consultant for the youth conference but due to the pandemic, services have not been called upon to date.

Workgroups, Speaking Engagements, and Input:

The SYAB, as well as other foster youth and alumni youth, are active in participating in speaking engagements and workgroups to promote the needs of youth in foster care. The following are activities which occurred in SFY21.

- An "adult former victim" of child abuse/neglect is a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, reviews child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.
- One youth is a member of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.
- Two youth are members of the Children and Family Service Review (CFSR) Advisory Committee.
- An SYAB member is available to participate in the Continuous Quality Improvement (CQI) Statewide meetings as requested. CQI is a process by which all staff looks at the agency as a whole and develops plans for improvement. The voice of youth has been added as a regular feature to the CQI InFocus Newsletter each quarter. In SFY21 youth voice was included on topics such a placement stability, concurrent planning and prevention efforts.

- Three youth are members of the Missouri Kinship Navigator Steering Committee Meeting.
- Youth are members of the Psychotropic Medication Advisory Committee.
- Two youth participated in a virtual roundtable discussion with former Associate Commissioner Jerry Milner.
- Youth provided input on the implementation of the Consolidated Appropriations Act in February 2021.
- It is anticipated that members will be part of a focus group on safety assessments in the remainder of SFY21.

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

Youth are made aware of opportunities for speaking engagements and memberships in advisory committees and internships as they become known or requested at the local, state and national level via meetings, email, and Facebook and this will continue in SFY22.

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

Barriers:

The primary barrier at this time is the virtual meeting format. Many projects are best accomplished in person. Many of the requirements and structures in place which contribute to the success of the board in terms of membership commitment, have been relinquished out of necessity. Youth are not able to form relationships in the same manner and miss the fun of gathering.

Older Youth Summits

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

To date, thirteen summits have been held throughout the state. The Kansas City Region, Southwest Region, and the Southeast Region were in the initial planning stages for summits to be held in SFY21 when the COVID-19 pandemic hit. Planning continued with events postponed

through the summer and then ceased as the timeline of being able to gather in large groups became unknown and numbers for COVID-19 increased.

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

Missouri State Foster Care and Adoption Advisory Board

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

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

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

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

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

2. Statewide foster care and adoption association representatives shall be voting members of the board as approved by the board.
3. All members of the board shall serve for a term of at least two years. Members may be reappointed to the board by their entities for consecutive terms. All vacancies on the board shall be filled for the balance of the unexpired term in the same manner in which the board membership which is vacant was originally filled.
4. Each member of the board may be reimbursed for actual and necessary expenses incurred by the member in performance of his or her official duties. All reimbursements made under this subsection shall be made from funds within the department of social services' children's division budget.
5. All business transactions of the board shall be conducted in public meetings in accordance with sections 610.010 to 610.030.
6. The board shall elect officers from the membership consisting of a chairperson, co-chairperson, and secretary. Officers shall serve for a term of two years. The board may elect such other officers and establish such committees as it deems appropriate.
7. The board shall establish such procedures necessary to:
 - (1) Review children's division proposed policy and provide written opinions and recommendations for change to the children's division within thirty days of receipt of the proposed policy;
 - (2) Provide draft policy suggestions, at the request of the children's division or in response to issues by the board, to the children's division for improvements in foster care or adoption practice; and
 - (3) Fulfill its statutory requirement in accordance with section 210.566 to determine the content of in-service training to be provided by the children's division to foster and adoptive parents.
8. The board shall provide to the director of the department of social services, the governor, the office of the child advocate, and upon request, members of the general assembly, a written report of annual activities conducted and made.
9. The board shall exercise its powers and duties independently of the children's division within the department of social services in order to ensure partnership and accountability in the provision of services to the state's children affected by abuse and neglect. Budgetary, procurement, and accounting functions shall continue to be performed by the children's division.

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

The Children's Division created a mailbox for the Board to facilitate communication between the board members. All policy regarding resource parents and foster youth is presented to and discussed with the MSFCAB using email and at the quarterly meetings. Each member, in turn, provides information to their local boards and peers. Policy for resource parents and foster youth is only published after the MSFCAB has provided review and comment. Some examples of policy that the board reviewed during CY2020 include:

- Impact of Covid on Resource Parents and Temporary Policy
- Family First Preventive Services Act National Model Foster Family Home Licensing Standards.

In addition to policy review, the board also provided input on the following:

- Reviewed and supported policy on the Legal Aspects Training Curriculum
- Gave feedback for a new Resource Parent Handbook
- Provided feedback on the National Training Development Curriculum pilot and curriculum policy.

Parent Advisory Council

The Missouri Parent Advisory Council (PAC) is a group of family leaders from across the state. These leaders have experience in their own communities working with agencies that provide services to at-risk families with young children and have demonstrated leadership. They have each received training in Strengthening Families™ and the Protective Factors Framework through Strong Parents, Stable Children: Building Protective Factors to Strengthen Families training and facilitative leadership training. They are working in their communities to bring issues facing families in their communities to a higher level to improve access to services and family engagement within programs.

The PAC was implemented with support from a collaboration of agencies which includes the Department of Health and Senior Services; the Children's Trust Fund; the Department of Mental Health and the Department of Social Services, Children's Division.

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

Task Force on Children’s Justice

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

In addition to meeting virtually on a quarterly basis in 2020, the Task Force via the use of subcommittees, held web-based virtual meetings and conference calls, conducted case reviews virtually, reviewed policy, tracked and evaluated proposed legislation, and engaged in discussions which clearly displayed the value of having a multidisciplinary task force involved in the evaluation of the child welfare system’s response to reports of child abuse and neglect. The Task Force continued to keep the improvement of the investigation and prosecution of child abuse and neglect and reducing trauma to children as its primary target for its work moving forward while continuing to make efforts to connect its work to other child welfare program areas and objectives.

Critical Event Review Committee

The Critical Event Review Committee meets quarterly to review child abuse and neglect cases, including fatalities, near-fatalities, and serious physical injuries. The past year brought new challenges to the Critical Events Committee as they were not able to meet in person. The quarterly review was cancelled in March 2020 due to COVID-related shut-downs. As business shifted toward virtual meetings, an alternative method for case review and discussion was sought. The committee found a source in the “BOX” system, which allowed members to receive cases confidentially on-line to review. The first review with this alternative method was conducted in November 2020.

Going forward, the Critical Events Committee members will be joining other multi-disciplinary team (MDT) members in a larger, joint, Critical Event Review process that is being piloted by the Missouri Children’s Division. The new process is in its early implementation stages, but this new process will ideally allow members to have a broader view of more cases and the ability to make recommendations on a larger scale to not only the Children’s Division, but to other MDT members, also. The CJA Critical Event Committee members will attend a quarterly review of several critical events identified at a lower level that need a larger and holistic view by a variety

of different MDT professionals. The committee is very excited to start the new process, which should begin in early summer of 2021.

Recruitment Committee

The recruitment committee is responsible for monitoring the CJA's membership to ensure it consists of a minimum of 21 members and represents the required disciplines as specified in Section 107(c)(1) of the Act. In February 2021, two new members were sent for approval to the Missouri Supreme Court Chief Justice. The Task Force is still actively seeking a member to fill the role of person with experience working with homeless youth. We hope to have this position filled by the summer of 2021.

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

Goal Committee

Upon the Task Force's completion of the Three Year Assessment for this Annual Report in 2019, areas of focus were identified and will further be described in the "Project Impacts and/or Progress" section below in this report. The three goals that the Task Force identified were:

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

In response to the establishment of these new goals, a new sub-committee, called the "Goal Committee" was formed. The committee was formed to assist the Task Force in maintaining focus on the three goals identified as well as reviewing the annual report to ensure that the Task Force is aligning grant funding and efforts with statutory requirements. The committee continued to meet quarterly via WebEx technology in 2020.

Finance Committee

The Finance Committee continued to meet in 2020 as grants were received. There was a noted downward trend in Quarters 2 and 3 of 2020. The Task Force unanimously voted at the quarterly meeting in March 2020 to give leniency to already approved grantees and grantees moving forward to allow them to either postpone their events to a safer time or reconstruct their project plans to allow for virtual conferencing. The Task Force also discussed ways to assist through grant funding in a time when in-person trainings and conferences were not being held. The committee felt educating the public on the importance of reporting abuse and neglect would be a good way to monetarily assist.

Project Impacts and/or Progress

In 2020, the Task Force continued its examination of the areas of need that were identified in the three year assessment submitted in 2018, including improvements to the child welfare system's

investigative and prosecutorial response, multi-disciplinary team collaboration, and improved mandated reporting.

Due to the uncertainty of business during 2020, the Task Force continued to examine the following goals. They are as follows:

1. Improve Mandated Reporting

The Task Force noted gaps in the reach of mandated reporter training and opportunities to increase the quality of reports being made to the hotline. Mandated and even permissive reporting became increasingly important starting in March 2020 when schools closed and children were not being seen by as many or any mandated reporters. The number of reports that were received by the Children's Division were cut in half by usual reporting standards. This was very concerning to Missouri and to the Task Force.

In response to this crisis, Missouri KidsFirst developed the Essential4Kids Campaign. The primary goal of the #Essential4Kids campaign was to increase awareness about the need to report child abuse and how to recognize abuse during a time of social distancing caused by the COVID-19 pandemic. The campaign was launched in response to the alarming drop in hotline calls reported by the Missouri Department of Social Services in mid-March 2020. Through social media and email marketing, the Essential4Kids campaign implemented a statewide public awareness campaign. Since its initial launch in April 2020, the Essential4Kids campaign has reached over 250,000 people and has been adopted by 20 other states and counting. The Task Force provided the investment that allowed Missouri KidsFirst to continue the campaign through the summer and early fall when social distancing requirements remained in effect and children continued to be isolated in their homes. Missouri KidsFirst revised all of the campaign materials to be more professional, comprehensive and to reach a wider audience. They also recognized the support of the Task Force in the printed materials. The campaign remained popular, with social media content, videos and resources being shared and accessed by thousands of people across Missouri.

2. Create High-functioning Multi-Disciplinary Teams and Support Collaboration Within

The Task Force recognizes that successful investigation and prosecution of child abuse is a multi-pronged process. The Task Force sought to collaborate with the Missouri Office of Prosecuting Attorneys (MOPS) to expand and improve multi-disciplinary team training across the state. The purpose of the program is to improve the investigation and handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner that reduces additional trauma to the child. Specifically, this program will seek to improve the work of multidisciplinary teams in the state by developing a group of individuals who can provide local training and assistance to these teams.

The training was set for a spring conference that was later postponed to the fall of 2020. Due to circumstances of COVID, the training was again postponed until a safe in-person environment could be secured. Those involved with the training felt this was best trained in-person and training virtually would lose some of the ambiance of role playing and having in-depth discussion with the teams regarding collaboration.

The training is set up for group work and to enhance communication within the group. Different topics include:

- Completion of the MDT Assessment Tool
- The Child Advocacy Center Model
- Statutory Compliance
- Case Processing (This is a popular group activity that highlights strengths and weaknesses and how to supplement weaknesses.)
- Identification of Abuse and Neglect (It was found that some law enforcement agencies had very little experience with investigating abuse and neglect. This topic looks at all the separate definitions of each agency's burden of proof and each agency's goals and objectives.)
- Cursory Statements and Referrals to Child Advocacy Centers
- Dynamics of Coercive Control
- MDT Protocol and Functioning as a Team (Group work. Uses case scenarios to create ideas for functioning as a MDT. They discuss pros and cons of removing children from their home.)
- How to Conduct Case Reviews and ways to improve

The training includes a module on Mandated Reporting and also a section that introduces the Missouri CJA Task Force grant funded Child Protector App. The Child Protector App is introduced to trainees when educating team members on determining what happened to a child regarding abuse and neglect and how the app can be of assistance to them.

Given the far reaching efforts this training could provide for MDTs across the state and the alignment with the Task Force's goals, the Task Force wanted to further collaborate with the Task Force on the Prevention of Sexual Abuse and MOPS to expand this training. MOPS submitted a grant request for scholarships for individuals who would like to obtain MDT Train the Trainer education at the MOPS conference in the spring of 2020. This would allow participants to become additional trainers to be educated in the curriculum, who could then assist in the provision of the training to reach more audiences throughout the state. Scholarship recipients would be required to use the training to do at least one training in their area.

The Task Force supported these decisions and approved an amended grant request for a new date of September 2021.

CJA Task Force Multi-Disciplinary Team (MDT) Survey

In the summer of 2020, the Task Force requested from MDT members information regarding how teams were handling the investigation of child abuse and neglect during the COVID-19 pandemic. A short survey was sent to MDT members across the State of Missouri that included Children's Division, Law Enforcement, Prosecuting Attorneys, Juvenile Officers, Judges, CASA, Child Advocacy Centers, Physicians and other professionals that serve children. Some results are as follows:

1. What are three (3) things relating to the investigation of child abuse and neglect that has been done well in a COVID-19 environment?
 - Continued investigation of child abuse and neglect
 - Protecting staff and families during pandemic
 - Virtual meetings and visits with children
 - Remote court appearances
 - Continued forensic interviews at Child Advocacy Centers
 - Flexibility and communication

2. What are three (3) things relating to the investigation of child abuse and neglect that could be improved on in a COVID-19 environment?
 - More PPE for workers
 - Reporting of child abuse and neglect
 - Getting necessary equipment quickly
 - Ability to find and make contact with children
 - Turn-over of workers
 - Communication between the MDTs due to working remotely.

3. What are new practices or policies that have been adopted in the COVID-19 environment that could be maintained long term?
 - Remote court hearings
 - Virtual visits with children
 - Working remotely
 - Virtual training

The Task Force found this to be invaluable information going forward in looking at what trainings and campaigns to support and fund.

The Task Force again supported and sponsored the Show Me a Helping Hand conference in March 2020. The target audiences included counselors, therapists, law enforcement, Children's Division, schools, and other related professions. The conference was held at Lincoln University in Jefferson City, Missouri, on March 5 and 6, 2020. The conference was free to all attendees.

CJA sponsored the cost of two speakers and lodging for 45 attendees. The conference featured the Task Force's own Greg Holtmeyer, speaker, trainer, educator, advocate and survivor of child sexual abuse. The Task Force hopes to bring Show Me a Helping Hand back in 2021 and is projecting a November 2021 conference with the specific date yet to be determined.

Domestic Violence Coalition

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research, and public policy. While work with adult survivors of child abuse and neglect is not the program's focus area, individuals coming to the programs may have a long history of abuse (or multi-abuse trauma history) which may include childhood abuse and neglect. MCADSV is a key partner in Missouri's child welfare system who has been actively involved in the Task Force on the Prevention of Sexual Abuse of Children, assisted with curriculum development for mandated reporter training, as well as work being done around children with problem sexual behavior. The Children's Division has contracted with MCADSV since the 1990s to provide training and technical assistance on domestic violence for frontline staff. Domestic violence training was developed by MCADSV for all Children's Division frontline staff and supervisors. This online training was introduced in January 2021. As a part of the development of an advanced curriculum, MCADSV has partnered with the Children's Division to develop in-depth child welfare policy related to identifying and addressing domestic violence. Protocols at the Child Abuse and Neglect Hotline Unit (CANHU) have been developed, in collaboration with MCADSV, to improve screening practices related to children who are involved in or witness domestic violence. Policy has been developed to better educate staff on confidentiality requirements specific to individuals who receive services from domestic violence shelters. Staff from MCADSV has participated in Team Decision Making (TDM) domestic violence training to support the implementation of this model within the Children's Division. The Children's Division has incorporated MCADSV's standards and guidelines for batterer intervention programs into service and provider requirements under the Children's Treatment Services (CTS) contract, which was revised and released in March 2016. MCADSV has also worked with the Children's Division's Continuous Quality Improvement (CQI) process to include information on domestic violence and is actively involved with the Child and Family Services Review Advisory Committee. MCADSV is also participating in the Children's Division Family First Implementation committee. A representative from MCADSV also began participating in the state level Child Fatality Review Panel (CFRP) in 2019.

Foster Care Case Management Partnerships

Missouri's performance-based contracting is built on a public-private partnership with accredited agencies. Missouri believes child welfare is a complex arena and remains open to innovative approaches for case managing foster care children. Open communication with contracted providers is a critical component of Missouri's privatization effort. This was evident throughout

contract development and continues through meetings which occur on a regular basis at the local, regional, and state levels.

This partnership includes Continuous Quality Improvement (CQI) meetings at the local, regional, and CEO levels to address operational and collaboration issues at all possible levels. Though Missouri is now in the 15th year of a performance-based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions. Issues which cannot be resolved at the local level are referred to the regional CQI. Issues which cannot be resolved at the regional level are referred to the Program Manager's meetings.

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

CEO meetings are also held on a quarterly basis. Items of discussion have included resource development, improving outcomes for older youth, performance measures, and SACWIS compliance. Currently, participants of this meeting are working together to make recommendations around improving the procurement process and identifying additional outcome measures. In addition, there was partnership around revisions and improvements to the next contract which was bid in FY19.

Joint quality assurance initiatives at the state level include federal reviews such as worker visits with children and CFSR and AFCARS/data integrity. Contracted QA staff is invited to attend Children's Division Quality Assurance System Unit meetings. The contracted QA specialists are now routinely engaged in data quality initiatives developed to achieve improved data integrity. For example, as data quality concerns are discovered and impact contracted agencies, the contracted QA specialists are notified of the issues and provided a listing for data clean-up. Contracted QA staff is provided monthly data concerning the demographics of children in foster care assigned to their respective agencies. Progress and performance in the areas of worker visitation with children and parents are also provided on a monthly basis.

The Foster Care Case Management agencies have case management representatives on the CFSR Advisory Committee, which met on a quarterly basis. In early 2018 the FCCM providers partnered with the Children's Division and community stakeholders to develop ideas for the Program Improvement Plan in response to the CFSR results. Several FCCM QA designees have attended the Missouri Child Welfare Case Reviewer Training and have assisted in completing case reviews for PIP monitoring.

Since 2015, FCCM providers have partnered with Children's Division to implement the new Missouri Practice Model. This includes being trauma-informed, recognizing the signs of safety,

and increasing access to wellbeing for children and families. Additionally, in 2018, there was a Practice Model Showcase in which the FCCM providers were invited to attend and present on how they are implementing the Missouri Practice Model. In 2018 the FCCM providers sent representatives to be trained on the Trauma Toolkit which gave them the capability to train their staff to be trauma-informed directly. FCCM providers have had representatives complete the train the trainer training for the Five Domains of Wellbeing. Upon completion of this training, FCCM providers have the capability to provide this training directly to their staff as well.

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

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a statewide plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Such activities include numerous multi-disciplinary, collaborative educational opportunities. Original members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator (OSCA) staffs both committees. Appointed members include associate circuit family court judges, deputy family court administrator, guardian ad litem, state child advocate, court appointed special advocate, foster parent, tribal community representative, and child welfare agency staff. The steering committee is in the process of expanding the membership to include juvenile office staff as well as a youth with lived expertise.

Fostering Court Improvement Project

One initiative of the Juvenile Court Improvement Project is the Fostering Court Improvement (FCI) project. This is a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on case management flow with development, collection and analysis of Missouri specific court performance measures and

integration and utilization of this information with the data available through the AFCARS website and other sources within the Children's Division and the courts. Other data sources from Children's Division Quality Assurance System (QAS) staff assist circuit court staff in identifying trends and developing plans for improvement. The QAS team members provide information to the local FCI teams.

Fostering Court Improvement was initially implemented in four judicial circuits. These circuits were among those with the highest populations of children in out-of-home placement. They received initial training in October 2006, although several circuits have requested refresher trainings as needed. Over the next several years, the project expanded to include nine additional circuits. Currently, 18 of Missouri's 46 circuits participate in the FCI project. The number of circuits joining has not grown as consistently in recent years, as staff are working with additional circuits in other ways to expand the philosophy on more of a statewide level.

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

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

Court and agency practices have changed to serve children better. Guardian's ad litem are being appointed sooner and provided additional education. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. Collaborative relationships with schools and law enforcement have formed. Foster parent recruitment initiatives have increased. In addition, communities are being involved in ways not seen before. Some circuits have regular guest speakers or mini trainings about different programs available to the families that they serve. These include topics such as parenting programs, crisis nursery, and free counseling services. Several circuits have school personnel attend monthly meetings, while others host quarterly discussions with local law enforcement.

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

The future of the FCI Project may continue to grow as additional circuits request to participate. It may look a little different, however, the philosophy will remain the same. FCI continues to be a topic with many circuits. Staff continue to evaluate the best way to support an expansion statewide without the physical ability for monthly visits to each circuit. Utilizing the judicial engagement project and the joint partnership initiatives, circuit multidisciplinary teams are coming together to review data and discuss best practices to improve circuit protocols and improve the outcomes for youth in care. These are also initiatives which are to increase participation and enhance existing locations. The goal of FCI is that every circuit will adopt these practices, and it will no longer be a project but a common practice statewide.

Missouri Court Appointed Special Advocate (CASA) Association

The Missouri Court Appointed Special Advocate (CASA) Association's mission is to support, improve, and grow local CASA programs and lead advocacy efforts for abused and neglected children across Missouri. Currently, the Missouri CASA Association provides support and funding to 23 local CASA programs that serve 26 judicial circuits. Volunteers for the local CASA programs are caring community individuals who are supervised and supported by local CASA staff, and appointed by a judge, to advocate for the best interests of abused and neglected children. The Missouri CASA Association is working to expand the number of local CASA programs in our state.

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

Partnership for Child Safety and Wellbeing

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

Over the last year, the statewide PCSW has continued to convene on a monthly basis in a virtual format due to the COVID-19 pandemic. Much of the work of the PCSW has focused on maintaining system collaboration in these unique and challenging times.

The priorities of the group had to shift over the last year due to the inability to have circuits meet together in an in-person format. There is still conversation and planning around holding another round of regional convenings to include a greater number of participants from each site when it is safe to do so. Planning and conversation around an educational conference for juvenile court judges and commissioners has also continued. There continues to be ongoing support for court technical assistance (TA) teams with the Court Engagement Coordinator meeting with circuits and providing support and training as needed.

A great deal of work has been done by the sub-group working on addressing legal representation for parents and children through Title IV-E funding. It was decided a pilot project would be implemented for interested jurisdictions around this process. A process and supporting documents were created and approved by the PCSW group. Informational sessions were held for interested circuits and the pilot program is set to begin for those circuits on or about April 1, 2021.

Leadership Conference

On November 7-8, 2019, the PCSW hosted a leadership conference for all juvenile officers and circuit managers from each of the 46 circuits. The conference, titled "Leading Together", provided an opportunity for the juvenile officer and circuit manager from each circuit to come together in order to collaborate around child welfare concerns. Juvenile Officers and Circuit Managers participated in leadership training, best practice discussions and identification of goals moving forward. Each team was given data for its circuit, and was asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to discuss strategies for improvement.

The Court Engagement Coordinator has continued to check in with Technical Assistance (TA) sites around encouraging these teams to continue to meet to work on goals even if done in a virtual format.

Juvenile Court Judges/Commissioners Educational Conference

On April 17, 2020, the PCSW was scheduled to host juvenile court judges and commissioners to provide training specific to several areas of concerns. The training was to include education with regard to the American Bar Association's Judge's Guide to Safety and Framework for Safety, crossover youth initiatives, family first initiatives and legislative updates. This training has been postponed due the national pandemic outbreak of COVID-19 and is still in the process of being rescheduled.

Regional Court Convenings

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

It was hoped that a second series of regional convenings would be held in the summer of 2020 but these had to be cancelled due to the COVID-19 pandemic and the belief from the group that this work is best completed when it is safe to meet in person. The convenings will include additional participation from local stakeholders, to include up to ten (10) members of the multi-disciplinary team and are in the process of being rescheduled for the fall of 2021.

Court Technical Assistance (TA) Teams

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

The Court Engagement Coordinator began work in March 2020 supporting technical assistance (TA) work around the state. Five additional sites were selected in the fall of 2020 to provide targeted work around permanency issues, specifically length of time to reunification and guardianship. The Court Engagement Coordinator meets with these circuits regularly to troubleshoot issues related to courts and to look at streamlining Children's Division's own internal policy and practices to better facilitate permanency. The Court Engagement Coordinator has also assisted these sites in the utilization of Division of Legal Services and Permanency Attorneys to help work towards permanency goals.

The Court Engagement Coordinator continues to provide TA to individual circuits on a case-by-case basis providing support, training or linking with resources as appropriate.

Jurist-in-Residence (JIR) Work

In addition to the regional convenings, Children's Division has also worked closely with OSCA and Casey Family Programs to assist with the Jurist-in-Residence program. The Jurist-in-Residence program pairs a retired judge (Judge James Welsh) with current members of the juvenile bench for mentoring and problem-solving support. Just as a youth in foster care often take advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently contact other judges for guidance about best practices and decision-making. The Jurist-in Residence is contracted with OSCA and exists in the 7th, 9th, 19th and 34th judicial circuits.

The Jurist-in-Residence gives monthly updates to the PCSW on his work with circuits. The Court Engagement Coordinator has attended some of his virtual meetings with circuits in order to assist in any needed collaboration with Children's Division.

The JIR work has also been impacted by the COVID-19 pandemic in that some circuits have found difficulty in meeting together in a virtual format regularly with the additional challenges added to Children's Division and court staff in these unique times.

Judicial Engagement Team (JET)

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

Staff Competency in Court

The Children's Division's Legal Aspects Trainers have created and completed a Legal Aspects 360 that all circuit managers participated in during January 2021 to refresh their knowledge of legal aspects in both investigations and alternative care. The legal aspects trainers have identified the need for training of courtroom skills for all circuits in the state. The first round of trainings was scheduled for April 2020, however these were postponed due to the COVID-19 pandemic and staff changes in the Legal Training team. The Legal Aspects trainers will collaborate with the local jurisdiction's attorneys and court personnel along with Children's Division staff.

Other Activities

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

Adoption Resource Centers

Missouri adoptive parents have had the benefit of Adoption Resource Center (ARC) services available since House Bill 11 (2007) and are currently providing funding for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, and the Northwest and Southeast Regions. The motivation for these centers was the prevention of adoption disruption and support to resource families. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers were awarded funding in the SFY21 budget totaling \$2,480,129.

The Community Connections Youth Project (CCYP) was created to focus on increasing the quality of life experienced by youth impacted by the foster care system. By connecting youth to community-based resource providers, the hope is to maximize the impact of the health and well-being of former foster youth, producing a more effective continuum of care for this population. This project is launched through the Kansas City, Rolla, and Springfield centers and hold a SFY21 total budget of \$900,000.

There are common goals for concise reporting of outcomes to the Missouri legislature regarding efficacy of the program 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 SFY20 there were 11,318 families served, 12,945 children served and 73 adoptions disruptions avoided.

In addition to post adoption supports being provided by the Adoption Resource Centers, the St. Louis, Kansas City, Central Missouri and Springfield centers were awarded funding in the SFY21 budget totaling \$1,312,872 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 mine the records of waiting children to identify and then locate 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 to Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care. The ER program served 415 children in SFY20.

CarePortal

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

There are 24 counties in Missouri that are a part of the CarePortal Network. The Children's Division submits a de-identified request, only including non-confidential information free from names or addresses, to CarePortal to assist in connecting families to resources. CarePortal notifies local churches and community members of the need, giving the local community a real-time opportunity to respond and catalyze a connection between church and government to the benefit of children and families. CarePortal has helped to connect children and families with resources in their community outside of government involvement to meet the current needs of the family. CarePortal provides access, training and support to child-serving agencies and churches, so that the children and families they both serve can benefit in many ways. Partnership assists to keep children safe by providing concrete goods, services (such as professional services like exterminator, financial services, home repair) and support to families to prevent removals and strengthen families; assist relative, foster, and adoptive families; and assist youth aging out of care. In addition, the partnership helps children achieve timely and sustained permanency by supporting caseworkers; supporting families to prevent removals and in reunification efforts; and supporting relative, foster and adoptive families. Providing relational and community support and providing goods and services can improve well-being for children and families. CarePortal also aims to reduce or avoid costs to child-serving agencies by providing goods, services and support to children, families and youth aging out of care; helping to prevent children from entering or re-entering foster care; helping children to reach sustained permanency more quickly.

The first county in Missouri became active with CarePortal in 2015. CarePortal maintains a live impact report on their website. To date, 10,784 children have been served in Missouri thus far. Further specified impact identifies the following:

Support

- Improve a child's wellbeing: 1,929 children
- Strengthen a biological family: 3,447 children
- Support youth aging out of foster care: 83 children

Preserve

- Help prevent a child from entering care: 1,117 children
- Help preserve foster/kinship (relative) placement: 1,469 children
- Help preserve an adoptive placement: 71 children

Unite

- Help reunify a biological family: 1,547 children
- Help place a child in foster/kinship (relative) care: 421 children
- Help unit a child with an adoptive family: 14 children

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

CarePortal is funded by private funders and churches.

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 has investigative staff available 24 hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During CY20, STAT opened 212 investigative cases which directly resulted in the arrest of 84 persons for over 222 serious felony charges. It should be noted that additional felony charges may have been filed by other investigative agencies, but if STAT was not the primary investigative agency, they would not be included in these totals. In 2020, 58 cases of sexual abuse resulted in high technology forensic examinations.

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

The Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern and identified trends and patterns of risk. The State Panel continues to recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, among other types of child deaths. The Children's Division and STAT continue to promote safe sleep for infants through 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 2019 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 CY20. Some of these included: adequate prenatal care during pregnancy; appropriate safe sleep arrangements for infants; traffic safety, proper restraints and following traffic laws; appropriate parenting techniques and adequate supervision of young children; suicide prevention, firearm safety; when to seek medical care, fire safety, never leave a child alone or unattended in or around a vehicle; signs of child abuse and when to report; water safety, outdoor weather safety, ATV and bike safety, farm equipment safety; illegal drugs and prescription abuse; recognition of mental health concerns; and road signage and maintenance.

STAT notifies Central Office policy staff of all identified trends, patterns and spikes of risk to children. Practice Alerts have been sent to all CD staff addressing safety issues involving children, infants and toddlers. Practice Alerts remind staff of important policies or practices and help ensure best practice continues to occur. The CA/N hotline number is available on the website accessible by the public, and information about the 1-800 hotline number is routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training on investigating child fatalities. Additional prevention efforts in the form of

PowerPoint presentations and information fact sheets can be reviewed at the following website which is updated as needed: <http://www.dss.mo.gov/stat/prev.htm>.

Head Start

During FY20, 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, 2020 through February 29, 2021, with a renewal to go into effect March 1, 2021 through February 28, 2022. 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 that may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions Children’s Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness. Accessing services also aids in ensuring:

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

Missouri Community Partnerships

For over a quarter century, Missouri has a unique network of collaborative organizations which focus on child and family wellbeing. These twenty Community Partnerships are all non-profit organizations governed by local, broad-based and diverse boards that seek to address local needs. Their outreach extends to the majority of the state and includes a wide array of services primarily focusing on six core result areas: Parents Working, Children Safe, Children Ready to Enter

School, Children & Families Healthy, Children & Youth Succeeding in School and Youth Ready to Enter the Work Force

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

The Family and Community Trust (FACT), also a non-profit corporation, is comprised of eleven state department heads and ten leaders from the corporate and civic arenas. This 21 member board provides guidance and direction to the 20 partnerships. The board meets regularly each year, and most of the Community Partnerships are represented at those meetings. The FACT web site is www.mofact.org. In addition to its work with the Community Partnerships, FACT is the Annie E. Casey Foundation KIDS COUNT grantee for Missouri and is working to battle childhood hunger as the statewide No Kid Hungry affiliate. The Executive Director of FACT is a standing member of the CFSR Advisory Committee.

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During the current fiscal year, the partnerships have generated over 230,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$8.00 for every \$1 of state funding provided them in FY19. They continue to be a good return on investment, and together, they serve over a half million individuals annually.

The main focus of Community Partnerships is the wellbeing of Missouri's children and families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. The following link contains the latest brochure, which includes information about the kinds of services and initiatives the Community Partnerships provide.

[_MO FACT Brochure 11x17 revisions 4.3.20.pdf](#)

Across Missouri, the network of Community Partnerships has efforts similar to these to help each community's unique needs. The ability to coordinate their services with other local partners produces very effective results.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from

across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws.

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

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

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

- ***ChildFirst*[®] Missouri**-Missouri KidsFirst trains forensic interviewers and members of multi-disciplinary teams to conduct a child abuse case in a child-friendly manner. This training improves the effectiveness of all facets of child abuse cases from disclosure to prosecution to healing.
- **Forensic Interviewer Peer Review and Advanced Training**-Because of the critical nature of the forensic interview to the child abuse case, Forensic Interviewers are required to participate in peer review and ongoing advanced training to assure interviews are forensically sound, non-leading and representative of the latest research and best practice.
- **Victim Advocate Training**-This program teaches advocates effective techniques for serving victimized children and non-offending caregivers.
- **Multidisciplinary Team Facilitator Training**- This program teaches MDT leaders how to get the most out of their teams by reflecting on the diversity of cognitive styles, learning effective feedback techniques, and providing conflict resolution training. Creating and maintaining excellent MDTs greatly benefits children victimized by abuse.

Missouri KidsFirst manages the SAFE-CARE (Sexual Assault Forensic Examination-Child Abuse Resource and Education) network. SAFE-CARE is Missouri's medical response to child

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

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

Supervision Advisory Committee

The Supervision Advisory Committee (SAC) consists of 15 supervisors representing all regions of the Missouri Children's Division and central office units. The Charter was revised in 2018 to expand membership to add two supervisors from the Child Abuse and Neglect Hotline Unit and one supervisor from the Out-of-Home Investigation Unit. Additionally serving on the committee are the Children's Division Quality Improvement statewide lead, member of the Training Unit, CFSR Coordinator and a University School of Social Work faculty member. The membership and activities of the SAC are conducted in accordance with the group's Charter. The agency provides support to ensure the implementation of SAC's strategic plan. The SAC provides formal recommendations to the Director following quarterly meetings in an effort to influence Children's Division leadership in moving forward the agenda of continually improving supervision in the state of Missouri.

During each quarterly meeting, the Supervision Advisory Committee reviews the strategic plan and determines which goals and objectives to focus on over the next quarter. Through 2020, the committee has met virtually in order to continue their work. The following is a description of each strategic goal and includes a summary of progress towards completion.

Strategic Goal 1: Supervision Skill Building

This goal focuses on enhancing supervision skill building for all supervisors statewide. The benchmarks include developing annual supervisor conferences, establishing peer to peer meetings quarterly with all supervisors, addressing needs for mentoring and shadowing veteran

supervisors, addressing continued education and advanced training in areas and creating a supervisor toolbox for all supervisors.

Strategic Goal 2: Recruitment and Retention

This goal focuses on increasing the recruitment and retention of agency employees. The benchmarks include boosting moral for frontline staff and reviewing retention practices and informing all circuits for the purpose of improving staff retention.

Strategic Goal 3: Practice Enhancement

This goal focuses on improving the performance of frontline staff and supervisors in order to serve families better. The benchmarks include exploring implementation of an on-line forum for supervisors to share information (ie: Basecamp) and exploring ‘back to basics’ concepts for supervisors; reducing the time spent on extraneous tasks and focusing on reasonable expectations to promote meaningful interactions and support critical thinking skills with staff.

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

Regional Collaborations

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

Northern Region:

- All 22 circuits in the Northern Region are expected to ensure that schools and other requesting agencies receive training on mandated reporting for child abuse/neglect reporting.
- Adopt a Children’s Division Worker (ACDW) has been implemented in two circuits in the northwest. This consists of churches being matched with FCS and CAN workers to provide support to families, including material items, as well as skill-based support to include: mentoring, job preparation skills, tutoring, organization, cleaning assistance, etc. The goal of the program is to support the prevention of abuse/neglect by creating supports for families where none or little exists, and providing basic necessities families need. Two examples of recent support provided by this program include: churches arranging and providing a taxi service for a child to attend an after-school program and a retired school teacher providing mentoring to parents and tutoring to a child. Both of these cases are high risk, Family-Centered Services cases.
- Two Circuits are working with local churches and community organizations to provide Strengthening Families, a skill-based intervention program for the entire family. The local churches and community “wrap around” the program to ensure no barriers are present and

that the family has a positive experience. Childcare, meals, and transportation are provided. “Table hosts” will be present during meal time to sit with families and at a minimum, provide modeling and healthy conversation. The hope is through these relationships, more informal supports can be developed for the families. The main components of the curriculum are: Nurturing, Improving Communication, and Boundary Setting. The vision is in five years to see faith partners and community agencies providing this evidence-based intervention program to families. Currently, the involvement for this includes a few Children’s Division staff from each office, several local faith partners, a few non-for-profit agencies, and the local Juvenile Offices.

- Bright Futures works with the Mexico Public School in Audrain County to identify the needs of the youth who attend the school and connect them with local resources. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support school children. The thought is that when a community invests in the youth and meets their needs, they can focus on education. In return, the results will be higher self-worth, staying in school, achieving higher education, and being successful. The group meets monthly over lunch. In attendance at the meeting includes the principal, school counselor, numerous faith-based community partners, Juvenile Officer, Children’s Division, and youth from the school (high school level).
- The 14th Circuit Children’s Division is collaborating with the City of Moberly and the Moberly Police Department. The City has obtained grants to purchase buckets full of cleaning supplies for families. The buckets contain anything from trash bags and laundry detergent to lice removal kits. This is a program the City plans to continue, and the local office is excited to work with them on it.
- The 13th Circuit Children’s Division has been working with the Child Advocacy Center, Rainbow House, in Columbia for the past two years to develop a protocol on how to address, investigate, and provide services to children who have been Commercially Sexually Exploited. The core group working on a protocol has been the Circuit Manager, Central Office program specialist, the Rainbow House, Boone County Sheriff’s Department, Columbia Police Department representative, an emergency room SAFE nurse from University of Missouri, and at times a representative from True North Domestic Violence Shelter, as well as the Juvenile Office. A memorandum of understanding was signed by each discipline. The group has developed a protocol for the community and how to pull the multi-disciplinary team together in the case of human trafficking. Since the protocol has been developed, trainings in the community have occurred to educate the different disciplines about human trafficking and the protocol.
- Circuits 9-14 and Circuit 19 continues its work with Parent Cafe' to engage parents. Collaboration with the Fatherhood Initiative (under the administration of Brian Williams) continues in the hopes of starting self-standing parent support and advocacy groups.

- Several Circuits have begun working with the CarePortal, including Circuits 5, 6, 7, 12, 13, 19, 20 and 23. The CarePortal allows the Children’s Division to link families with needs to church members with resources to assist them. Tier 1 services are initiated in all of the circuits, and Tier 2 supports are now being started in Circuits 5, 6, and 7.
- Several Circuits are collaborating with their churches to ensure that needs for families and children are met through volunteers from churches.
- Circuits 7 and 20 are collaborating with Health Agencies, Maternity Hospitals, OB/GYN’s and other agencies to assist in arranging treatment for pregnant mothers who test positive for illegal substances in an effort to seek treatment prior to child delivery.
- Circuit 41 has a supply closet for families and children in Alternative Care, which is supplied by a local church. Staff is able to take items such as cleaning supplies and other household goods to families in need. Hygiene products and a few clothing items are on hand for all children entering or residing in foster care.
- There are several clothing and supplies stores for our resource parents throughout the region, which is a collaboration with Foster Adopt Connect in several Northwest Circuits. Angels Wings serves several Northeast Circuits and supply closets in many other counties.

Jackson County:

- Jackson County continues to have staff co-located within the community to support wellbeing and decrease the need for foster care in the community. Jackson County has memorandums of agreement with three municipal jurisdictions to have workers co-located at a local law enforcement station. Currently, there is one team member co-located with law enforcement at the Sugar Creek police department. COVID-19 restrictions have impacted co-location opportunities during 2020. 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 several years, Jackson County’s collaborative efforts alongside the faith community provide ministry connection to several local congregations for a variety of services that support positive wellbeing. The Care Portal is an online request system which connects state workers with congregations who may be able to fulfill needs of a family, such as concrete/ physical goods or relational services such as transportation or mentoring. The downtown campus of the Church of Resurrection provides meeting space once a month at no charge for Permanency Planning Review Team (PPRT) meetings, and the congregation coordinates the community partner (third party) attendance for these meetings. Congregations such as Evangel in south Kansas City volunteer to provide space, snacks, and drinks for workforce team meetings and adoption recruitment/ family funfest activities. Each spring, there is coordination by a local church for a prom dress boutique which provides prom dresses at no cost to youth in care. Evangel Church hosts a graduation event for older youth and youth adults in foster care, and several

congregations called out to their congregations to develop or support new foster and adoptive parents.

Southwest Region:

23rd Circuit:

Jefferson County is very active in the community and works closely with community partners, which is a huge strength for the circuit. The Children's Division participates in Systems of Care along with the Juvenile Office, the local mental health provider, the Department of Mental Health, school members, and other community stakeholders. Several supervisors in the office participate in Truancy Court held at several schools. Jefferson County participates in the Faith-Based Initiative, a collaborative effort between the Children's Division and the Faith-Based community intended to build relationships with and among Faith Based partners in the communities for the purpose of promoting safe and healthy children, youth, and families.

Jefferson County Children's Division, in conjunction with the Juvenile Office, contracted agencies, Office of State and Court Administrators (OSCA), Court Appointed Special Advocates (CASA), and Judges meet monthly for Fostering Court Improvement (FCI). The goal of these meetings is to enhance communication and practice. This multidisciplinary team work promotes communication, understanding, problem solving, and accountability. The group remains focused on improving practice in working with the children and families within the circuit.

The 23rd Judicial Circuit has developed a voluntary Drug Court program for parents with a pervasive substance abuse issue. Participants must agree to participate in the program for one year. Parents are drug tested weekly, meet with the Judge and members of their Family Support Team weekly, and gain a strong support system to prevent future relapse. This program is an asset to the circuit as it has reduced the recidivism rate and increases the likelihood of children being reunified with their parents.

Supervisors within the circuit offer various trainings for community partners, which include presenting at the Truancy Conference, offering mandated reporter training to schools and the Sheriff's Department, and presenting information regarding foster care to stakeholder agencies. These collaborations provide an opportunity to share information regarding each agency's mission, practices, and policies which help to provide better outcomes for families.

Jefferson County Children's Division has a representative that sits on the Child Fatality Review Panel. This is a monthly meeting. All fatality cases of children (0 - 17) having died in Jefferson County are reviewed. The cases remain on the review list until the medical examiner has signed out the cause and manner of death and the prosecuting attorney has made a decision if criminal charges are to be filed.

Jefferson County Investigation supervisors participate in monthly Child Advocacy Center (CAC) Case Reviews along with representatives from the CAC, Prosecuting Attorney (PA), Law Enforcement agencies, and Juvenile Office. All cases where children have been interviewed at the CAC are reviewed and discussed as to what actions are still needed. Cases remain on the review list until the PA has made a determination as to whether criminal charges will be filed.

Jefferson County Supervisors and Workers work in collaboration with the various school districts to hold prevention meetings for at risk students. These meetings are held for truancy, behavior issues, and educational issues in an attempt to work with the family on a voluntary basis to prevent these issues from rising to the level of abuse or neglect. Together the family, school, community members, and Children's Division offer services that everyone feels would be beneficial to the family in order to resolve the issues before a hotline is needed.

Children's Division and ComTrea, the local mental health provider, have worked together to provide families with a working and sustainable treatment plan. Working together has provided families with more customized intensive services. For families with multiple needs the collaboration has been able to find a treatment plan that will help the family address all of their needs between the two agencies. This provides the families with a wider range of services that not only address any abuse or neglect but also any mental health issues. This allows the families to utilize all the services between agencies to help them make the changes that are needed to have a healthy family.

Jefferson County Children's Division recently partnered with Jefferson Community Partnership, DMH, and ComTrea to draft an MOU for the Foster Youth to Independence Initiative. The purpose of this initiative is to assist young people aging out of foster care and who are at extreme risk of experiencing homelessness. Through the Foster Youth to Independence Initiative, housing vouchers are available through local public housing authorities to prevent or end homelessness among young adults under the age of 25 who are, or have recently left, the foster care system.

Jefferson County Children's Division has three members on the Jefferson County Foster Care Fund (JCFCF). This organization receives donations and raises funds to provide scholarships and funding for individual foster children. JCFCF also puts together yearly events that include an Easter egg hunt, Foster Parent Appreciation Picnic, and a Christmas Party for foster children and resource providers. JCFCF also offers programs for each individual foster child to include birthday buddies, infant layettes, and a necessity nook.

24th Circuit:

Children's Division in the 24th Circuit works closely with the Faith Based partners in each of the four counties. Liaisons in all four counties reach out to many of the churches in the circuit to assist with resources for families as well as building support networks. The Faith Based partners also work with the Children's Division throughout the year to plan and coordinate a Christmas party and provide presents for the children in alternative care. This has been huge undertaking

that the partners come together to accomplish. Other events include CD and Faith Based partners coming together for recruitment activities within the community to build the pool of available resource parents.

Children's Division staff has also been directly involved in development of the newly implemented Family Treatment Court in the 24th Circuit. Quarterly meetings of the Steering Committee are attended. The committee is apprised of Juvenile Court Officers, local attorneys, Circuit Court Judge, Circuit Commissioner, County Health Department Director, representative of DMH administrative agent, Law Enforcement, a community member, and a school representative. This team assists the Treatment Court team with implementation and development of protocols to design a program that is beneficial and productive for clientele.

The 24th Circuit also is part of the 24th Family Treatment Court team. There are two dedicated Children's Division workers and one supervisor who work directly with the team to provide the participants and families with services that promote successful intervention. This has been a huge impact to circuit success in reunifying families involved with substance abuse issues.

Two circuit supervisors attend monthly meetings for Child Advocacy Center multi-disciplinary team staffing. This is to identify needs in the cases that will move toward prosecution through criminal charges. These meetings are to enhance practice as a multi-disciplinary team following/advocating for victims of abuse.

At least one Children's Division representative attends monthly Systems of Care meetings in the 24th Circuit. These are in collaboration with school personnel, DMH administrative agents, and other community stakeholders. These meetings are very successful in integrating services and best practice to those families in the community who are involved with several different agencies.

The 24th Circuit Manger is a member of the Fatality Review Board for all the counties in the circuit. This meeting is held upon the fatalities of minor children in the area to determine need of intervention or education for the community about safety precautions.

CACA is new to the 24th Circuit and there is one representative from Children's Division who is part of the CASA steering committee. The committee meeting quarterly.

Children's Division has representation with the Washington County Health Coalition. These meetings are quarterly and the group collaborates on health issues impacting the county. These concerns may include COVID-19 issues as well as Opiate use in the community. Membership of this coalition is comprised of school personnel, health department and other members of the medical field. Community members, law enforcement, and other agencies also attend these meetings.

24th Circuit also works locally with Juvenile Court Judges, attorneys, and Juvenile Court staff yearly to exchange feedback to best serve families. Training needs for Children's Division workers and Juvenile Office staff are also discussed.

24th Circuit also represents Children's Division in the community-based Well of Hope organization in Washington County. This group meets quarterly to educate the community and assist with resources.

The staff in the 24th Circuit continues to work towards community collaboration throughout the year by giving presentations at various teacher workshops, health fair events, and other community events within the four counties of Washington, St. Francois, Ste. Genevieve, and Madison.

25th Circuit:

Children's Division works with The Community Partnership (TCP) in Rolla in a number of ways:

- Contractor for the Chafee Independent Living program
- Contractor for the Personal Responsibility Education Program for foster youth (sex education classes)
- Co-Host and sponsor of the Annual Linking Hearts Adoption Event
- Partnership staff serve as a regular community member for PPRTs and adoption staffings
- Serves as an information and referral network to connect Children's Division workers and their clients to various resources in the community to meet their needs
- Assists with foster parent training by providing a free resource lending library for them to use for training hours and participates in STARS panel
- Serves as fiscal agent for local Children's Division donations
- A Children's Division representative serves as a member of the organization's Advisory Council to provide input on trends in the community (concerns, needs, gaps in services, etc.).

There is an MOU with Fort Leonard Wood (FLW) to conduct investigations and assessments on base. In this, the Children's Division is also a part of the Case Review Committee (CRC) team. This is a multidisciplinary team appointed by the Garrison Commander and supervised by the General Leonard Wood Army Community Hospital (GLWACH) Commander to handle cases involving a Military Family where the children have or are suspected of having been abused. The 25th Circuit Manager or designee attends these CRC meetings as well as any Child Fatality reviews.

The 25th Circuit is also working with two different foster parent organizations, Central Missouri Foster Care and Adoption Association and Foster and Adopt Connect. Children's Division is

able to refer families to receive clothing/resources; foster parent training; home studies and recruitment of foster parents; extreme recruitment and finding connections for youth with a goal of adoption; etc.

Starting October 2019, Meramec Regional Planning Commission (MRPC) was granted a two phase, three year project through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in an effort to rid the Meramec Region of the opioid epidemic. The target population of this project is at-risk children, youth, and families who use opioids, are at risk for using opioids, or have family members that use opioids. This includes children, youth, and families in all eight counties of the Meramec Region: Crawford, Dent, Gasconade, Maries, Osage, Phelps, Pulaski, and Washington.

Phase 1: Planning

- Dates: October 1, 2019 - September 30, 2020
- Goal: Increase agency collaboration to foster a multisystemic response to the opioid crisis.
- Objectives: Develop a multi-agency consortium of stakeholders that have a regional representation of law enforcement, prosecutors, courts, probation, Division of Family Services, health care, mental health, and prevention organizations; Coordinate with OJJDP to conduct community needs assessments and SWOT analyses.

Phase 2: Implementation

- Dates: October 1, 2020 - October 1, 2022
- Goal: Reduce negative outcomes for children, youth, and their families impacted by the opioid crisis.
- Objective: Implement a minimum of three multisystemic strategies to reduce youth opioid abuse and opioid-related deaths.

C-STEM collaboration between CMH, CD, and TCH: Partnership to meet as many needs of the community as possible. The collaboration shares ideas and concerns and problem-solves as much as possible.

The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates.

The 25th is involved with Kids Harbor II, the local Child Advocacy group. Phelps, Pulaski and Texas Counties have involvement with Multi-Disciplinary Teams. The circuit works locally with all Food and Service facilities in each county that offers assistance.

32nd Circuit:

The 32nd Circuit collaborates with a number of agencies in an effort to meet the needs of children and families. There are workers who regularly attend monthly meetings at the Caring Community Council. These meetings are held with First Call for Help, Mental Health, Housing, and Division of Youth Services (DYS) staff. The Caring Community Council has various grants through which services can be accessed. They offer family assistance with payments for utilities, housing programs, and cleaning supplies. There are Children's Division staff members who attend quarterly case manager meetings. A variety of issues are discussed at each meeting that affects case managers and clients in the area. Staff also attends The Children's Coalition, which includes adoptive and foster parents and other interested individuals, as well as representatives from local foster and adoption organizations, such as CASA (Court Appointed Special Advocates), Hope for One More, Lutheran Family and Children's Services, and Room for One More. These organizations offer support to families and foster families in the area. The coalition promotes community events related to foster and adoptive families and promote events that offer training hours to foster parents and relative providers. The team works together regarding the best way to promote events in an effort for families to get the support they need. The 32nd Circuit also partners with the EPIC coalition in supporting local events to reach out to children and families in regards to substance abuse awareness and substance abuse. EPIC also provides staff to assist with supervised visits between parents and children in state's custody. Support through both the family and adult drug courts working with CD staff have worked to promote activities and provide support for children and families.

Perry County in the 32nd Circuit has a System of Care to have local stakeholders involved for families with children with severe mental health needs. This is a collaboration with the Department of Mental Health through the Community Counseling Center and with the participation of other service providers in the area. The Juvenile Office is also involved. There is already an established Systems of Care meeting in Cape Girardeau which meets monthly whereby Children's Division meets with DMH, CCC, Catholic Charities and School personnel in an effort to wrap around services for families with children with severe mental health and other issues.

When needs cannot be met for families and children through other resources and agencies, the 32nd Circuit is able to go through the Care Portal for assistance. The Care Portal was developed with Churches in both Cape and Bollinger Counties. The Care Portal has provided families with such things as furniture, bedding, air conditioners, utility assistance, and other necessities. In addition, the 32nd Circuit has Fatality Panel meetings (to look at ways to possibly reduce fatalities and look for certain trends and possible risk factors), and quarterly meetings with Safe/Care providers.

The 32nd Circuit currently has assistance through United Health Care in evaluating children for trauma and assisting staff with medical needs children.

The Children's Division also works with Preferred Family Healthcare's Southeast Chafee Program which has partnered with University of Missouri Extension and Vocational Rehabilitation to ensure that all youth in the southeast region who are in 9th grade and beyond with any type of diagnosis or IEP will immediately be provided employment and education services that are available to them.

The Southeast Region is also able to work with the Older Youth team (Royals) for case management. The circuit is able to refer older youth to this unit specifically to assist older youth in aging out of the system with housing assistance and employment opportunities. These workers have a specialized caseload and are able to dedicate their time and resources to support older youth.

In an effort to help parents, the Children's Division partners with One City, which is a program to help adults find gainful employment in the Cape Girardeau area. One City provides support through education and employment assistance with interviews, resumes, and connections in the community.

33rd Circuit:

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

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

The 33rd Circuit also has a Systems of Care Program. This is a collaboration with the Department of Mental Health through Bootheel, the Juvenile Office, School Liaison, and Catholic Charities to provide wrap around services for families with children who have severe mental health issues and other issues. Many other community partners come depending on the child and the families.

There is also a Fatality Review Panel which meets whenever there is a fatality in the community. This is made up of the Juvenile Office., Prosecuting Attorney, Law Enforcement, STAT team member, and medical professional. This panel discussed ways to possible reduce fatalities in our community and look for on-going trends.

Multi-disciplinary team meetings are held quarterly. Law Enforcement, Prosecuting Attorney, CA/N Supervisor, and the Juvenile Office meet and speak about how the process is going, pending cases, and discuss any concerns as they arise.

34th Circuit:

In New Madrid County, a monthly System of Care meeting of community partners is held in the Children's Division offices to staff children or families who are referred by various sources. Participants include: Children's Division, Perry County Disabilities Determinations, local school staff, DMH staff, DYS staff, representatives from the Administrative Agent, etc. Through the collaborative efforts of this group, services have been accessed for children in foster care as well as children not in foster care. Everyone coming to the table at the same time has a willingness to offer their agency's resources, if appropriate.

The Pemiscot County Initiative Network (PIN), based in Caruthersville, has been able to obtain some funding to assist with the needs of children in foster care. This very generous resource has been able to assist with the purchase of activity fees for children as well as instruments, sports equipment, camp fees, uniforms, etc.

At Christmas, Children's Division collaborates with the Salvation Army in the Bell Ringing in both counties. In 2020, bell ringing occurred at Hayes' Supermarket in Caruthersville as well as Walmart in Sikeston. In turn, Salvation Army assists CD with requests for funds for families throughout the year. Salvation Army also assists CD with the annual foster care Christmas party.

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

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

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

In Pemiscot County, a lead Children's Division staff continues to participate in the Family Support Provider's Coalition which is a team of community representatives who meet monthly to discuss community activities, events, agency offerings, etc.

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

One of the churches in Pemiscot County is in the planning stages of developing a support program for youth in foster care. This program is a direct result of the Jurist in Residence meetings described above. The group is called ReachUp Outreach Ministry and is for children age 6-17. They sponsored a large community event for youth in foster care which was attended by many community residents.

35th Circuit:

In the 35th Circuit there are collaboration meetings throughout the circuit that meet monthly, quarterly or bi-annually including the following:

- Systems of Care Stoddard – monthly - The Children's Division along with local stakeholders come together to support families with children with severe mental health needs. This is a collaboration with the Department of Mental Health through Bootheel Counseling Center and with the participation of the Stoddard County Juvenile Office. These meeting transpire in an effort to wrap around services for families with children with severe mental health and other issues.

- Stoddard County Resource Council – monthly - This meeting serves as a collaborative event with local stake holders each stake holder provides an update to the services, programs and incentives in place within their agencies. These programs include but not limited to MERS Goodwill, Bootheel Counseling, MPACT, Parents as Teachers, and Stoddard County Case Management through the Dept. of Mental Health.
- Parents as Teachers-A semi-annual meeting is attending along with other stakeholders to explore services, resources and additional educational options for children under age five within the county.
- SEMO College meetings are held with different stakeholders at each campus, this is a FOCUS group to try to get kids in college, planned parenting, and working for investments in the future.
- Infant Mortality Board through Bootheel Consortium-Dunklin and Stoddard-Quarterly – focus on exploring strategic ways to prevent child deaths, targeting pre/postnatal women and families struggling with mental health issues.
- Child Fatality Review Boards-Stoddard and Dunklin periodic meetings reviewing deaths of children 17 and under in each county.
- Superintendent Meetings are held quarterly in Dunklin County with all area school Superintendents, the Juvenile Office, the Juvenile Judge, and the Children’s Division supervisor and Circuit Manager. Various topics are discussed, including mandated reporters, SAFE exams, and the procedure, legislation, and how all agencies can work more congruently together.
- Multi-Disciplinary Reviews-Stoddard and Dunklin – Quarterly- meeting with Child Advocacy Centers-Prosecutors and Law Enforcement-the meeting serves to advise all parties the status of the pending CA/N and criminal investigations in regards to children that have completed SAFE exams.
- Children’s Home boards meetings are held monthly in both Stoddard and Dunklin Counties.
- CASA-Dunklin County-The Division and CASA work together in all juvenile cases through Dunklin County.

The Children’s Division Circuit Manager keeps Judges, Juvenile Offices, GAL, Juvenile Office and attorneys advised of changes or updates. One-on-one meetings are also held to discuss changes and develop local protocols if needed to ensure a holistic approach

Contacts remain with the local newspaper and online newspaper to help assist with recruitment efforts -all staffed by state office contacts.

Local Business’s in Stoddard and Dunklin have advertised scheduled foster parent classes through billboards and flyers

Faith-based agencies assist and provide support for foster children and foster parents with Christmas parties for youth in foster care as well as Foster Parent Appreciation dinners. Local

churches are also instrumental in recruitment efforts, sharing with congregations periodically a need for foster parents in the circuit. Several churches have “clothes closets” for any child in need.

36th Circuit:

The 36th Circuit Children’s Division works closely with several community partners:

- Butler County Community Council (CRC) – This group meets monthly with various community partners including Children’s Division, Probation & Parole, Department of Mental Health, Family Counseling Center, Southeast Behavioral Health, Foster Adopt Connect, Great Circle, University of Missouri Extension, local public schools and Three Rivers College. Local CD staff attend and participate in four committees: Juvenile Crime Reduction, We Can Be Drug Free Coalition, Mental Health Sub-committee, and Domestic Violence Taskforce. With the support of the CRC, yearly conferences are hosted for various topics including Autism, Suicide Prevention, Anti-bullying, Child Abuse & Domestic Violence, Grandparents Raising Grandchildren.
- Ripley County Community Partnership (RCCP) – This monthly meeting is held during the lunch hour with lunch catered each month by RCCP. Members consist of individuals from CD, DHSS, Probation & Parole, Salvation Army, Adult Education & Literacy, MERS Goodwill, Ozark Foothills Regional Planning Commission, Great Circle, local public schools and law enforcement. Updates are provided by each agency with a special presentation each month. The RCCP Program Director provides free parenting classes to families as needed. Another valuable service provided by RCCP is the SkillUP Employment program and Coaching. RCCP also provided Christmas gifts to all foster children in Ripley County.
- Family Counseling Center (FCC) - Children’s Division works cooperatively with the Family Counseling Center to provide Systems of Care (SOC) services. A team of community service providers meets monthly to staff a particularly difficult case in an effort to develop a good service delivery plan for the child/family. Team members can refer families of concern. If a family is selected, the team will meet with the family to gain information and discuss what services could benefit the family. The team then follows the case to monitor progress.
- Substance Use Disorder Treatment Centers – The 36th Circuit substance use disorder treatment resources consist of SEMO Behavioral Health that has both inpatient and outpatient services as well as a few different outpatient faith-based programs. Crossroads Recovery for men, Recycling Grace for women, Christ’s Way Recovery for both men/women Reformers Unanimous and Fellowship of Acceptance, a family focused treatment program. CD collaborates with representatives from all of these programs to meet the specific needs of the family.
- Bread Shed - This local resource has been a tremendous support to the community through monthly food distribution in Butler County (2nd Saturday) and Ripley County (3rd

Saturday). The Bread Shed also hosts a free lunch open to the public every Sunday afternoon. Support is available to provide emergency food/household items and unlimited supply of diapers for children/families in crisis. This has become a valued resource for CD staff. Bread Shed coordinators have provided unconditional support to CD over the past few years. The Bread Shed building has been made available for foster parent recruitment events and the annual Foster Parent Appreciation dinner.

- Faith Based Community –For the past 2-3 years, The Bluff Church has hosted a very successful drive within the Poplar Bluff community to raise awareness and get numerous donations of personal/household items/gift cards for foster children and intact families. Westwood Baptist Church has hosted the annual Foster Kids’ Christmas party for the past several years. Several churches have hosted recruitment events in an effort to increase the numbers of resource families to take in children either through foster or respite care. Representatives from the churches (foster/adoptive parents) have done radio PSA’s, paid for Facebook promotional ads, used billboards and yard signs to assist in recruitment and raising awareness. The work to engage the faith based community is an ongoing process.
- Foster Adopt Connect (FAC) – Staff at FAC have been very supportive to the local CD offices in a variety of ways. They often attend PPRT’s/TDM’s and Level II CQI as community representatives. They have also assisted with the Foster Parent Appreciation Dinner. They support and advocate for resource parents and have opened their clothing store (Sammy’s Window) to not only foster children but also FCS families in crisis situations. FAC and the training team in the 36th Circuit often partner to provide resource parent pre-service and in-service training on a monthly basis. FAC manages a number of resource homes within the Circuit which is a tremendous support to the local resource team. The FAC licensing worker also attends the monthly unit meetings with CD resource unit to assure more consistent service delivery for resource families.
- Haven House - Women’s domestic violence shelter – CD works closely with staff at Haven House who provide crisis support, parenting education and advocacy. Haven House staff attend FST’s/ TDM’s, Court and often assist with employment and housing. CD Circuit Manager serves on the Haven House Board of Directors.
- Great Circle Child Advocacy Center, Women’s Center & Emergency Youth Shelter - The CSW IV for the CA/N unit, law enforcement and Prosecuting Attorney attend monthly MDT meetings hosted by Great Circle CAC to review outcome data and track court cases resulting from CD involvement. Great Circle also works closely with CD to provide emergency residential treatment when kids come into care as well as provide emergency crisis care for children who are not in care. Great Circle representatives provide a lot of support to CD staff through frequently attending FST’s when needed. Great Circle is also a Level II CQI participant.
- Butler County Truancy Court - Children’s Division, the school attendance officer and Juvenile Office have developed a very good system of collaboration on truancy cases. The CSW IV for the FCS unit is the truancy specialist for cases related to educational

neglect. She attends all truancy court hearings and provides input as to what CD can/cannot offer a youth or family before the FCS referral is made. By developing this rapport with the truancy court team members, it helps prevent inappropriate FCS referrals and/or requests for custody from being made. TDM's are now held prior to a petition being filed for CD custody due to educational neglect.

- Child Fatality Review Board in each county meets whenever there is a fatality in the community. The team consists of CD, Juvenile Office, Coroner, law enforcement, Prosecuting Attorney, and local medical professionals. The panel reviews the fatality incident and addresses ongoing trends in an effort to reduce future fatalities.
- Quarterly Collaboration Meetings - CD, Family Counseling Center, and Juvenile Office meets for breakfast to discuss service delivery issues, improve interagency protocols and address concerns.

37th Circuit:

The 37th Circuit has a strong working partnership with the Oregon County faith-based group. The group arranges for monthly food distribution. The group tries to reach out to families who are working and do not qualify for the SNAP program. Churches donate money, and food is purchased at area food harvest centers. Church workers transport, package and distribute the food. The faith-based group is working to reestablish the soup kitchen on a monthly basis. In addition, the group loans DVDs of The Parenting Skills Program 123 Magic to families and discusses them with parents in individual parenting need. The group is looking into the feasibility of establishing a homeless shelter for families in the area. A site has been donated. On an ongoing basis, the Division will contact the employee who is involved with the faith-based group to let the group know of specific needs of families, such as furniture and bedding.

The 37th Circuit also partners with Birthday Blessings who provide birthday presents, cake mix, candles, cups, plates, and decorative cups for all children who are in care or a part of a Family-Centered Services Case. Birthday Blessing makes sure to wrap all gifts with cheerful wrapping paper and bows and places them in duffel bags, so if children have to move, they have something in which to put their clothes. Birthday Blessings also furnishes each child in Alternative Care a small Christmas gift.

The circuit also partners with the Diaper Resource Center, which provides diapers to those in the 37th Circuit with need. They also work with foster parents who may have children with special needs that require additional diapers that the Children's Division diaper allowance or Missouri Health Net does not cover.

42nd Circuit:

The 42nd Circuit has two Systems of Care Meetings quarterly. One is in Iron County with Pathways, and the other is in Wayne County with the Family Counseling Center. These meetings

are to coordinate services and care for families in need in the community. They have been being held virtually due to the COVID- 19 pandemic.

Prior to the COVID-19 Pandemic the circuit was having quarterly Multi-Disciplinary meetings in Crawford, Dent, Iron, Reynolds, and Wayne counties. These meetings are now being held virtually.

At the start of 2020 there was a collaboration with the Juvenile Office and Judge Thompson along with Law Enforcement, prosecuting attorney, CD, and Victims Advocate to do mock trials, education, and outreach with local school districts. This continued until the end of March 2020.

Circuit staff participate in meetings with CASA- court appointed special advocates to work to work out any case issues or concerns.

Southwest Region:

- The 26th Circuit currently has monthly meetings with the Lebanon School District and Eldon School District. New policies and changes occurring with the Children's Division are shared with school administration or speakers provide information to the school in regards to abuse and neglect. The school also shares struggles and concerns which are discussed. The Camden County Child Advocacy Council runs a thrift store in Camdenton and provides the local Children's Division office with funding such as gas cards, lice treatment supplies and other necessities for families. The Circuit Manager and local DLS attorney meets with the Chief Juvenile Officer periodically to discuss concerns and new ideas for the Circuit. The Children's Division has again collaborated with the Juvenile Office and Kid's Harbor (local CAC) to provide information to all of the churches in the Circuit. The Juvenile Office provided funding to have pamphlets made, and currently, staff is in the process of delivering them to the churches. Churches have agreed to hand these out one Sunday in April since it is Child Abuse Awareness month.
- The 27th Circuit Children's Division has developed a strong relationship and works collaboratively with the 27th Circuit Juvenile Office. The 27th Circuit Juvenile Officers are involved with open investigations when necessary, attend Family Support Team meetings on Family-Centered Service families, attend home visits with Children's Division staff, etc. The 27th Circuit holds monthly court staffings between the Juvenile Office, GAL and Children's Division staff for all three counties to better prepare for each month's juvenile court hearings. Normally, these court staffings are held the Monday prior to the scheduled Juvenile Law Day. These court staffings allow for Children's Division, the Juvenile Office, and GALs to review the Children's Division's court reports and discuss if further information will be needed for the Juvenile Court Hearing. The 27th Circuit Children's Division and Juvenile Office managers also meet every other month to discuss upcoming statute and practice changes for each agency and how those changes will affect the circuit.

- Bright Futures of Clinton - Since September 2014, the Clinton Community has partnered with other Bright Future Initiatives to be able to provide for children's needs in the Clinton School District. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support Clinton school children. The goal is to meet the needs that may go unmet and also to provide mentoring and other programs and efforts to help nurture local children into the thriving, successful, contributing adults the community knows they can be. Children who are hungry, cold, tired, humiliated, etc. cannot learn and succeed. It is the goal of Bright Futures Clinton to combat these barriers to success by forming relationships, connecting, and working together. Currently, the Children's Division has a staff serving on the Advisory Board. Examples of their projects, including the following: community book drive, Monday with Mom, Back to School Fair, mentoring program, adopt a class/school, meeting individual students' needs, etc.
- Door of Hope is a faith-based, non-profit organization, which provides parenting education and support to parents in the Clinton community. The organization recognized the importance of father involvement and has groups and individual meetings, also, within Door of Hope. There is a Maternity House called "Well of Hope," which is designed for teenage and young moms who may be homeless. Currently, there is a Henry County Children's Division staff member who meets with Door of Hope to ensure families are receiving the support they need to be successful.
- Lily's House- The goal of Lily's House is to provide temporary and emergency housing to women and children in the Bates County area, and have plans to expand to surrounding areas. The founder of the organization is a Bates County foster parent and recognized a need to keep mothers and children together despite their drug addiction. They plan to provide supports of parenting education and transportation. The organization has partnered with local professionals, including Children's Division in order to collectively serve the families of Bates County.
- The 28th Circuit currently engages in collaboration with community partners throughout its four counties. Dade County has a monthly meeting – County Connections – which includes individuals from Health Department, Work Force Development, Emergency Management, Ministerial Alliance, OACAC, Conservation Department, Children's Division, schools, County Commissioners, Community Partnership, and other individuals who have an interest in service to the community. The group has been involved in Drug Take-Back programs; school back pack weekend food projects, domestic violence prevention, child abuse/neglect prevention discussions, foster parent recruitment

opportunities, and other activities. The Greenfield Area Ministerial Alliance and Vernon County Ministerial Alliance partners with Children's Division to meet specific needs when they are identified for our families and children

- Collaboration also occurs in each of the 28th Circuit's four counties with public schools. The Juvenile office coordinates meetings with a majority of the public schools monthly to share resources and agency information to help promote beneficial services to families. Children's Division actively participates in these collaborative efforts. Partnerships also exist with several non-profit organizations that support child welfare throughout the Circuit. Two of these organizations are the Child Advocacy Council and Fostering Hope. The Child Advocacy Council provides services such as financial support to families engaged in services with Children's Division and promotes child abuse awareness within the community. Fostering Hope is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children's Division staff. The 28th Circuit has also gained support from the Lamar Elks Lodge & Lamar Girls Scouts in an effort to make Children's Division children feel special on their birthday through a program called "Birthday Celebrations." Children's Division also collaborates monthly on the Vernon County domestic violence task force.
- Fostering Hope, in the 29th Circuit, is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children's Division staff. Fostering Hope is primarily made up of foster parents, but it has a wide network of faith and non-faith-based connections which contribute to the overall mission. Fostering Hope opened the Caring Closet, where foster children and resource parents can go to get clothes and some other needs met, above and beyond what the state can and does provide. The organization also partners with the Children's Division to hold a community child abuse prevention and awareness event. Also, the organization is an important partner in holding our foster parent appreciation dinner and employee recognition events. Fostering Hope helps agency staff connect children's needs with actual goods and services the youth need, which many times cannot be met in any other manner.
- One of the other major community collaborations in the 29th Circuit is One Joplin, where community leaders from nonprofit agencies come together to discuss and plan community awareness and interventions connected to major social issues. Children's Division was involved from the very beginning and has helped shape the agenda to include focusing on child abuse and neglect.
- Dallas County: the Dallas County Resource Group is a team that meets monthly in Buffalo, Missouri, led by the Dallas County Health Department. The group consists of

people from local resource agencies, for example, the schools, DMH, Health Department, medical facilities, Children's Division, Bikers Against Child Abuse (BACA), LE, etc. sharing input on what their agencies are doing/involved in and making sure all community partners are aware.

- Webster County: the Children's Division Supervisor sits on the Advisory Board for ZuZus house, which is a collaboration to open a transitional living home for high school youth, not in foster care. The supervisor also sits on the board for Parents as Teachers and meets monthly with the Forgotten Initiative to discuss collaborative efforts with foster kids/foster families/worker support etc. A Webster County Children's Division representative also participates in drug court twice a month.
- Hickory/Benton Counties: Work with the Salvation Army, which provides Children's Division with emergency gas vouchers, clothing, and furniture for families in need. Benton County Youth Coalition (BCYC) is a non-profit organization that focuses on the betterment of the Benton County youth by preventing substance abuse by educating youth on its dangers. Community Faith-Based Initiative involves numerous church organizations, Children's Division, School, community members, and volunteers. It is a nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children's Division staff. They have obtained necessary supplies to meet the needs of children of all ages coming into care. Once a year community members, churches, organizations, and business' come together to provide a wonderful Christmas party for the children in foster care. They provide gifts for all adopted and foster children, a meal for all children and family as well as games and fun.
- Polk County: Children's Division representative is a member of the ABC/TEAMS collaborative that works to identify issues/barriers for families in the community and identify solutions. An offshoot of this effort is the Opioid Summit Taskforce formed to address the challenges of opioid addiction within Polk County. A Children's Division representative also attends the Polk County Area CIT meeting in conjunction with Polk County Law Enforcement and other Social Services agencies to discuss incorporation of Trauma-Informed Treatment and response into law enforcement and social services interventions. Children's Division is also represented on the Community Taskforce, a collaborative effort involving the schools and various social service agencies to address the issue of Child Sexual Abuse in Polk County.
- In the 31st Circuit, the Child Abuse and Neglect Collaborative has been meeting regularly since January 2013. Five sub-committees were created to focus on supporting children in child welfare, family support, marketing, bringing in the faith community, and mental health issues. Membership includes representatives from many areas, including

mental health, schools, child advocacy, BACA, childcare, victim's services, health/medical services, and public and private child welfare agencies. The Child Abuse and Neglect Collaborative has created these priorities with 19 tasks:

- Priority # 1: Prevent Child Abuse and Neglect through strengthening families
- Priority # 2: Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary resources and services
- Priority # 3: All suspected child abuse and neglect will be reported to the Missouri Child Abuse and Neglect Hotline
- Priority # 4: Springfield and Greene County will have a quality understanding of child abuse and neglect and will know how to respond to the needs of the community
- Priority # 5: All businesses, civic, and faith-based organizations in Greene County that work with children will be prepared to prevent and respond to child abuse and neglect

The 31st Circuit also has a Greene County Advisory Council which meets quarterly to discuss updates within Children's Division with the community to request their input. The Advisory Council is made up of members from court, the crisis nursery, community partners, foster parents, CASA, public schools, local universities, faith-based organizations, and our child advocacy center.

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

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

- The 38th Circuit has collaborated with Cherish Kids for numerous years to support foster families, foster children, the Children's Division staff and families in the community. Cherish Kids is a faith-based not for profit organization based in Ozark, MO at James River Church. Cherish Kids helps with the recruitment of foster families and with locating families for children who need placement. In addition to this, they hold numerous events throughout the year to support foster families and children in their home. It has been a coordinated effort between the Children's Division and Cherish Kids for numerous years, creating a strong working relationship. The 38th Circuit also has a

CSW III attends a community-based meeting with the Ozark School District to discuss difficult children and locating services outside of the school's scope of service.

- The 39th Circuit currently engages with the Angels for Children to partner with and support families. Angels for Children provides monetary assistance for services aimed to prevent entries into foster care such as energy assistance, furniture, clothing, and food. They also partner with Children's Division to reach one of their goals which is to fill a Christmas wish list for every child in foster care. The 39th Circuit also participates in Systems Of Care, which is a collaborative meeting of leadership positions within all agencies in the area that have a hand in child welfare. These include the Children's Division, the CAC, schools, local DMH providers, Juvenile Officers, medical facilities, LE, Voc. Rehab and DYS. Through this meeting, leaders problem solve together and often discuss individual cases to ensure the system surrounding a family is functioning well.
- The 40th Circuit engages with the Friends of Newton/McDonald Counties to increase the health and wellbeing of children and families. Friends of Newton/McDonald Counties provide monetary assistance for preventative services (gas vouchers, prescription assistance, utility assistance, furniture, etc.) as well as assists with the wellbeing of children in foster care by sponsoring school supply drives, toy drives, and the foster kids Christmas parties. The group has enabled foster children to attend camps, Boys State, and proms/dances; they may not have been able to attend without this assistance. The Exchange Club of Neosho, Missouri has partnered with the Children's Division to provide monetary assistance to children in protective custody for extracurricular activity expenses (shoes for track, fees for baseball, soccer and sports equipment, formal attire for prom and tuition to camp).

The 40th Circuit also partners with local community groups; the organization 417 provides winter coats for all children in foster care in the circuit, and Bundles of Hope provides backpacks (filled with a blanket, pajama's, stuffed toy, toothbrush, toothpaste, and soap) for all children when they enter foster care. A recent partnership with the Faith-Based Community has expanded resources to children, families, and resource parents. Cherished Kids has adopted an area in the office to create a trauma-informed/safe zone for children when they are visiting the office. Cross Church assisted with providing gift baskets for the youth who attended the Older Youth Summit 2019. Fostering Hope assists graduating students with their senior portraits and invites the Resource and Adoptive parents in the 40th Circuit to attend quarterly craft and coffee nights. Fostering Hope also helped with providing gifts at Christmastime for children who were case managed by the contractors. The 40th Circuit and PCHAS have partnered to sponsor community collaboration meetings with local schools, DMH providers, service providers, Juvenile Office, DYS, and medical personnel to discuss ways the community can partner with

Child Welfare Agencies to safely transition children out of Congregate Care and into a community setting. These meetings are held quarterly.

- The 44th Circuit is a part of Wright County Resource Team that consists of local social workers who meet monthly to discuss local resources and activities available to assist the community. The group educates, networks, and raises awareness of resources in the community. The 44th Circuit has worked closely with the faith-based community to address the needs of the community. They have assisted with collecting donations and collaborate to provide a yearly Christmas Party for our foster parents and foster youth and provide essentials such as pajamas, shoes, etc. In 2018, expansion of this collaboration was introduced into each of the three counties and the faith-based community is working closely with the Children's Division to meet the needs of youth and families in the area.

The 44th Circuit has a local branch of "The Least of These." They provide a food pantry, clothes, toys, etc. for foster parents/youth as well as taking an interest in diversionary placements that might need additional material supports not provided by the agency. Additionally, the local chapter coordinates with foster adopt connect to provide training for local foster parents. The 44th Circuit has been adopted by Birthday Blessings. This organization ensures each foster youth in custody receives a birthday package which includes presents, cake, and party supplies, etc. as well as providing reading materials to each child at Christmas. Additionally, Birthday Blessings provides small care packages to workers periodically as worker appreciation.

- The 46th Circuit collaborates with Cherish Kids to support foster families, foster children, the Children's Division staff and families in the community. Cherish Kids helps with the recruitment of foster families and with locating families for children who need placement. It has been a coordinated effort between Children's Division and Cherish Kids for numerous years, creating a strong working relationship.

The 46th Circuit also collaborates with the Taney County Child Welfare Board to provide assistance primarily to children in the foster care system. Children's Division staff attends monthly meetings with the Board to have conversations regarding the current needs. The Board provides items needed by children in foster care not available through another resource, items in the office that reduce trauma for children entering care, and hold events throughout the year for foster families and children to attend such as Christmas in July. The Board also works with Ambassadors for Children to recognize the staff of Taney County Children's Division at least once per year.

The 46th Circuit recently began collaborating with CarePortal. A small network of churches has joined the CarePortal system and is currently taking requests for physical items. Staff is able to make a referral for a family, and local churches provide and deliver

the items. CarePortal representatives have been invited to meetings with the Children's Division to share information and gain an understanding of the needs in the area. Children's Division staff was recently invited to attend and participate in a poverty simulation to raise awareness with the participating churches and other community members.

St Louis Region:

- The St. Louis Child Abuse and Neglect Network (STLCANN) was established in June 2017 as a result of the merge of the St. Louis Family & Community Partnership and the St. Louis Area Council on Child Abuse and Neglect. Both organizations share a commitment to quality treatment for children and families who are affected by abuse/neglect and strengthening families to prevent abuse/neglect. The two organizations have partnered on projects and events in recent years. The network works to support families, prevent child abuse and neglect, and help ensure children have permanent relationships which help them safely thrive with families in their own communities. It is a coalition of more than 60 child-serving agencies and community partners in metropolitan St. Louis. Members include social service agencies, courts, police, schools, government leaders, and state agencies.
- Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a child wellness promotion grant program of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). In Missouri, Project LAUNCH is a collaborative effort led by the Department of Mental Health, in partnership with the Department of Health and Senior Services. The project's purpose is to create a coordinated system that addresses the needs of children ages 0–8 and allows them to thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills needed to succeed. Through education and awareness efforts, Missouri Project LAUNCH is charged with connecting and strengthening the supports for parents, pediatricians, educators, social service agencies and child care providers so that children ages 0–8 can thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. This program is specific to limited zip codes within St. Louis City.
- Fostering Healthy Families partners with Cardinal Glennon Hospital. Cardinal Glennon provides pediatric specialized healthcare services, focusing on continuous, comprehensive, coordinated, compassionate, and culturally sensitive primary care. This medical provider is a resource to the state agency, community coalitions, and kinship, foster, and biological parents, in an effort to improve the health and well-being outcomes of children birth through 12 years of age in foster care. Services include entry to care health exam, comprehensive health assessment, standardized developmental screening, a clinical mental health evaluation, counseling recommendations, referral and treatment,

education and anticipatory guidance to agency staff, fostering resource providers, as well as families, regarding normal child development and issues specific to children in foster care. The organization also provides ongoing primary care throughout the placement, extending into reunification.

- The SPOT (Supporting Positive Opportunities with Teens) program offers health care services to regional youth ages 13-24. Youth within these ages can access health and prevention services, obtain positive and educational health information, and youth can also be linked to the existing healthcare systems when needed. The Children's Division currently works with the SPOT's Coach Program. This program is designed to ensure foster youth are able to have stable and consistent access to health care services. Any foster youth age 13-17 in St. Louis City or County is referred to the COACH Clinic to receive their initial 30-day comprehensive exam mandated by the State of Missouri. Following this appointment, youth will also be given an opportunity to participate in a voluntary health education program focusing on healthy relationships, safe sex practices, and teen pregnancy prevention. Once enrolled in COACH, youth have continuous access to medical care, psychiatric services, dental services, and case management until age 25. While priority is given to youth newly entering care, foster youth who lack a primary care physician can still be referred to the program.
- Youth Emergency Room Enhancement (ERE) began as an initiative on behalf of the Eastern Region's Community Mental Health Centers (CMHC) and collaborating behavioral health service providing partners – hospitals, substance use providers, advocates, law enforcement, etc. The project is funded by the Missouri Department of Mental Health (DMH), whose leadership seeks to implement similar initiatives across Missouri in the future. The primary goal is to improve access to community care, reduce preventable hospital contacts/readmissions across the regions, and improve youth's quality of life. Youth ERE-eligible clients have significant behavioral health needs (serious emotional disorder [SED] or substance use disorder), are age 6-17 (over 18 if still in high school), residents or presenting as homeless in the targeted region not engaged in community behavioral health care and who are unlikely to easily engage in traditional services, (not active with a CMHC), and referred from participating hospitals or Community Mental Health Liaisons in partnership with police Crisis Intervention Teams. The Youth ERE project facilitates an integrated 24/7 region-wide approach. The youth engaged in ERE will typically be experiencing escalating behavior(s) that, without immediate intervention, may require a higher intensity and duration of services. It is anticipated many may be engaged in the foster care system, with unstable housing arrangements (and be potentially homeless).
- Youth Violence Prevention Program is a cross-sector group with representatives from across the region that will support and implement the coordination of violence prevention strategies in the St. Louis Region. This committee is responsible for advising and

implementing the Safe and Thriving Grant efforts of the City of St. Louis Health Department to develop a youth informed five years Strategic Plan for gun and gang violence abatement. The group demonstrates a commitment to violence prevention solutions that address racial inequity and systemic/structural racism valuing all cultures and recognizing strengths, needs, and aspirations without judgment. The group uses a data-driven process focused on transparency, community feedback, and actionable data and evolving priorities that will result in measurable improvements/outcomes. They foster a culture of equity that respects and values the contributions of every individual to create a safe community. The group strives to achieve systemic change and policy solutions locally, and within a regionally shared plan to reduce and prevent violence there is regional collaboration regarding resources, specifically, coordinate existing resources, and develop new resources to achieve a shared vision. In collaboration with the St. Louis Area Violence Prevention Commission this group works to reduce violent crime in the region by promoting and advocating a coordinated, well-resourced support system and interventions among area governments, institutions and agencies that serve individuals and families most at risk of violent crime. There is focus on a reduction in gun-related crimes, gun shootings, and gun-related deaths throughout the St. Louis Region specifically focusing on high-risk youth.

- The Juvenile Detention Alternative Initiative (JDAI) is a public safety partnership focusing on reducing the unnecessary and harmful use of secure detention for low-risk juveniles. The mission is to establish a more effective and efficient detention system. JDAI sites recognize the value of high facility standards in protecting the health, safety, and civil rights of detained youth. JDAI emphasizes the importance of maintaining safe and humane conditions of confinement in juvenile detention facilities.
- Systems of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges. This system of care is organized into a coordinated network builds meaningful partnerships with families and youth, and addresses their cultural and personal needs. Systems of care relate to child welfare, and this approach helps support the community in improving child welfare outcomes.
- Girls At Risk (GAR) Program serves girls who have experienced severe trauma, placing them in vulnerable situations. The GAR Program emphasizes prevention and treatment for girls who are victims of human trafficking or who are at risk of being trafficked. The GAR Program serves girls between the ages of 12-18 and will house a maximum of 14 girls. The program will improve the coordination of services between multiple stakeholders, including social services, mental health, juvenile courts, and education providers. This program will offer individual, family, and group therapy. The program will also include educational services. The GAR unit treatment philosophy is based on Dialectical Behavior Therapy (DBT) concepts.

- JET - Judicial Engagement Team works to facilitate the process for identifying, promoting, and disseminating court practice models, methodologies, and tools, improving access to justice and collaboration with the child protection agency and producing positive outcomes. The team contributes to the design, development, implementation, and evaluation of national best child welfare court practice. The team offers consultation in attorney best practice, court administration, and Court Improvement Program strategies. The team also collects, compiles, and reports court site data and coordinates reports with the state agency data unit to identify intersections and distinctions.
- The Children's Division/Division of Youth Services Collaboration: The collaboration focuses on youth who have been habitually absent from school due to truancy or educational neglect (dependent on the age of the youth). These youth require more structure around their education and differentiated educational plans. The treatment program works with parents and foster parents who are unable or who lack resources to engage youth in their education without support/structure. The program offers assistance to youth who have been suspended or expelled from school; youth who have missed school due to multiple moves or parents not being able to be involved; youth. In some cases, youth may have an IEP or other special education needs but parents have not been able to assist, and therefore the youth have not been successful in school. Other types of youth served include: youth who need more supervision throughout the day and more one-on-one guidance than they are currently receiving in a school setting; youth who are home (in the Children's Division custody) or in a foster home but continue to struggle with boundaries, being "beyond parental control" or other status offenses; youth who have been identified as a "problem" in school and need a fresh start; foster families who need help regulating youth to prevent them from placement in residential facilities or involvement with the juvenile office; youth that have been placed in residential facilities through the Children's Division who need more a structured transition back into foster care or home; and youth who cannot function in small group settings.
- City Interagency Team/County Interagency Teams: The St. Louis City and St. Louis County Interagency Teams (separate teams) were established to improve and increase the communications between the courts and the Children's Division. In an effort to work towards improvement, discussions are held regarding laws, policies, and data that impact the children and families being served as well as the functioning of both the courts and the Children's Division.
- Regional Implementation Team/Self Evaluation Workgroup: This group is an integration of the standing Self-Evaluation Workgroup and the Families First Prevention Services Act group. The purpose is to bring the community to the table to have frank and transparent discussions about the region's child welfare status, identifying what currently exists and what is needed to improve outcomes for children. The group looks at disproportionality, factors impacting families and the community, and always focuses on

the safety and well-being of the community's children. It also focuses on bringing the community together to discuss FFPSA, and is guided by the knowledge that children are best served when they can avoid congregate institutionalization. Better outcomes are achieved when parents can remain with their children in structured settings when dealing with substance abuse issues and the group focuses on overall prevention options and methods.

Assessment of Current Performance

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

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

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

A case review tool has been developed within the FACES system, which draws random samples of cases and provides individual case review data for workers and supervisors. The tool closely mirrors the On-Site Review Instrument (OSRI). The case review instrument includes the 18 CFSR items based on safety, permanency, and wellbeing outcomes. Program Improvement Plan baseline data and on-going monitoring will utilize the case review tool in FACES. These quarterly case reviews began in April 2018 and will continue throughout the PIP non-overlapping year.

Safety Outcomes 1 and 2

Missouri's CFSR Round 3 Data Profile dated February 2021 indicated the Children's Division successfully meets both safety indicators. For Maltreatment in Care, Missouri's Risk-Standardized Performance (RSP) is 7.17 victimizations per 100,000 days in foster care. This is

below the national standard of 9.67 but an increase from the previous data profile measurement of 5.84. For Recurrence of Maltreatment within 12 months, Missouri’s RSP is 5.0%, which is below the national standard of 9.5%. Missouri has consistently been below the national standard for safety indicators. Both the rate and percentage increased from the data profile provided in August 2020.

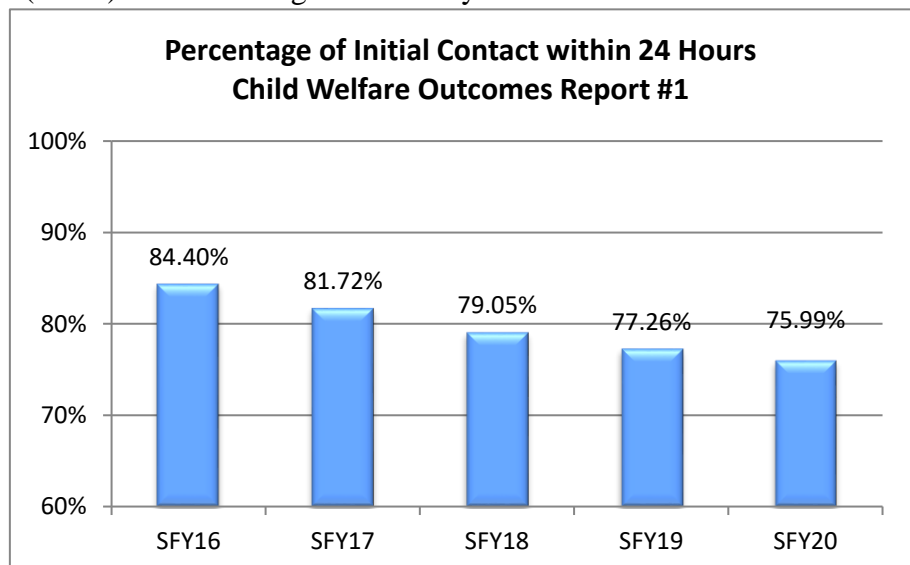
Safety Outcome 1

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

Missouri state statute requires all hotline reports to be initiated within 24 hours of receipt. The Children’s Division records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation or assessment. Therefore, the response time indicated is based on the time from the log-in of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy allows multi-disciplinary team members to make the initial face-to-face contact for safety assurance. The multi-disciplinary team member may include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. The Social Service Specialist will contact the multi-disciplinary 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.

Missouri’s CFSR in July 2017 resulted in 93% substantially achieved for timeliness of initiating investigations of reports of abuse or neglect. Case reviews for the past year (April 2020 – March 2021) have resulted in 82% (36/44) of cases being substantially achieved for this outcome. This falls short of the 87% adjusted goal established through the Program Improvement Plan. The most recent quarter of case reviews (January 2021) had a compliance rating of 100%.

The chart displays Children’s Division data from the state’s FACES Information system. A



decline in timely initial contact performance is reflected for the past five fiscal years. 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 81.8% for SFY 2020. This is a decrease from the previous year of 82.2%. The most recent information for FY21 indicates that this measure is improving, with the statewide percentage for contact within the first 24 hours at 86.51% for March, 2021 (Monthly Management Report, Table 4). The annual and monthly reports are based on completed reports and do not include expunged reports or reports where the only category is educational neglect, which requires contact within 72 hours per state policy. Due to the overall decline in performance on a critical piece of child safety, timely initial contact was addressed as a goal in the 2020 – 2024 CFSP. An update to the plan is provided within a later section of this report.

Safety Outcome 2

For Safety Outcome 2, 58% of cases reviewed during the CFSR in July 2017 were found to be substantially achieved. For cases reviewed in the past year in the FACES system, 64% (47/73) have been rated as substantially achieved.

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

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

The Children's Division continued implementation of Team Decision Making (TDM) throughout much of the state during FY2020. TDM meetings gather the members of the child's safety

network to try and identify a plan to ensure the child's safety without the need for foster care placement. The plan may include an alternate living situation for the alleged perpetrator, identification of safety-related services for the family, or temporarily placing the child with a relative or kin voluntarily without custody change. While diverting children from foster care is not an objective of the program, with successful safety planning, some children have been able to be safely maintained in their homes.

Missouri's integrated practice model was introduced to field staff in stages beginning in 2015. A major component of the practice model was Signs of Safety. 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. For more information about the Missouri Practice Model, please see the Update to Progress Made to Improve Outcomes section of this report.

Item 2, Services provided to the children to remain safely in their homes, was rated as an area needing improvement during Missouri's CFSR, with 52% of cases receiving strengths ratings. On-going case reviews in the past year have shown strength ratings for 83% (30/36) of cases. This is below the goal of 90% conformity for Item 2 established for PIP monitoring.

With the passage of House Bill 1414 in August, 2020, there will be increased focus on Temporary Alternative Placement Arrangements (TAPA). Policy will be released in the coming months which will require TDM meetings with any temporary, voluntary placement arrangement. The law also requires a Family-Centered Services case be opened with families who voluntarily place their children outside of the home. Tools have been created to assist staff with documentation of immediate safety concerns and identification of the services that will be offered to the family to address the safety concerns.

Item 3, Risk and safety assessment and management was a significant concern for Missouri during the CFSR, with 60% of cases rated strength. Missouri was able to meet the PIP goal of 68% strength ratings following the January, 2020 case review with case review results reaching 71% (50/70) compliance. Missouri has received confirmation that this item's performance measurement has been met. The most recent rolling year of case review data (April 2020 – March 2021) showed a slight dip in performance at 67% (49/73). The PIP establishes quality safety and needs assessments as a cross-cutting theme to be addressed with Signs of Safety tools and processes woven into the key activities.

Appropriate safety planning and on-going monitoring of the safety plans was also an area of concern during the CFSR. Additionally, there have been concerns voiced by community stakeholders in regards to safety planning and monitoring. The Department of Social Services

established a Taskforce on Child Safety late in SFY2018. The report from the taskforce was presented in September, 2019 with several recommendations for the Children's Division to consider. In response to one of the recommendations, a formal risk assessment tool was re-introduced to staff for use during investigations and assessments.

Permanency Outcomes 1 and 2

Missouri's CFSR Round 3 Data Profile dated February 2021 indicated the Children's Division successfully met three of the five permanency indicators.

- For permanency within 12 months of entering custody, the Children's Division has not met the national standard of 42.7%. The Risk-Standardized Performance (RSP) noted in the data profile is 29.7%. Performance in this area has declined over the last few reporting periods.
- 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 50.5%, while the national standard is 45.9%. Performance with this standard increased from the last reporting period.
- Missouri also met the national standard for permanency within 12 months for children in custody more than 24 months. The national standard is 31.8%, and the RSP for the Children's Division is 35.7%. This is an increase over the last set of measures.
- The national standard for re-entry into foster care is 8.1% or less. This measure was met as the RSP for Missouri is 5.5%. While Missouri struggles with permanency within 12 months of custody, the re-entry rate has consistently been low.
- The final permanency indicator is placement stability. The national standard is 4.44 or fewer placement moves per 1,000 days in care. According to the February 2021 data profile, Missouri's performance is 5.85, not meeting the national expectation.

Permanency Outcome 1

In Missouri, the Family Support Team Meeting (FST) is one practice used to engage families in making key decisions and setting goals to achieve permanency outcomes for children. Outcomes can include assured safety, decreased risk, service provision, reunification, or other avenues to permanency. Family Support Team meetings occur at regularly scheduled intervals through the first six months of a child's custody episode and at least every six months thereafter.

Recommendations made through the FST process are presented to the court through reports provided by the Social Service Specialist.

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

The CFSR conducted in July 2017 resulted in 23% of cases being found to be substantially achieved for Permanency Outcome 1. For the cases reviewed in the past year, 25% (12/48) are substantially achieved. The average number of placements children in Children's Division custody experienced in FY18 was 3.72. It increased to 3.90 in FY19 and 4.0 in FY20 (Children's Division Annual Report, Table 27).

While the data indicator for placement stability was not met, Missouri's highest performance item within Permanency Outcome 1 is the stability of foster care placements, with 88% strength ratings during the CFSR. Performance in placement stability has declined with 69% (33/48) strength ratings in case reviews completed in the past year. This falls short of the 83% goal for exiting this PIP item.

Approximately 50% of foster children in Missouri are placed with relatives at any given time. Programs supporting relative providers in efforts to increase placement stability are described in the Kinship Navigator section of this report.

The results of the CFSR in July noted 55% of the cases reviewed for Item 5, Permanency Goal for the Child, received strength ratings. One hundred percent (100%) of the cases had goals specified, 78% had goals established timely, and in 80% of the cases, the goal was determined to be appropriate. Of the 48 foster care cases reviewed utilizing the FACES case review tool in the most recent rolling year, 52% (25/48) have been determined to be strengths for this item. Analysis of case review results points to appropriateness of permanency goals and timely filing of Termination of Parental Rights (TPR) petitions as the most concerning areas in Item 5.

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

Permanency goals are recorded on the FST Screen in the FACES system. Workers receive an alert when a goal has not been entered prior to 30 days from custody. Additionally, circuit management staff receives data each month from the Performance and Quality Improvement staff with the Quality Assurance System (QAS), which includes a listing of children with the identified primary and concurrent goal. The notification also alerts circuit management of the children with no goal identified in FACES. As of March 31, 2021, 493 of the 13,917 children in care did not have permanency goals established. Of the 493, 268 had been in care less than 30 days, leaving 225 children without a permanency goal established in a timely manner. 98.3% (13,424/13,649) of children had permanency goals established within 30 days of custody.

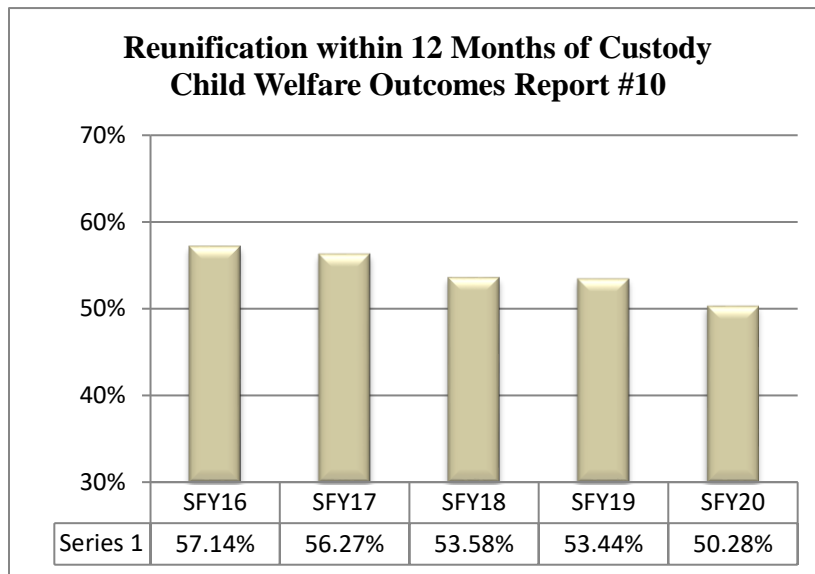
While concurrent planning was not chosen as an area of focus within the Program Improvement Plan, there were concerns regarding concurrent planning highlighted in the CFSR results. Similar findings have been seen through on-going case reviews. While CD policy requires a concurrent

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

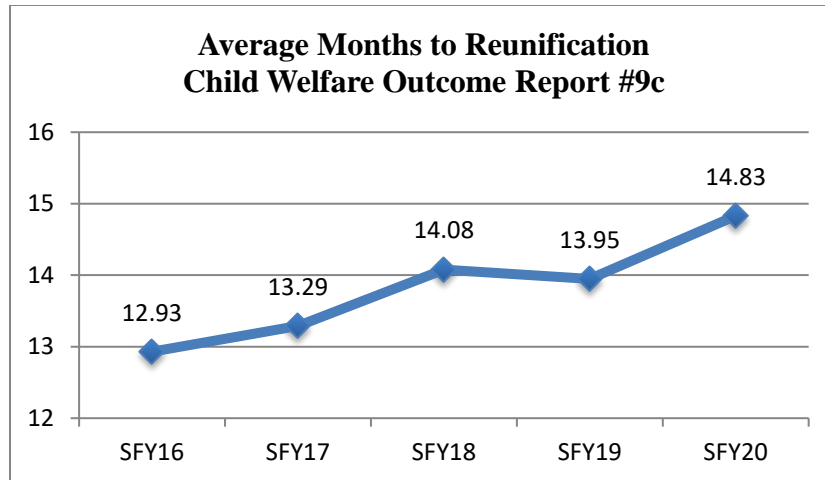
Efforts to achieve timely termination of parental rights will be discussed in the Case Review System of this section.

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

As supported by the data indicators, efforts to achieve permanency for children within the first 12 months of custody have continued to achieve less than desired outcomes. The following chart depicts the percentage of time reunification occurred within 12 months of custody for the children who have returned home.



The next chart outlines the number of months to achieve reunification for the past five fiscal years. The number of months has steadily increased in the past few years, with a recent slight decrease in SFY19.



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

Another strategy to aide in timely reunification outlined in the PIP is the development of Court Technical Assistance Teams. Children’s Division has hired a Court Engagement Coordinator to work in partnership with the Office of State Courts Administrator, juvenile officers and court personnel to enhance communication and establish forums for problem solving in local jurisdictions across Missouri. A description of the Partnership for Child Safety and Wellbeing was provided in the Collaboration section.

The Children’s Division is in the process of developing several data dashboards in Tableau. The Executive level dashboard is currently being distributed to provide Children’s Division leadership a high-level overview of performance within each program line. A circuit-level dashboard is in development and will provide county and circuit-level performance data for the Family-Centered Services and Alternative Care program lines. Timeliness of permanency achievement is a data piece of focus on this dashboard.

Permanency Outcome 2

Permanency Outcome 2 focuses on preserving relationships and connections for children in foster care. This outcome was rated 65% substantially achieved during the CFSR in July 2017. Permanency Outcome 2 has received 63% (30/48) substantially achieved ratings for FACES case reviews completed during the past year.

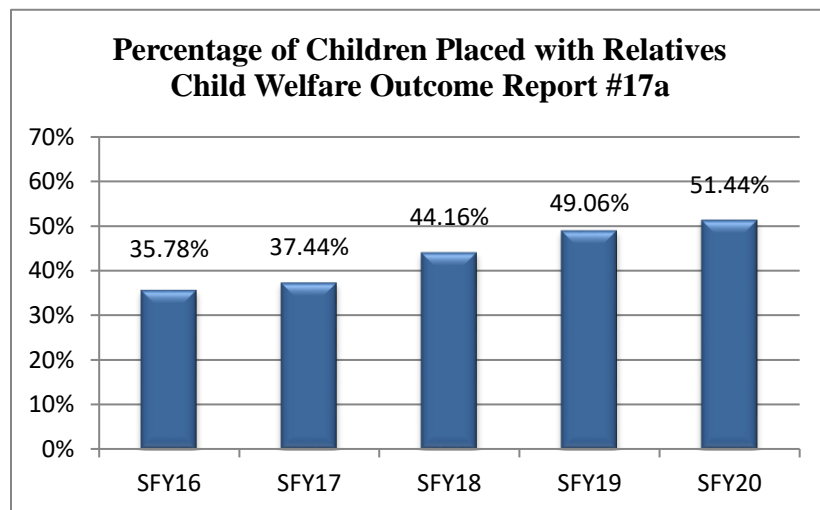
Placing siblings together whenever possible is a positive practice for Missouri’s child welfare system. Of the 18 case review items, this is the only item found to be in substantial conformity

during Round 3 of the CFSR with 97% of the cases reviewed receiving strengths ratings. Of the foster care case reviews completed in the past year, 88% (33/37) have received strength ratings for Item 7. Placement with siblings is a strong value within the child welfare system in Missouri and is well-supported in state statute. Sibling placement is routinely discussed in Family Support Team meetings.

Preserving the connections foster children have before they enter custody was determined to be an area needing improvement during the CFSR with 70% of cases receiving strength ratings. For foster care cases reviewed during the past year in the FACES case review system, 56% (27/48) have received strength ratings. In several instances of non-compliance, relatives were not considered appropriate for placement, but the relationships were safe and positive for the child. Instead of preserving the connection through visitation, contact was not maintained.

Missouri does not have any federally recognized tribes within the state, which can cause a lack of emphasis on the identification of tribal children. As of March 31, 2021, 79 children of the 13,917 in foster care (.56%) are identified as having Native American heritage. The larger metro areas have Indian centers which the Children’s Division has engaged for child-specific planning, as well as systemic conversations. Missouri has worked with the Capacity Building Center for States to provide training experiences for staff in this area. For more information, please refer to the Consultation and Coordination between States and Tribes section of this report.

Relative placements are another priority for Missouri. Item 10, Relative Placement, received 79% strength ratings during the most recent CFSR and 77% (36/47) for the FACES case reviews completed in the past year. The chart provides the percentage of foster care children placed with relatives for the past five years.



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

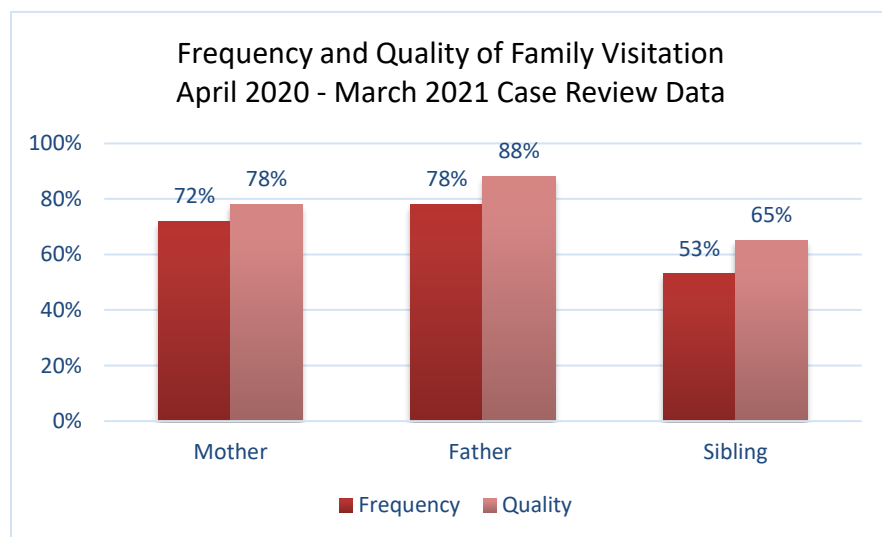
Children’s Division policy requires case managers to conduct an immediate diligent search to locate and place the children with grandparents or other relatives when appropriate. Missouri state law requires all grandparent notification to occur within three hours of a child coming into foster care. Thirty Days to Family is a program available in the metropolitan areas of Missouri which begins searching for a child’s relatives within 72 hours of custody being placed with the state. The program is limited in the number of referrals which can be accepted but is a valuable option as openings are available. At the back end of the case, Extreme Recruitment is a program available for a limited number of children with a goal of adoption who do not have an identified adoptive resource. Extreme Recruitment staff closely examines the child’s record and history to identify potential placements by searching for relatives who may have been overlooked during case management.

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

Maintaining the parent/child relationship can provide the child with an increased sense of security during the uncertainty of foster care and can provide parents the opportunity to demonstrate mastery of skills learned or to enhance learning through needed services. By focusing on the five domains of wellbeing throughout the life of the case, the Children’s Division staff is able to see added value to consistent parent/child interaction.

Visitation between children and their parents (Item 8) was identified as a strength in 71% of cases reviewed during the CFSR, and 57% (27/44) of the cases reviewed within the FACES system over the past

year. The chart indicates the frequency and quality of visitation between children with their mothers, fathers and siblings as noted in case reviews. A significant increase in the frequency and quality of visitation between fathers and children in foster care is noted, as well as a



decrease in frequency and quality of visitation between siblings in foster care when not placed

together. Court orders for no contact between the child and parent when safety concerns could have been mitigated resulted in some area needing improvement (ANI) ratings. Lack of visitation/contact with incarcerated parents also accounted for some of the Area Needing Improvement (ANI) ratings.

Item 11, efforts to promote and support relationships between children and their parents above and beyond regularly scheduled visitation, was found to be 58% strength during the CFSR and 62% (29/47) strength in case reviews completed in the FACES system. Agency efforts for mothers (72%) are higher than efforts for fathers (62%). It is important to support activities in addition to visitation which help to maintain the relationship while the child is placed in foster care. Some examples may include encouraging the parent to attend school programs, sporting activities, or medical appointments. The Children's Division has recently revised the policy on informed consent to include biological parents in the decision-making process for a child's non-routine medical care as well as informed consent prior to the child taking psychotropic medication.

Wellbeing Outcomes 1, 2 and 3

Wellbeing Outcome 1

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

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

The vision for the Missouri Practice Model is to take the best, most valuable aspects from the models staff are currently working with and integrate them into one model that best ensures safety and well-being for children. Plans to include aspects of Signs of Safety, Framework for Safety, and Five Domains of Wellbeing, and the development or creation of an assessment piece, to create a holistic model that transitions easily through the life of a case, are in development. Simply put, the structure below highlights the pieces of the new Missouri Practice Model:

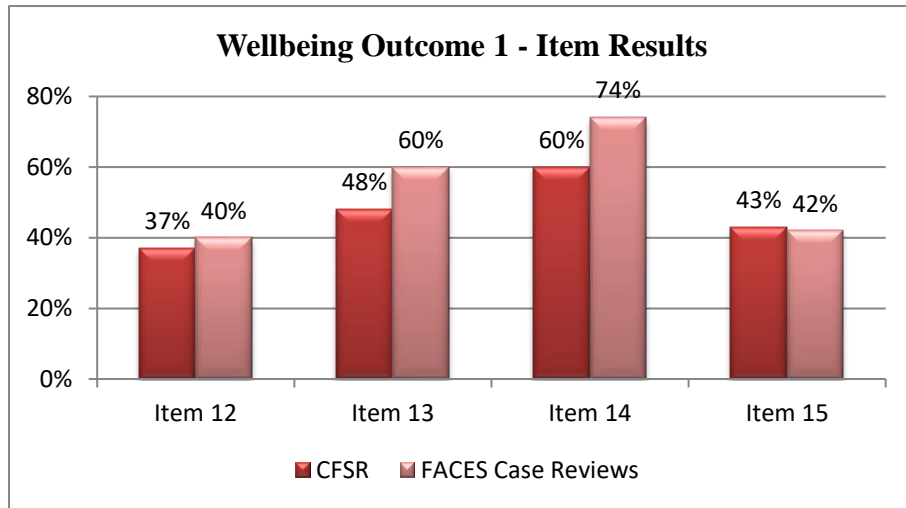
- Five Domains: how we see our families;
- Signs of Safety: how we engage and communicate with our families;
- Framework for Safety: how we articulate safety to courts and partners; and
- A Structured Decision-Making assessment that measures risk and safety and can transition throughout the life of a case.

Combined with 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.

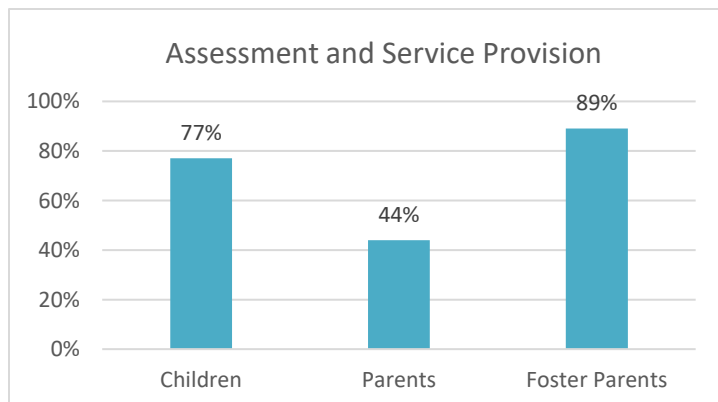
Wellbeing Outcome 1, Families have enhanced capacity to provide for their children’s needs, received the next to the lowest rating from the CFSR in July 2017, with 37% of cases rated as substantially achieved. The percentage for the most recent rolling year of case reviews is 34%.

The chart to the right outlines the CFSR and most recent

FACES case review results by item. While the most recent outcome percentage has declined slightly from the CFSR, the Children’s Division has met the individual goals for all CFSR items in Wellbeing Outcome 1.



Improving the quality of safety and needs assessments was identified as a cross-cutting theme in the Child and Family Services Review and is addressed in Missouri’s Program Improvement Plan. Item 12 was found to be 37% strength during the CFSR and 40% (29/73) strengths in case reviews completed in the FACES system in the most recent rolling year. Missouri has met the



identified PIP monitoring goal of 35% and has received confirmation of goal achievement. From the case review results of the past year, the assessment of needs and provision of services in relation to parents scored the lowest among the sub-items in Item 12, with mothers rated higher than fathers. Mothers received thorough

assessments of needs in 74% of case reviews while 49% of fathers had thorough assessments. Appropriate services were provided to meet the identified needs for 72% of mothers and 51% of fathers.

Children's Division worked with the Capacity Building Center for States to develop a bank of questions for supervisors. This was provided to supervisors in February, 2020 and can be used during supervisory conferences to help workers who may need additional ideas for methods to draw out information during conversations with children and parents, leading to a more accurate assessment of need.

As efforts to re-envision the Missouri Practice Model continue, Family Assessment forms are being developed for Family-Centered Services and Alternative Case cases and are intended to guide the family, staff, and involved parties from the danger statements identified during the hotline assessment, through a structured process to create the final safety plan to ensure children's safety after the case is closed.

Also being developed is a Social Service Plan to be utilized for conversations with the family and their safety network to develop the plan that will enable the family to achieve and maintain the safety goal(s) for their child(ren). The focus should be on how families will be living differently to help keep the children safe after the Children's Division case is closed. Families and their safety network should be involved in the creation of the plan, implementation through service provision, and monitoring progress in behaviorally-specific steps. The plan must be constantly evaluated, monitored, and adjusted as necessary. Families should be given opportunities to incrementally demonstrate progress towards the safety goals.

Child and family involvement in case planning (Item 13) is another item addressed in the PIP through strategies to improve parent engagement. Signs of Safety practice provides staff with tools and facilitation skills to better engage children and families in the case planning process. Their best hopes, along with existing safety, give a foundation to build upon to address the safety concerns resulting in Children's Division involvement with the family. The 60% (44/73) strength ratings from the most recent year of case reviews exceeds the PIP monitoring goal of 54%. Confirmation of goal achievement has been received from the Children's Bureau.

Children's Division has historically performed well in the frequency of worker with child visitation for children in alternative care, as evidenced in the Monthly Caseworker Visit Formula Grants section of this report. Monthly reports are provided to the supervisor and management staff of the Children's Division and Foster Care Case Management (FCCM) agencies to help track visitation between case managers and foster children. A similar report was developed, in compliance with the PIP, to help assess visitation between case managers and children involved with in-home Family-Centered Services. Data from the most recent year of case review results notes strength ratings in Item 14 for 74% (54/73) of cases. The PIP monitoring goal of 74% was

met following the July 2020 case review with 78% compliance for Item 14. Confirmation of goal achievement has been received from Children's Bureau.

Visitation between the case manager and the parents is also an area for improvement for the Children's Division and is critical to parent engagement in the case planning process. Results of the CFSR indicated 43% of cases reviewed received strength ratings for worker/parent visitation. Results of the case reviews completed in the past year in the FACES system indicate 42% (31/73) of the cases received strength ratings. This exceeds the PIP measurement goal of 35% and Missouri has received notification that this goal has been achieved. Consistent with the CFSR, results of the most recent case review data for visitation with mothers (63% strength for frequency; 72% strength for quality) is higher than the results for fathers (42% for frequency; 64% for quality).

Wellbeing Outcome 2

The assessment of and provision of services for educational needs of children are areas which the Children's Division cannot practice in a vacuum. It is imperative to partner with local school districts at the case level and with the Department of Elementary and Secondary Education (DESE) at the state level. While the case review outcomes have been strong with 83% strength ratings during the CFSR and 92% (36/39) strength ratings for FACES case reviews, there are continual efforts to engage educational partners. The Department of Elementary and Secondary Education (DESE) has an identified staff member who serves as a liaison for children in foster care. Missouri also has many resources for early childhood education through programs such as Home Visiting and Parent as Teachers. More information about these programs can be found in the Service Array and Agency Responsiveness to the Community portions of this report.

Wellbeing Outcome 3

Wellbeing Outcome 3 focuses on the physical and mental/behavioral health of children. Overall, the outcome was determined to be substantially achieved in 58% of the CFSR cases and 59% of the cases reviewed during the past year using the FACES case review tool.

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

Sixty-six percent (66%) of cases reviewed during the CFSR were found to be strengths in Item 17, physical health of the child. Also, 66% (42/64) of the cases reviewed in the FACES system during the past year received strength ratings.

One area noted to be a concern was dental health care in young children. Prior to the CFSR, Missouri Children's Division had not enforced the recommendation of the American Academy of Pediatric Dentistry (AAPD) which suggests young children have their first dental exam by age one or at the time their first tooth erupts. The Children's Division gathered recommendations, and in March 2019, issued updated guidelines for staff which are consistent with the AAPD recommended timeframes.

For Item 18, which focuses on the mental and behavioral health, CFSR results from July 2017 found 72% of the cases reviewed received strength ratings. Foster case cases were rated as strength for 69% of applicable cases and in-home cases received strength ratings for 76% of applicable cases. Strength ratings have been assigned to 83% (33/40) of cases reviewed in the past year in the FACES system.

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

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

Statewide Information System

Item 19: Statewide Information System

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

When a child is placed in out of home care, FACES requires the worker to enter demographic information, permanency goals, and placement location. A case cannot be opened without this information, and it is expected the case be opened in the system within 24 hours of removal from

the home. When a child becomes known to the Children's Division, a Departmental Client Number (DCN) is assigned in the Department of Social Services' common area. This number follows the child throughout any service provided by the Department of Social Services, including the Children's Division. In addition to the DCN, the child's date of birth, race, and gender is entered into the common area and subsequently populated into the FACES system. FACES allows staff to select "unable to determine" race in addition to another known race, as required for National Youth in Transition Database (NYTD) reporting. In addition, FACES allows a client to decline to report their race if they wish to do so.

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

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

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

Furthermore, Quality Assurance System (QAS) staff use a monthly data file received from the Research and Evaluation Unit that includes demographics, location, and goals. This data is shared with circuits on a monthly basis, and an area for data review is highlighted each month. Some examples include ensuring all children have an identified permanency goal or identifying cases with lengthy trial home visits. If there is missing information, it can be highlighted for further review and discussion.

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

Case Review System

Item 20: Written Case Plan

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

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

Family Support Team and Permanency Planning Review Team (PPRT) Meetings

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

Placement Stability FSTs are held prior to any child moving from a placement or within 72 hours if the move was an emergency). The Children's Division has introduced Signs of Safety (SOS) to all regions of Missouri and has integrated this into policy. During 2020, Missouri added back to Signs of Safety the tenets of Framework for Safety to provide the structure and common language to capture the commitment to child safety. While SOS is a family engagement practice and with its implementation, the initial written case plan is evolving framework for safety provides a consistent structure for case planning in alternative care that provides the Division and courts a common language to capture and measure movement within a case. With the implementation of SOS, the worker and family develop a mapping document which identifies the worries associated with the child and family, what is working well with the child and family and

what needs to happen next to help alleviate the identified worries. This map informs the initial case plan and is revisited frequently with the family. This summary document is called a Risk Assessment Map and must be completed within 30 days of the case opening and then updated at the end of each calendar quarter. SOS engagement tools such as the house and the wizard can be utilized with children to include their voice in the planning process. The tool “FST Guide” is available for staff and can be used as a guide for case planning during Family Support Team Meetings. At the end of the first 30 days of custody, the Child Assessment and Service Plan (CS-1) is developed as the written case plan and contains all federally mandated elements. This plan and form are documented in the FACES system. The CS-1 is used to record the decisions made by the Family Support Team, with the FST members participating in the development of the case plan. Any identifying information and summary of prior services offered to the family is to be documented on the CS-1. The CS-1 is then reviewed and updated as needed every 30 days until adjudication and for subsequent PPRT meetings. The CS-1 is designed to be a dynamic form to which information can be continuously added over the life of a case.

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

This item was not found to be in substantial conformity with federal requirements during the CFSR conducted in July 2017.

Item 21: Periodic Reviews

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

The Children’s Division Family-Centered Out-of-Home Care policy includes the Family Support Team (FST) procedures which provide parents and children the opportunity to participate in case

planning and goal setting. At a minimum, the permanency hearing timeframes coincides with the FST meeting schedule. In addition to the parents, children, and 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 describes the FST meeting, along with any recommendations of the team in a report submitted to the court in advance of each hearing.

Data provided by the Office of Courts Administrator indicate the 6 month hearing was held timely 94.9% of the time during FFY20 (8,075/8,505).

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

Item 22: Permanency Hearings

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The courts' effort to hold hearings on schedule enables teams to better ensure timely permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. In an effort to meet federally required timelines, a plan was developed to extract data, monitor timeliness measures, and implement methods to improve these measures. Court Operating Rule 23.01 requires the presiding judge in each circuit to submit a quarterly report to the Office of State Courts Administrator (OSCA) for each hearing not held within the specified time frame. The following information is to be reported: case number; style of the case; type of hearing; required hearing date; date of hearing (if held); date hearing scheduled (if not held); reason(s) for delay; compelling, extenuating circumstances found by the judicial officer to support each continuance outside the applicable time frame; and the plan of each judicial officer to comply with time frames during the next quarter. Exceptions for delays must be approved by the Family Court Committee. The Child Abuse and Neglect Quarterly Reports are distributed statewide on a quarterly basis to show the number of hearings held timely, the reasons for delays, and plans for corrective action. Court Improvement Project (CIP) staff compiles the reports and transmits a copy of all the reports to the Supreme Court of

Missouri and to the Commission on Retirement, Removal, and Discipline for review. Copies are also sent to all presiding judges and juvenile officers.

The goal is for each circuit to hold 95% of hearings on a timely basis. In FY19, 96% of the required 53,395 Child Abuse and Neglect Hearings were held timely. Annual permanency awards are given to those circuits with an average 100% timeliness. In FY19, 20 circuits received the Supreme Court Permanency Award. Missouri has successfully provided timely permanency hearings for the past several years and this item was determined to be in substantial conformity during the 2017 CFSR.

There was a decrease from 20 circuits in FY19 to five circuits achieving 100% timeliness in FY20. Of the remaining 41 circuits, 23 circuits held at least 95% of the required hearings timely despite the situations beyond their control and 13 circuits held at least 98% of hearings timely. Of the 54,323 required hearings, 92% of them were held on time. The largest difference between the quarters was the average of 95% timeliness for the first three quarters of FY20, to an average of 82% timeliness for the 4th quarter, which is almost solely attributed to the COVID-19 pandemic. Most courts were experiencing disruptions in their court dockets beginning March 16, 2020, almost two weeks before the end of the third quarter in FY20. With that being said, 90% of the pandemic related delays of FY20 occurred during the 4th quarter.

Item 23: Termination of Parental Rights

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

Termination of parental rights proceedings may be initiated upon the request of the child's parent(s) (voluntary relinquishment) or by any other person, including Children's Division by making a referral to the appropriate juvenile office. All juvenile offices in Missouri have statutory authority to file a termination of parental rights petition. The Children's Division is also authorized to file a petition for termination of parental rights with the assistance of the

Permanency Attorney Unit or the Division of Legal Services. The Family Support Team, in assessing a child's needs for permanency, should consider termination of parental rights if permanency through reunification with a parent, guardianship, or placement with an appropriate relative is not feasible and if adoption or other enduring adult relationships is a reasonable expectation and meets the child's needs. In cases where reunification, guardianship, or placement with a fit and willing relative is the primary plan, termination of parental rights and adoption may be an appropriate concurrent goal.

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

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

Data from the Office of State Courts Administrator indicate that TPR had been filed for 810 of all children in custody as of 4/6/21. This is a significant decrease from the previous year of 2,095 and points to the impact of the COVID-19 pandemic. Of the 810 children for whom TPR had been filed, the filing occurred within 15 months of the child’s entry into Children’s Division custody for 252 children (31.1%). This is also lower than the percentage of timely filings for that past two years of 37.0% as of April, 2019 and 37.7% as of April, 2020.

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

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

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

Item 24: Caregiver Notice and Right to be Heard

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

The juvenile court is responsible for notifying resource parents about court hearings per Missouri Statute 211.171, 211.464 and 210.566. Written notification of the upcoming hearing is mailed to the resource parent by the juvenile court. Information about their right to be heard in court is included in the document provided by the court. Missouri Office of State Courts Administration (OSCA) and the Children's Division recently revised the Caregiver Court Information Form. The new version has been posted on the Children's Division internet page along with instructions for completing the form and where to send it once completed. The legal right for resource parents to be heard in court is taught in the STARS (Specialized Training, Assessment, Resources, Support and Skills) 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 training covering the laws, policies, and procedures governing child welfare which includes information about the right to be heard in court. Resource parents are also provided a copy of the Foster Parent Bill of Rights at the time of placement of a child in their home. Notification for licensed and unlicensed providers occurs in the same manner.

The Children's Division mails a consumer survey to every licensed resource parent in the state during a calendar year. The survey data is collected by the Quality Assurance Unit at Central

Office. One statement on the survey asks if resource parents are informed of court hearings and another statement asks if they have had the opportunity to be heard in court hearings. The statewide survey data from 2020 showed that 88% of resource families responded that they are informed of court hearings and 77% of resource families responded that they are provided the opportunity to be heard in court hearings.

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

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

Staff and Provider Training

Item 26: Initial Staff Training

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 allows supervisors to manage and track their staff’s training. Supervisors can review and schedule classes as they appear on the employee’s Training Plan and Training Record. 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 Employee’s Training Plan displays classes that need registration and classes in which they 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.

The observations and documentation of both Supervisor and OJT Specialist are utilized to review and assess the worker’s performance through monthly conferences called Engage. These conferences are tracked through a site called the OA Engage tracking tool maintained by the Office of Administration.

Regional Training Structure (April 1-September 30, 2020):

Data pulled from the Employee Learning Center indicates from April 1, 2020 to September 30, 2020, 149 Children’s Service Workers were hired. Initial training included “Child Welfare Practice Training (CWPT)”, “Personally Identifiable Info and HIPAA Protected Health Info” training completed by 283 Social Service Specialists and Associate Social Service Specialists; and “Workplace Safety” training, which 434 Children’s Service Workers completed. Both HIPAA training and Workplace Safety are ongoing requirements for frontline staff members,

which is why the number of completions exceeds the number of new hires. CWPT was offered in every region of the state by CD regional training teams:

- Southeast Region held two sessions from April 1, 2020 to September 30, 2020. Forty new staff enrolled in CWPT during this time frame. Thirty-seven of those staff completed CWPT within the same time frame. Three employees who started during this time frame left employment. Out of the 37 who completed training, 89% of these employees completed timely. Four of the employees who started training in this time frame did not complete timely. The average amount of time to complete training was 63.4 days.
- Southwest Region held four sessions from April 1, 2020 to September 30, 2020. Thirty-six new staff enrolled in CWPT during this time frame. Thirty-three of those staff completed CWPT during this time frame. Additionally, 17 people completed training that they began during the previous reporting year. One person was waived from training due to prior training completion. Three left employment before completing. Of the 33 who completed the class, 97% completed the class on time. One of the 33 employees did not complete timely. The average amount of time to complete training was 39.5 days.
- St. Louis Region held two sessions of CWPT from April 1, 2020 to September 30, 2020. Twenty-nine new staff enrolled in CWPT during this time frame. Twenty-seven of those staff completed CWPT in that time frame. Additionally, eight people completed training that they began during the previous reporting year. Two employees left employment before completing. Of the 27 who completed training, 70% completed training timely. Eight of the 27 completing did not complete timely. The average time to complete training was 67.2 days.
- Northern Region held five sessions from April 1, 2020 to September 30, 2020. Forty-one new staff enrolled in CWPT during that time frame. All 41 completed CWPT during this time frame. Additionally, 24 people completed training that they began during the previous reporting year. Three people were waived from training due to prior training completion. Of the 41 who completed training, 71% of the employees completed timely. Twelve of the 41 who did complete the training did not complete in a timely manner. The average time to complete training was 77.5 days.
- Jackson Co Region held four sessions from April 1, 2020 to September 30, 2020. Forty-two new staff enrolled in CWPT during this time frame. Thirty-eight employees completed CWPT during this time frame. Additionally, 19 people completed training that they began during the previous reporting year. Three individuals left employment during training. One employee enrolled in Jackson Co training and transferred to the Hotline Unit prior to completion and subsequently completed separate training with the Hotline Unit. Of the 38 employees who completed training, 97% completed training timely. One of the 38 employees did not complete in a timely manner. The average time to complete training was 57.2 days.
- The Hotline Unit trained seven individuals from April 1, 2020 to September 30, 2020. All seven of them completed training.

Initial/Pre-Service Training Requirements (regionalized format):

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

In December 2014, The Children's Division restructured the Professional Development and Training Unit from centralized structure to a regional structure. Each region identified local training teams consisting of managers, trainers, and specialist. The regional training teams developed a new training structure that met their local training needs and incorporated on-the-job training into their training structure. In 2019, a task force was established by the Department of Social Services to look at increasing safety for children. That task force recommended the development of a centralized core curriculum to be offered statewide. This curriculum has now been developed and is being taught centrally as of September 2020. As a result of the task force recommendations, the unit was restructured again to return to a centralized format with the new standardized curriculum. The restructure officially occurred in August, but training classes began to be offered in September. The regions continued to offer their regional classes through the end of September 2020 in order to finish ongoing classes.

As of September 2020 under the new centralized 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 could have chosen to send staff to the Children's Division training, provided the training themselves, or obtained a pre-approved contracted training vendor.

The following describes how the initial/pre-service regional training curriculum addressed issues of safety, permanency and wellbeing when curriculum was structured regionally prior to September 2020.

Jackson County

Jackson County operated a five week combination of classroom/field experience training program. New employees began Child Welfare Practice Training within two weeks of employment. New workers attended formal classroom training two days every week for five weeks. Weaved into the five weeks were three classes that provided components of the practice model to include Five Domains of Wellbeing, Signs of Safety Introduction, and Trauma Toolkit. When not in classroom training, the employee and their supervisors used a "Training Passport" that consists of field experiences, group activities, and field trips to enhance their classroom learning. After the first two weeks of training, Jackson County bifurcated and provided specialized training to new employees along program lines of case management or

investigation/assessments. Jackson County Training Region provided a total of 96 hours of on-the-job training and 87 hours of classroom training. The Field Support Manager supervising the regional professional development team had oversight responsibility to be sure all new hires receive training timely. Jackson workers become case carrying after the pre-service training was complete.

Jackson County regional training structure, prior to September 2020, consisted of:

- 17 hours of Philosophy and Skills classroom training
This skill based curriculum introduced the participant to the agency's mission and principals; Code of Ethics, strengths based practice, Five Domains of Wellbeing, cultural competency, and a variety of family assessment tools.
- 18 hours of On-The-Job Training relating to Philosophy and Skills learned in the first week.
- 21 hours of Philosophy and Skills classroom training
This skill base curriculum introduced participants to critical thinking skills and provided participants the opportunity to practice the use of these skills. Participants were introduced to Signs of Safety and had the opportunity to practice using this model; participants learned skills used to work within a team, how to further assess for safety, and how to apply these skills to their fieldwork. Participants learned basics of report writing and court testimony. Participants began to practice obtaining records and maintaining confidentiality.
- 16 hours of On-The-Job Training relating to Philosophy and Skills learned in the second week.
- 14 hours of Child Abuse and Neglect or Case Management classroom training
Case Management: This skill based curriculum strengthened critical thinking skills, and applied them to case management. Participants had the opportunity to practice interviewing and report writing. Participants strengthened their knowledge in Signs of Safety and permanency planning. Participants were introduced to writing summaries, factual documentation, and court reporting
Investigations: This skill based curriculum strengthened critical thinking skills, and applied them to CA/N investigations. Participants had the opportunity to practice interviewing and report writing. Participants strengthened their knowledge in Signs of Safety. Participants were introduced to conclusion writing, factual documentation, and court report writing.
- 24 hours of On-The-Job Training related to Child Abuse and Neglect or Case Management.
- 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 strengthened critical thinking skills, and applied them to case management. Participants had the opportunity to practice

interviewing and report writing. Participants strengthened their knowledge in Signs of Safety and permanency planning. Participants were introduced to writing summaries, factual documentation, and court reports. Participants received hands on individual experience in entering, updating, and inquiry of CD programs.

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

- 24 hours of On-The-Job Training in Child Abuse and Neglect or Case Management.
- 21 hours of Reinforcement and Evaluation training

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

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

- 14 hours of On-The-Job Training

Northern Region

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

A new worker was required to shadow identified field experiences and have daily discussions, as well as submit field observations to their OJC Specialist. They were not allowed to be assigned their own caseloads until the completion of the first phases of CWPT classroom and OJC work. Assignments and trainings were tracked by the OJC Specialist and submitted to the Northern Region Training Manager. This progress was documented the first year during five training meetings held with the participant, OJC specialist, mentor and supervisor. Thereafter,

their progress was documented through supervisory conferences and annual evaluations. Training requirements, activities and training plans were kept in their local personnel files with one page acknowledgement forms being kept in their training file centrally located in the region.

If a supervisor determined that the worker was not grasping the material trained, the supervisor filled out an individual request to have a tenured staff member spend “one on one” time with the worker to mentor, teach and model the area of need. This information was documented in their file and shared with the circuit/office/supervisor with recommendations. This helped to ensure that the learning transitioned from training to the field.

“On the Job New Worker Coaching/Training” amounted to approximately 200 hours, which included structured discussions, activities and shadowing experiences with new staff starting on their hire date. Official classroom training could occur within a couple of days of the hire date, as there was a two-week OJC period after their first foundations class to assist in getting acclimated to the office/agency. Official classroom training amounted to typically 80 hours, with an exception made for an Investigator who would not do any Case Management activities and could be excused from the 18 hours of Case Management training. New staff was assigned an individual mentor to work with them to complete assigned tasks. This on the job training continued throughout their first year of employment. Training was provided by a team of 16 OJC specialists assigned throughout the Northern Region as well as the use of Children Service Worker III’s and IV’s. All new hires were required to participate in this training based in their own offices; however, all new staff followed the same OJC guide located on the Northern Region drive, accessible to all staff.

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

The Northern Region training structure, prior to restructuring to a centralized training unit, consisted of:

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

- 18 hours of CWPT Northern Region Class 5 – Core: Case Management

Northern Region On the Job Training Phases (prior to centralization in September 2020):

Phase 1:

Trainees could 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 were completed and if scheduled on trainees OJC week. All OJC case-management work/activities were reviewed by mentor and did not take precedence over CWPT attendance.

Phase 2:

Trainees could 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 were completed and if scheduled on trainees' OJC week. Trainees had to 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 determined if workers were ready to assume co-case management responsibilities for one case. After five days of field training experience with the first case, the supervisor could determine if worker was prepared to assume co-case management responsibilities for a second case. The supervisor was responsible to determine if and when the trainee was able to increase to a co-managed case load not to exceed four cases total until CWPT was complete. The supervisor would assign trainee as a secondary worker to the assigned case managers.

Phase 3:

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

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

Phase 4:

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

Supervisor could determine if the worker was sufficiently prepared to participate in the on-call rotation following completion of CWPT training, Core: Investigations. This would have only occurred if the worker had shown a successful understanding of assuring safety and the process by which to do so and only if the worker had the opportunity to shadow and observe each type of hotline contact and the supervisor had determined the worker capable of managing a hotline independently.

Southwest Region

The Southwest Training Region provided the following training structure until centralization of training in September 2020:

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

In the Southwest Region a new class of CWPT started every eight weeks. Staff were hired 1-2 weeks before they began CWPT. The Circuit Managers or office designee enrolled new hires in training. Tracking of the overall process and participation was completed by the clerical support for the regional professional development team and the regional Training Manager.

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

Southeast Region

Prior to centralization of training in September 2020, 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 would have started training is within two weeks of hire, however, some newly hired employees' start dates fell directly at the start of a new training cycle and others waited for the next training cycle to begin. It was preferred 1-2 weeks prior to Basic Skills training for the worker to meet a member of the professional development team to determine which On-the-Job Coaching (OJC) activities would be completed first.

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

The current Southeast Region was providing the following training structure:

- CWPT SE class 1: Foundations-Intro to MO Practice Model 31.5 hours
- CWPT SE class 2: MO Practice Model Implementation Pt. 1 28.0 hours
- CWPT SE class 3: MO Practice Model Implementation Pt. 2 28.0 hours
- CWPT SE class 4: MO Practice Model Implementation Pt. 3 28.0 hours

(OPTIONAL)

SE Systems (7 hours for investigators and assessors, 11 hours for case managers. All workers had the option to take both classes.)

St. Louis Region

Prior to centralization of the training unit, St. Louis Region offered "Keys to Success", Child Welfare Practice Training for new employees. A new session of classes was 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 began to be assigned once CWPT and the worker's OJT were completed. Caseloads were gradually built up to full capacity.

St. Louis Child Welfare Practice Training "Keys to Success" consisted of:

- 21 hours of CWPT - Keys To Success Class 1: Intro CD Philosophy & Practice
- 10.5 hours of Keys to Success: OJT Orientation -1 ½ day for this class
- 21 hours of CWPT - Keys To Success Class 2 CA/N
- 21 hours of Keys To Success - OJT CA/N
- 21 hours of CWPT - Keys To success Class 3 FCS
- 21 hours of Keys To Success - OJT FCS
- 21 hours of CWPT - Keys To Success Class 4 FCOOHC
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 1
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 2
- 21 hours of Keys to Success: OJT AC
- 7 hours of Systems Keys To Success - CA/N
- 7 hours of System Keys To Success – FCS
- 7 hours of System Keys To Success – FCOOHC
- 14 hours of CA/N enrichment

Hotline Unit-

This structure remained consistent after centralization in September 2020. The Hotline offers four weeks of training for new employees. A new session is determined when new staff are hired to the hotline. The classes can be very small (one to two employees) or can be larger. Staff start training in the classroom and then the training is moved to a section of the floor. After the training is completed, employees are assessed to see if additional one on one training is needed before the employee is allowed to take calls. The calls are monitored in several ways after the employee leaves training. Calls may be listened to live or on a recorded option. The employees also need to have manager approval for a determined amount of time between trainers and supervisors before their training is considered complete.

Hotline training consists of:

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

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

A challenge faced during this regional structure was the hiring of one or two staff at a time after an initial training session had begun. The region then had to determine if the new employee

could start the training beginning on week two (out of sequence), if it would be better to wait until the next training cohort, or provide the employee(s) with individual/small group training. The decision was 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.

Under this structure, there were training managers designated in each of the five regions in the state. Their responsibilities included coordination and monitoring of the regional training program. The training manager, along with the training office support staff, were responsible for submitting quarterly quantitative data reports to the statewide coordinator. The training manager ensured training timeframes were met by staff, were made aware of exceptions, and developed strategies to address these exceptions.

Statewide Training Structure (beginning September 2020):

In September 2020, the agency returned to providing initial new hire training through a centralized structure, with one unit providing training for the entire state. The Training Unit completed three sessions of CWPT between September 1, 2020 and December 30, 2020. Forty-nine people enrolled in CWPT during this time frame. Forty-four people completed CWPT during this time frame, while two employees were still in progress. Three individuals left the agency before completing training. One person was waived from the training due to previous experience and training completion. Of the 46 people who started training in the time frame and completed it, 93% completed CWPT timely. Three people did not complete training timely (one was completed prior to December 31 and the other two completed in January 2021).

Initial Pre-Service Training Requirements (statewide format):

In August 2020, The Children's Division restructured the Professional Development and Training Unit from a regionalized structure to a centralized structure. The trainers are all centrally supervised at this time with the ability to train employees throughout the state. 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 central office trainers and the on-the-job training is provided by local supervisors or specialist in the employee's own circuit or region. The on-the-job training curriculum has activities that are designed to help the employee see how the classroom applies to the actual work. This also allows regions to highlight regional differences in practice and meet local training needs.

Foster care case management contractors are made aware of the classroom training schedule. Per the foster care case management contract, the contractor may choose to send staff to the Children's Division training, provide the training themselves, facilitate training through a pre-approved contracted training vendor. Contractors that choose to offer their own training have attended a trainer the trainer presentation on the Children's Division's training. The on-the-job

training utilized by Children's Division staff has been slightly modified to meet the contractor's needs.

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

New Employees are enrolled in a ten week on-the job and classroom curriculum. On-the-job training is provided as pre-work and post-work to the classroom. The On-the-job training starts before the classroom component begins to assist in the understanding of key concepts. Then there are activities after the class has completed to help the new employee apply concepts learned in the classroom to the field. The new employee is required to complete the following classes:

OJT Foundations- This on-the-job training starts the first week of training. It provides pre-work activities involving philosophy, understanding the laws guiding the Children's Division and becoming familiar with policy and procedures. The employee also completes a self-evaluation according to Child Welfare Practice Training competencies. The post-work activities include further exploration of the Code of Ethics, understanding the components of culture, practicing engagement skills, and asking questions using a purposeful questioning approach from Signs of Safety. Post work activities also provide an introduction to child development and assessing protective capacities and child vulnerabilities in the field. This on-the-job training encompasses 14 hours of training credit.

CWPT Foundations- This competency based curriculum is the second week of training. It includes an overview of the agency and the legal basis for the agency's work. During all topics, participants practice and hone their critical thinking skills. The content includes evaluation of participants' values and beliefs and how they align with the agency. The agency's mandate around child safety is introduced to participants. Included in the curriculum is a discussion around the NASW Code of Ethics. Participants are introduced to the Framework for Safety concepts of threats, child vulnerabilities, and parental protective capacities. This encompasses 20 hours of training credit

OJT Practice Model- This on- the-job training starts during the third week of training. The pre-work activities include exploring how children's experiences and trauma affect their behavior, how staff's own culture and values affects how they engage with families, an introduction to Signs of Safety, and learning child development stages. The post-work activities include awareness of bias, demonstrating an understanding of trade-offs from Five Domains of Wellbeing, applying Signs of Safety learned in the practice model classes, identifying trauma in the field, and shadowing team decision making meetings. It includes 16 hours of training credit.

CWPT Practice Model I- This classroom experience is provided during the third week of training. It introduces the key concepts and elements of a wellbeing orientation including the

Five Domains of Wellbeing and the concept of tradeoffs, as a foundational framework and approach for working with families and colleagues. The course provides an increased understanding of the primary drivers of behaviors, decisions and choices. Included is skills practice around identifying and listening for challenges and tradeoffs in the Five Domains of Wellbeing in our own lives and the in lives of those we work. The third day of the class introduces trauma and its effects on the families served, as well as secondary trauma and its effects on frontline staff. This encompasses 18 hours of training credit.

CWPT Practice Model II- This classroom experience is provided during the fourth week of training. This course introduces participants to Signs of Safety practice. Participants learn the building blocks of the practice, which includes using a mapping tool to ask intentional questions and guide conversation and creating Family Risk Assessment Maps to assess family functioning in the areas of harm/danger, strengths/existing safety, and safety goals. Participants learn more about immediate safety assessment and interventions, and the use of the safety network to help keep children safe. Participants also learn how to engage with children, create a “words and pictures” to provide children with explanations of their experiences, and develop long term safety plans with families. This includes 18 hours of training credit.

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

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

CWPT Team Decision Making- This classroom experience is provided during the seventh week of training. The Team Decision Making CWPT classroom training supports and builds upon the On-the-Job training staff receive prior to and after the classroom experience. Participants are trained on identifying the key elements of the TDM process. The content includes discussions about the important roles of parents, caregivers, youth, extended family and community partners.

Training content also provides for an understanding of how the TDM process can meet the child/youth's need for safety, permanence and well-being. This includes 4 hours of training credit.

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

OJT Intro to Case Management I (FCS/Prevention)- This on-the-job training starts in the seventh week of training. Pre-work activities include becoming familiar with community resources, filling out releases of information, making referrals to court, court preparedness, and helping parents work on child development skills. Post-work activities include understanding the role of team meetings and how teams work, shadowing the beginning of the case and the tools used for assessment, shadowing the end of a case and testing the safety plan, use of safety network meetings, conflict resolution, testifying, and use of appreciative inquiry with families. This includes 12.5 hours of training credit.

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

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

OJT Intro to Case Management II- This on-the-job training starts in the ninth week of training. Pre-work activities include information on Multi-Ethnic Placement Act, training on Indian Child Welfare Act, training on permanency planning/concurrent planning (Adoption and Safe Families Act), information on foster care and rights, how to facilitate meetings, shadowing court hearings, understanding relative and other placements, older youth, and shadowing of worker visits for children, parents and placements. Post-work activities include information on Interstate Compact for the Placement of Children, demonstrating 24 hour home visits, demonstrating meeting

facilitation, use of timelines, understanding child behaviors, writing court reports, and referring for subsidies. The self-evaluation on Child Welfare Practice Training competencies from week one is completed again by the worker and their supervisor, with the intended goal of scoring higher at this point in the training. This includes 23 hours of training credit

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

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

Hotline Unit

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

Hotline training consists of:

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

Evaluation:

The statewide CWPT training is evaluated through the use of participant surveys at the end of each class, sent via a link to Survey Monkey. The survey asks both qualitative and quantitative questions that evaluate the quality and relevance of the training. The surveys are provided to trainers as well as training unit management in order to evaluate effectiveness and make adjustments to future trainings as necessary. All numerical questions are asked on a scale from 0 (minimum/not effective/not helpful) to 10 (maximum/most effective/most helpful). Aggregate scores from September 2020 to March 2021 are as follows:

Training meets objectives: 9.36

Training provides necessary knowledge: 9.14

Training provides necessary skills: 9.10

Relevance to position: 9.24

Effectiveness of trainers: 9.46

Likelihood to apply knowledge/skills: 9.43

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

Item 27: Ongoing Staff Training

From April 1, 2020 to August 31, 2020, the Children's Division's professional development and training program was regionalized. The regionalization of the professional development and training program offered 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. After Department of Social Services' task force recommendations to provide a centralized training for all new staff, the Professional Development and Training Unit was centralized in August 2020. The first centralized training began on September 5, 2020. The need for specific regional training is addressed by the regions and the Professional Development and Training Unit.

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

The Children's Division continues to focus training priorities in FY2021 on implementation and integration of the practice model. This training focuses on the foundational practice initiatives of Five Domains of Wellbeing, trauma-informed care, and Signs of Safety as well as components of

Framework for Safety. In the last year, there has been an assessment of the practice model. Children's Division leadership determined that there was a need for stronger risk and safety assessments. With the addition of Framework for Safety, the new practice model is called the Missouri Model. The changes in the model are currently being rolled out in a pilot program which includes several training components.

Chapter 210.180 RSMo states that Children's Division employees who are responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive no less than 40 hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive no less than 20 hours of ongoing training each year on the subject of the identification and treatment of child abuse and neglect.

This annual 20 hours of required ongoing training for investigative/assessment staff can be obtained through identified course offerings through the agency training program, such as Trauma Toolkit, Safe Sleep, and Legal Aspects, as well as external conferences, workshops, seminars and certain local community trainings. Staff had until June 30, 2019 to complete the training hours for FY2020. In FY2020, 71% of the staff completed their requirement for 210 training. The last four months of FY2020, many of the classes were shut down due to the COVID-19 pandemic, making it difficult for staff to complete their trainings. Many of the conferences and other events staff would attend for 210 hours were cancelled and there have been limited opportunities to meet the need for training. Professional Development is evaluating how to help staff meet their requirements during this time of limited resources.

Supervisors also have a need for support and professional development. Currently, a supervisor curriculum is being developed. This training will focus on the roles of child welfare supervisors-educational, supportive, administrative, and clinical supervision.

There was also increased focus on promoting leadership at every level of the agency through The Heart of Coaching classes which include the transformational coaching model. Over 97% of the supervisors and managers have been trained in the Heart of Coaching classes. Currently only six supervisors/managers have not been trained with three being enrolled for the next class.

In FY2020, specific training that supervisors received was eligible for Management Training Rule (MTR) credit hours. Supervisors were required to obtain 40 credit hours during their first year of supervision and 16 hours of MTR every year thereafter. The training topics were determined by the direct supervisor in consultation with the supervisor through assessment and evaluation. Seventy percent (70%) of these supervisors met MTR in FY2020. In FY2021, MTR changed to Leadership Development Rule (LDR). This new rule requires supervisors to obtain 52 hours of LDR per year. With the addition of Missouri Learning through Linked-In Learning, supervisors will be expected to spend an average of one hour per week on their professional development. The new program offers all state employees a variety of topics through an online

source. As of March 12, 2021, 23% of supervisors and managers have completed their LDR and another 27% have completed over 35 hours. The Children's Division Professional Development and Training Unit is currently working with the Department of Social Services Human Resource Center to get information out about LDR completion and requirements. There is a concern that there may be a lower number of supervisors getting their LDR hours due to the COVID-19 pandemic and the cancelling of non-essential classes. The supervisors are being encouraged to utilize the Linked-In Learning classes to get the hours completed.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of each training. These evaluations utilize Survey Monkey to deliver digital surveys to training participants. The trainers put the evaluations in the chat function during the Webex. A new evaluation was developed when the Professional Development Unit was centralized. Data is currently being used during Engage (professional development) conversations with trainers. It is also being used in training design and planning.

During the end of FY19 and the beginning of FY20, the Department of Social Services established a task force to look at increasing child safety in the state of Missouri. A report was published in the fall of 2019 that recommended more emphasis on legal training for staff. It was recommended that circuit managers attend a Legal Aspects class that addresses both investigations and out of home care. A two day class called Legal Aspects 360 was designed for this group of employees. Two classes were offered in January 2021. All circuit managers, with the exception of one, have attended.

After examining the numbers for supervisors that had taken Legal Aspects, it was decided to offer some specific supervisor Legal Aspects classes to train all supervisors. Two new classes were designed. One was Legal Aspects Investigations for Supervisors and the other was Legal Aspects Foster Care and Adoption for Supervisors. Three of each of these classes are being offered in the spring of 2021.

The Legal Aspects for Investigators was offered four times from April 1, 2020 to March 31, 2021. This course is now a two-day class. One of the classes in April 2020 was cancelled due to COVID-19. For the three classes that were completed, there were 105 open spots for staff to fill, with 79 employees completing the class. The Legal Aspects for Foster Care and Adoption class was offered five times from April 1, 2020 to March 31, 2021. This is also a two-day class. One of the classes was cancelled in April 2020 due to COVID-19. For the four classes that were completed, there were a 140 openings to fill, with 105 completed the class. All the classes were offered virtually and there was no need for travel. In the fall of 2020, the Legal Aspects team decided to create two-day courses rather than 2 ½ day courses for both the investigators and the foster care adoption classes. In order to offer a two day class, six prerequisite classes were developed for the investigator class and eight prerequisite classes were developed for the Foster Care and Adoption class. These classes are all e-learnings offered on the Employee Learning

Center. Since the addition of the prerequisite classes, the cancellations for the classes have decreased considerably.

The evaluations of the Legal Aspects classes have high marks. Evaluations include information on meeting objectives, if the training is relevant, the effectiveness of the trainer, and the application of the knowledge and skills. The evaluation for Legal Aspects 360 is as follows. When looking at the objectives being met the average score for the class was 9.2 out of 10. The relevance of the class averaged 9.38 out of 10. The trainer effectiveness averaged 9.38 out of 10 and application of skills and knowledge averaged 9.52 out of 10.

The next class is Legal Aspects Investigations for Supervisors. The average score for the objectives being met is 9.63 out of 10. The relevance of the training averaged 9.63 out of 10. The trainer's effectiveness averaged 9.74 and the application of skills and knowledge averaged 9.58 out of 10.

The evaluations for classes for the Investigations and Foster care and Adoption were split between classes that lasted 2 days and classes that lasted 2.5 days (one class of each structure was evaluated). The scores for the two day classes are higher than the two and a half day classes. The score for meeting objectives in the Investigations class averaged 9.75 out of 10. The investigations class score for relevance averaged 9.7 out of 10. The trainer's effectiveness for this class averaged 9.89 out of 10 and the application of knowledge and skills averaged 9.9 out of 10. In regards to the Foster Care and Adoption class, the average score for meeting objectives is 9.34 out of 10. The relevance of the class averaged 9.1 out of 10. The trainer's effectiveness averaged 9.76 and the application scored an average 9.19 out of 10.

Despite these high outcomes, some workers are not getting into the class within the six to 12 month time that has been designated. From April 2020 to September 2020, there were two Legal Aspects trainers and since that time, there has only been one trainer. In March 2021, the search for a new trainer began. Once another trainer is hired, more classes will be set up in order to get all employees up to date with this training.

Human Trafficking is another class that is required to be completed within the first year of employment. This class was taught by a contractor and each region set up their classes with the contractor. With the pandemic, the classes were put on hold. This has given the Children's Division the opportunity to create a statewide curriculum for the class. A new e-learning is being designed alongside a follow-up, instructor-led class. The class is set to start in the next fiscal year.

During the COVID-19 pandemic, only essential classes were being taught. For most regions, this was only the CWPT classes and they were being taught through virtual means. Once the Professional Development Unit was centralized, Trauma Toolkit training was started again. This class was put on hold for six months, but new classes are currently being offered two to three times per month. The class is offered to staff between six and 12 months of employment. Since

April 1, 2020, 475 employees have been trained in the Trauma Toolkit. In the last year, 43% of the staff needing to complete the training completed the training timely. In the past, staff were given information about completing Trauma Toolkit but it was not on the training plan. This has been changed so staff will have the class on their ELC training plan and will be automatically reminded to complete the class. Additionally, many of the trainers in the past were frontline staff and training took them away from their primary duties. There has been a shift to centralized professional development trainers which has enabled the class to be trained more consistently and on a set schedule. Lastly, in April 2020, many of the Trauma Toolkit classes were cancelled due to the pandemic. There was a need to revise the curriculum so it could be trained virtually. The trainers were able to transition the curriculum and were able to start the classes again in September 2020. The evaluations for the class are overall high. The average score for the objectives being met is 9.36 out of 10. The relevance of the class is at 8.7 out of 10, trainer effectiveness averaged 9.15 out of 10 and the application of knowledge and skills average 8.96 out of 10.

Starting in April 2020, a new Team Member Training Portal was developed. This portal tracks outside trainings and Missouri Learning through Linked-In Learning classes. This information is then transported to the Employee Learning Center. These trainings will increase the variety and amount of training that is being tracked. All Missouri Learning (Linked-In Learning) classes will be considered Leadership Development Rule.

The Leadership and Professional Development Team continue to explore more virtual and e-learning options during this time. The trainers have had the opportunity to learn how to use Webex and Webex Training in order to provide virtual training. The trainers were able to attend a full day conference given by the Department of Social Services. This conference focused on enhancing virtual learning and through a variety of platforms.

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

Item 28: Foster/Adoptive Parent and Facility Staff Training

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, and seven hours of Importance of Sibling Placement. A new training, Resource Provider Curriculum for Trauma, will add another 12 to 16 hours of specified training requirements. In August 2016, an additional two hour required training was added, focusing on Reasonable and Prudent Parenting Standard. Resource parents must complete 30 hours of in-service training for license renewal for the life time of their licensure with the state. In November 2017, another required training was added, Foster Care Bill of Rights, to inform resource parents of the foster child's rights. In June 2018, a new training requirement was added regarding Informed Consent. Informed consent is the agreement to any medical or mental health treatment (e.g., medication, procedure, or service) given after the medical consentor has had the opportunity to receive sufficient information about its risks and benefits. It is important for the individuals providing consent for a youth's health care, to understand the role and responsibilities of a medical consentor in order to make the best decisions. Another required training introduced in July 2019 is Psychotropic Medication Management. It is a required pre-service training for licensure. In the survey results for 2020, 80% of resource parents responded that they think the training they have received is convenient to meet their needs and 95% responded that they have been provided training which has been helpful in their role as a resource parent.

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

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

about discipline techniques, need skills in working with teens, would like information on working with children who have been sexually abused, etc.)

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

In 2020, there were 2,770 licensed foster homes. Of those, 1,429 were in the initial licensure period. For 85% of the homes (1,220/1,429), all required household members had completed 30 hours of pre-service training prior to the home being licensed. The remaining 1,341 homes were in a subsequent re-licensure status. Eighty-seven (87%) percent of homes were re-licensed with all household members receiving at least 30 hours of in-service training (1,161/1,341).

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

Also in 2020, 1,671 adoptive homes were in the initial approval period. Of those homes, eighty-four (84%) percent received the required training prior to initial approval.

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

As of December 2020, 138 resource parents have completed the outcome baseline, the pretest, and the first self-assessment for the NTDC training. The goal is 160 so the Children's Division is well on the way to meeting that number. In addition, those Resource Parents have access to Right Time Trainings. Right Time Trainings are trainings that are available on the internet and can be completed in real time as needed.

The five-year project will include the development of resource parent pre-service and in-service curriculum. A designated group of 120 resource homes will use the curriculum while the North Eastern Region of the state, including St. Louis Region, continues to use the STARS training.

In response to concerns reported to Department of Social Services regarding how long it takes to complete the licensure process of a new resource home applicant, a taskforce was developed in late spring 2019 to explore the barriers and how to expedite the process. The result was a project to develop a pre-service training that takes less in-class training time. The southern regional

training units worked together during the summer of 2019 to create STRONG (Supportive Team Relations for Ongoing Nurturing and Growth of Children and Families). The STRONG pre-service training incorporates the required competencies as identified in licensing regulations and the Children's Division's practice model topics of Trauma Informed, Signs of Safety and Five Domains of Well Being initiatives. The Southwest Region and Southeast Region began a pre-service pilot of the new pre-service in September 2019. Initial responses of trainers and trainees is very positive.

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

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

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

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

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

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

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

- Developmental needs of children;
- Child management techniques;
- Basic group dynamics;
- Appropriate discipline, crisis intervention, de-escalation techniques, and behavior management techniques;

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

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

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

Service Array and Resource Development

Item 29: Service Array

Services Assessing the Strengths and Needs of Children and Families

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

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

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

Crisis Care provides temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short term care, and without this care, the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four hours a day, seven days a week. A child will be accepted at a crisis care facility at any time, day or night if space is available. Currently, there are ten crisis care facilities across the state.

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 various opportunities for parents to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of Home Visiting, they are referred to a Head Start or another early learning program to maintain educational services with the family. The Home Visitation program is located in 11 regions across the state. The Home Visiting program will transition to the Department of Elementary and Secondary Education, but will remain accessible to families served by the Children's Division.

Services Enabling Children to Remain Safely with their Parents when Reasonable

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services are available throughout the state and are provided to help children safely remain in their homes when possible. Services aim to prevent child maltreatment and promote healthy and appropriate parenting skills. FCS programming is available in all areas of the state and is provided by Children's Division staff.

Intensive In-Home Services (IIS) is a short-term, intensive, home-based program which offers families in crisis an alternative to out-of-home placement through the enhancement of family capabilities. Intensive In-Home Services are typically provided to families with a significant risk of maltreatment, which would likely lead to child removal from the home if intervention to address child safety is not immediate. An initial referral and intake meeting with the family occurs to assess the family's need and commitment to participating in the program. Cases typically remain open for four to six weeks.

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their

children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family who will maintain the child(ren) safely in the home following the intervention.

Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS program is provided through purchased services by vendors contracted with the state. In July 2019, the IFRS program and the IIS program were combined into one contract to allow for services statewide. Previously, the IFRS program was only available to eight sites in the state. By combining the two programs it allows for more families to be served and loosens some of the time constraints, allowing work with families to be done within the first 30 days of a case opening, or after a child returns home as needed by the specific case situation. The referral requirements for both programs remain the same.

Services Helping Children in Foster and Adoptive Placements Achieve Permanency

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

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

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

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

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

Children’s Division funds a variety of therapeutic and adjunct treatment services for the prevention and treatment of victims of abuse or neglect. The goals of these services are to:

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

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

While many areas of Missouri are very rich in resources to help families maintain safety, permanency, and well-being, some rural areas face challenges in providing families with services they may need. Substance abuse treatment facilities, services for domestic violence victims and

perpetrators, and mental health/counseling providers are commonly identified as service gaps in some areas of the state. The COVID-19 pandemic provided opportunity for service providers to be creative in the ways they met needs of clients throughout the state.

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

Item 30: Individualized Services

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

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

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

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

Foster Care Case Management (FCCM) agencies which provide case management services to a portion of children in foster care have the unique ability to utilize flexible spending to meet the

individual needs of children and families they serve. The Children's Division does not have the same flexibility in spending.

Agency Responsiveness to the Community

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

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

- CFSP Advisory Committee – Initially created in 2005 to provide feedback for the Program Improvement Plan, the committee continues to meet and assists in the evaluation of practice and outcomes and the development of the CFSP. The committee has been encouraged to expand its role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare issues, the Children's Division appreciates the wealth of knowledge available from the members of this group. The committee has been asked for input on a variety of topics in the past year, to include placement stability, service array and permanency planning for children.
- State Youth Advisory Board - Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing to the Children's Division administrative staff with input on policy and procedures. The SYAB determines the goals and activities to pursue upcoming meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to their local boards.
- Missouri State Foster Care and Adoption Board – Established by statute in the 2011 legislative session, the purpose of the board is to provide consultation and assistance to the department; the board's authority exists to provide an independent review of the Children's Division's policies and procedures related to the provision of foster care and adoption in Missouri.
- Healthcare Coordination Committee - This multidisciplinary team is comprised of the Children's Division, the MO HealthNet Division (state Medicaid agency), the Department of Mental Health, the Department of Health and Senior Services, as well as other state agencies, pediatric and health care experts, and stakeholders. The group meets quarterly to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care. Several members formed a sub-committee

to dedicate more time and focus on the goal to examine children's access to quality and meaningful behavioral health care.

The Children's Division continues to collaborate with the courts through a variety of mechanisms. A member of the Children's Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 18 Fostering Court Improvement (FCI) sites in the state. The FCI groups are a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. In addition to the above projects, an OSCA representative participates in the planning and development of the Children's Division's quarterly In-Focus newsletter, a newsletter developed to guide the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

The Missouri State Parent Advisory Council was developed to bring the parent voice to state systems that serve families. The Missouri State Parent Advisory Council was established as a way to partner with parents on the state and local levels. Council members were identified through an application process. This included attendance at the 2016 Parent Leadership Summit. At the end of the summit, participants were asked to complete a commitment card indicating their interest in being part of a statewide Parent Advisory Council that would be available to agencies that serve at-risk families with young children including providing input into early childhood policies and practices at the state level. By the end of 2016, the planning team had identified 12 family leaders from across the state to be the first Missouri Parent Advisory Council; their first in-person meeting was March 23, 2017.

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

“The Missouri Parent Advisory Council (PAC) is a group of family leaders from across the state. These leaders have experience in their own communities, working with agencies that provide services to at-risk families with young children and have demonstrated leadership. They have each received training in Strengthening Families™ and the Protective Factors Framework through Strong Parents, Stable Children: Building Protective Factors to Strengthen Families training and facilitative leadership. They are working to bring issues facing families in their communities to a higher level to improve access to services and family engagement within programs.”

The Children's Division is actively seeking to engage parents with past experience in Missouri's child welfare system to apply for membership on the Parent Advisory Council and will be

utilizing the council for feedback regarding practices and procedures which may have direct impact on parents served by the Children's Division.

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

Please see the collaboration section for more information.

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

Item 32: Coordination of CFSP Services with Other Federal Programs

Interdepartmental Collaboration:

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

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

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

the juvenile court, and an adult or youth consumer and their family members or guardians. CSTM meetings are held quarterly at the state level and are currently attended by state-level executives.

Some of the topics identified by the state level group include: developing a structured pathway to provide DMH services to youth living in and being discharged from residential facilities, identifying cross-training opportunities, and developing a shared crisis response to provide community-based services to keep children in their homes.

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

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

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

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

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

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

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

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

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

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

In addition to the Early Childhood funding, the Children’s Division coordinates with DESE on projects such as ESSA in which local school districts must identify and ensure that children who enter foster care can stay within their home school whenever possible.

Also, DESE provides an annual report on First Steps infants referred through the Child Abuse Prevention and Treatment Act (CAPTA).

The Children's Division staff throughout the state work to develop relationships with local school districts within the circuits. Transportation of children to enable them to remain in their home schools has been an emphasis in recent months.

Children's Division coordinates efforts with DESE as it relates to Home Visiting programs as well. To ensure ongoing collaboration between DSS Home Visiting and Parents as Teachers service providers, DSS Home Visitors are required to include Parents as Teachers in their regional multidisciplinary team meetings to ensure proper service provisions for at risk families, specific to the family needs. Additionally, DSS Home Visitors are required to refer families to Parents as Teachers or another early learning program when families transition from DSS Home Visiting or if a referred family is deemed ineligible for DSS Home Visiting services.

Additionally, Children's Division regularly meets with DESE to align messaging to Home Visiting providers, as well as to work towards a coordinated statewide intake and data system. Children's Division and DESE will also combine efforts to provide trauma informed education and training to all Missouri home visitors beginning in FY21.

- Department of Health and Senior Services (DHSS) – The Children's Division provides funding related to supporting child care initiative to DHSS. These funds offer health consultation services to child care providers and health and sanitation inspections of licensed child care facilities as well as funding for child care regulation. The Children's Division is currently facilitating collaboration among members of the Safe Sleep Coalition to bring consistent awareness and education around the topic of Safe Sleep practices to Missouri citizens. This is a joint effort among the Department of Social Services, Children's Division, Department of Health and Senior Services, STAT (State Technical Assistance Team) members, Infant Loss Resources, SIDS Resources, SSM Health, Children's Trust Fund, The Office of Child Advocates, and Children's Mercy with a focus on combatting the growing rates of infant mortality in the State of Missouri. The Safe Sleep Coalition will be meeting regularly to discuss and develop training materials, social media publications, initiatives, and available resources to cultivate community awareness that will aid in the reduction of unsafe sleep-related deaths among infants in Missouri.
- Child Support Coordination - As required by Title IV-E regulations, the Children's Division makes a referral to the Title IV-D agency as appropriate. Title IV-E agencies are required to refer children receiving Title IV-E foster care to Title IV-D for child support enforcement, but are afforded some degree of flexibility by Title IV-E in determining which cases are appropriate for referral. The Children's Division evaluates these on an

individual basis, considering the best interests of the child and the circumstances of the family. For example, is the parent working towards reunification with the child, consistent with the case plan? Would the referral impede the parent's ability to reunify with the child? Has the parent agreed to pay for the costs of out-of-home care or to accept a reduction in the adoption assistance payment temporarily? The Children's Division FACES system interfaces with the Child Support (CS) system so whenever a child enters or exits custody or circumstances impacting IV-E eligibility change, Child Support is notified so appropriate action can be taken.

- Coordination of Funding Through TANF - Home Visiting programs with a focus on prevention of child abuse and neglect utilize TANF dollars as a funding stream. Home Visiting assists eligible parents whose family income does not exceed 185% of the federal poverty level and are currently pregnant or who wish to care for their children under three years of age in the home. Home Visiting provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. Home Visiting services are provided through training and support groups for the families, developmentally appropriate books and toys for the children, modeling of appropriate parenting skills, and various other incentives to keep the parents engaged in the services. Home Visiting also allows families the opportunities to network with other families and to build a support and resource network. Funding is provided through grants to local community organizations. Once the child ages out of the home visiting program at age three, they are referred to their local Parents as Teachers and/or other community agencies to maintain educational services until the child enters kindergarten.
- Child Care Subsidy Program – This program provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The Child Care Subsidy Program assists in supporting the safety and well-being of children in low-income families by providing parents with choices for safe environments for their children. Maximizing funding for Child Care Subsidy ensures the Department of Social Services (DSS) can serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.
- Head Start - Local collaboration plans are designed to improve the coordination of services for the children and families served by both the Children's Division and Head start. The Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions the Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are

receiving quality child care services to help with school readiness. For more information, see the Head Start description in the Collaboration section.

- Housing and Urban Development - The Children's Division maintains representation on the Governor's Committee to End Homelessness (GCEH). The GCEH meets monthly and supports the following key strategies to accomplish the Goals of ending homelessness:
 - Share national and local "best practices" to support planning to end homelessness
 - Strengthen communication at all levels
 - Encourage collaborations and cross-sector problem solving
 - Review and share data to evaluate Statewide progress in ending homelessness
 - Encourage the development of specific strategies as needed to address the unique needs of underserved populations

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

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

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

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

Fostering Court Improvement - The Fostering Court Improvement Project has increased the sites participating in this initiative and added the Juvenile Court Improvement Project. Outgrowths of these have resulted in the review and implementation of Juvenile Court standards and consistency in forms across the judicial circuits. For more information, see the Fostering Court Improvement description in the Collaboration section.

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

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

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

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

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

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

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

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

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

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

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

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

- Provide cribs with a safe sleep survival kit to families/parents referred from Missouri Children's Division. Complete a 60-day follow up on referred families receiving cribs/safe sleep survival kit.

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

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

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

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

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

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

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

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

Preserving Families through Partnerships (PFTP) - Regional Partnership grantee (RPG) Preferred Family Health (PFH) has been operating the “Preserving Families through Partnerships” (PFTP) program in Southwest Missouri since May 2013. The program goal is to *“To increase the well-being of and to improve the safety and permanency of children through addressing the substance use issues of their parents.”* The services are offered in the 31st Judicial Circuit (Greene County) and the 39th Circuit (Barry, Lawrence, and Stone County). Collaboration occurred with community agencies within Southwest Missouri to create community awareness of the program, generate referrals, and to partner with other service agencies to meet client needs in tandem with the services offered by Preferred Family Health.

Collaboration occurred in the following areas:

- Staging Substance Use Treatment and coordinating with community based Behavioral Health Services
- Cross-system partnerships including Juvenile and Drug Courts
- Coordinating recovery treatment with early child reunification
- Cross-system training
- Hidden Impact Conferences
- Partner agency staff participate in Evidence-Based Practice Training
- Targeted training for partner agency staff
- LUV (Life of Unlimited Visions) Teen Substance Misuse Education and Treatment Program – a collaboration with the Greene County Juvenile Court
- Problem Solving Stakeholders Team

- System of Care collaborations

Evidence-based services were offered, such as:

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

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

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

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

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

The outline template for the resource home assessment located in the Children's Division policy Section 6 Chapter 3 Subsection 8 includes addressing the five required competencies of the resource parent to be licensed. These competencies are taught in the pre-service curriculum

STARS and are included in the state regulation for licensing of foster family homes, 13 CSR 35-60. They are:

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

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

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

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

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

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

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

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

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

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

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

(4) Health of Foster Family.

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

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

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

(5) Foster Parent Training.

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

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

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

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

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

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

- (D) Lifestyles and practices of the foster parents;
- (E) Educational practices of the foster family; and
- (F) Employment of the foster parents.

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

- (A) Foster parent structures environment so that it is safe and healthy for the child.
- (B) Foster parent expresses positive feelings toward the child verbally and physically.
- (C) Foster parent recognizes and responds appropriately to the child's verbal and physical expressions of needs and wants.
- (D) Foster parent consistently uses basic behavior management techniques in dealing with the child.
- (E) Foster parent consistently uses appropriate techniques to discipline the child and does not use or will not use corporal punishment on any child in the custody of the division.
- (F) Foster parent guides the child toward increasing independence.
- (G) Foster parent behaves in a way that recognizes the immaturity of the child.

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

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

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

There are 13 non-safety standards that may be waived for a relative to be licensed if it is determined that the safety and well-being of foster youth in the home are assured. A workgroup met after the 2008 Fostering Connections to Success and Increasing Adoptions Act was signed into law by the President (P.L. 110-351). The workgroup reviewed and selected from the

Licensing of Foster Family Homes regulations, 13-CSR 35-60, requirements that would not put children at a safety risk. There is a specific form, Non-Safety Licensing Standard Waivers for Licensing of Relative Resource Provider Homes Tracking Form (CD152), which is completed by the resource development worker and approved by the supervisor and regional office. The non-safety standard waivers are listed in policy and state regulation. They include the following:

- 13 CSR 35-60.020 (1), Maximum number of children in the home
- 13 CSR 35-60.020 (2), Limits on number of children under the age of five
- 13 CSR 35-60.020 (3), Limits on number of elevated needs foster youth
- 13 CSR 35-60.030 (1), Minimum age of 21
- 13 CSR 35-60.030 (4)(A), Physician statement and all immunizations up-to-date at initial licensure and renewal for all household members
- 13 CSR 35-60.030 (4)(B), Physician determination that all household members are in good physical and mental health
- 13 CSR 35-60.030 (5)(B), Required 30 hours of in-service training hours for license renewal which does not include required in-service trainings including but not limited to; CPR, First Aid, RPC Trauma, Reasonable and Prudent Parenting Standard, or any Children's Division specified in-service training
- 13 CSR 35-60.040 (1)(A), Location of home
- 13 CSR 35-60.040 (1)(B), Size and floor plan of home
- 13 CSR 35-60.040 (2)(D), Opposite sex in same room
- 13 CSR 35-60.040 (2)(E), No foster youth sleep in same room with adult age 21 and older
- 13 CSR 35-60.040 (2)(F), No foster youth age 2 and over sleep in same room with relative provider
- 13 CSR 35-60.040 (2)(I), Drawer and Closet space specifications

There were 440 relative homes approved for a foster home license in CY20 using at least one of the non-safety licensing standards. There were 13 relative homes renewed in CY20 waiving the 30 hours of in-service training requirements for license renewal. The standards that were waived to license the 440 relative homes were:

- Over the maximum number, 26
- Over maximum number of ages under five, 10
- Over the maximum number of children with elevated needs, 1
- Age of resource parent, 7
- Physician statement of immunizations up-to-date for all household members, 361
- Physician statement that all household members are in good physical and mental health, 131
- Required 30 hours of in-service training for license renewal, 13

- Location of the home, 4
- Size and floor plan of the home, 14
- Children of the opposite sex in the same room, 11
- No foster youth sleeping in the same room with an adult age 21 and older, 6
- No foster youth age two sleeping in the same room with the relative provider, 11
- Drawer and closet space, 0

The 440 relative homes licensed using a non-safety standard represents .16% of the 2,737 (2,099 newly licensed; 638 relicensed) relative homes licensed during CY20. The 13 relative homes that used the waiver not to complete 30 hours of in-service training to be renewed represents .02% of the 638 relative homes relicensed during CY20.

Item 34: Requirements for Criminal Background Checks

Missouri's computer system, FACES, requires a criminal background check be completed for each foster or adoptive parent to be licensed or approved. Missouri also strives to address and assure the safety of foster and adoptive placements for children through the quarterly home visit process where any concerns expressed by children in the home or exiting from the home are addressed as well as any safety concerns observed or reported. In areas where Signs of Safety has been fully implemented the three columns, or house of wishes and house of dreams are used with children to process the current situation in the resource home and continue discussions with the resource parents. These tools allow open dialogue and engagement to improve any safety concerns or perceived threats. Missouri has also strengthened the working relationship and alliance between the Out-of-Home Investigation Unit and the Assessment staff. Policy now requires at the time of re-licensure/re-approval the Out-of-Home Investigator be contacted and consulted regarding any resource homes who were subject of an Out-of-Home Investigation during the prior licensure/approval period. The intent of this policy is to ensure any and all concerns about safety are being addressed and resolved adequately to assure safety.

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

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

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

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

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

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

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

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

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

The division utilizes the electronic scan service for the collection of fingerprints. The service is called the Missouri Automated Criminal History Site, MACHS, which is maintained by the Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP. During 2020 there were a total of 12,944 fingerprints captured for statutory reasons 210.482, 210.487 and 43.540. Two individuals from each circuit complete CJIS security training and have access to MACHS to obtain the fingerprinting reports. This has reduced the time for obtaining criminal history results down to as little as 11 minutes from the time the applicant's fingers are scanned. The legislative proposal is necessary to allow Children's Division access to the state and federal Rap Back system was passed during the 2018 legislative session. Beginning September 1, 2018, the Children's Division is enrolled in the state and federal Rap Back program. The Rap Back program alerts the circuit manager of any arrest of any applicant who has been fingerprinted

beginning September 1, 2018. Applicant households, including any household member over the age of 17, are fingerprinted, and new FCSR checks are completed every two years as part of the re-licensure or re-approval of the home.

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

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

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

When an unlicensed relative or kinship home is used for an initial, emergency placement, a name based check is completed by local law enforcement of all household members and a safety walk through of the home is made using the Resource Home and Safety Check list, CS-45. If the home meets the safety standards on the Safety Check List and there are no individuals in the home with criminal history, the foster youth may be placed. All household members age 17 and older must

complete fingerprinting within 15 days of the foster youth placed in the home. If all the required household members do not submit to fingerprinting, the foster youth is removed immediately.

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

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

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

Item 35: Diligent Recruitment of Foster and Adoptive Home Please refer to Attachment B for the Diligent Recruitment Plan

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

Missouri has a strong Interstate Compact Unit to assure cross-jurisdictional placements for children are made to support children and youth. The ICPC Unit of two child placement coordinators, one hourly staff person and one manager process referrals within 5 days of receipt through the National Electronic Interstate Compact Enterprise (NEICE). Completion of home assessments by staff in Missouri are completed as quickly as possible so as not to delay potential placements into the state. The Missouri ICPC unit works collaboratively with other state ICPC offices to assure cases are processed in those states to allow Missouri children to be placed into receiving states when appropriate and safe. Internally, the Children's Division assures, through

an inter-county placement request, resources in other counties are contacted and assessed timely to assure placements can be made inter jurisdictionally within the state also.

Child Placing Agencies have the same responsibility to complete a referral to ICPC in the same manner as Children’s Division staff when the child under consideration for out of state placement is being managed by their agency. This management may be on behalf of the Division or of a child/ren who is in the agency’s care and custody for adoptive planning and placement. The ICPC unit in Central office serves as the statewide ICPC office for the state of Missouri.

Update to the Plan for Enacting the Vision

Revisions to Goals, Objectives, and Interventions

The goals outlined in the 2020-2024 Child and Family Services Plan (CFSP) remain consistent with the findings of the Round 3 CFSR and efforts outlined in Missouri’s Program Improvement Plan. Specific interventions may have been adjusted and, if applicable, will be identified within the discussion of each goal. Please refer to the Update on Progress Made to Improve Outcomes section of this report.

Implementation and Program Supports

Signs of Safety

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

Jackson County was selected as the initial pilot site to begin using this practice model throughout all program lines. Implementation began in June 2015. In CY16, a Signs of Safety hub was identified in the other four regions of the state to begin implementation. In CY17, Signs of Safety was implemented statewide.

In February 2020, memo CD20-10 was issued and provides supervisors with a “Bank of Questions” resource that allows for more in-depth case consultations and enhances critical thinking by turning questions into conversations using the Signs of Safety framework. The Children’s Division recognizes the importance and critical nature of front-line supervision to

successful outcomes for children and families. Supervision is a key component to effective work and supervisors are instrumental in helping team members understand and incorporate the integrated practice model into their work with children and families. The “Bank of Questions” resource is designed to help supervisors coach their team to be able to gather crucial information, synthesize that information, and to guide people through a change process.

To enhance family engagement and to promote and amplify Signs of Safety practice, memo CD20-09 was released in February 2020. The memo outlines two webinars that are now available to staff. The goals related to the webinars are:

- To strengthen the quality and quantity of interaction between practitioners and children who are being served through FCS or Foster Care; and
- Improve parent engagement through full implementation of the CD Practice Model.

In June 2020, as a follow up to the webinars memo CD20-26 provided staff with additional learning opportunities through facilitated Learning Circles. Learning Circles are facilitated discussions used to ensure transfer of learning occurs around quality worker/child visitation and parent engagement as a follow up to the webinars. The Visits with Children Learning Circle conversation focused on how utilizing the Signs of Safety tools allow team members the opportunity to elicit information from children in a thorough and thoughtful way. The guided discussion for the Parent Engagement Learning Circle concentrated on the importance of parent engagement and using Signs of Safety tools with parents during visits.

Memo CD20-41 was issued in September 2020 and offered staff with an additional learning opportunity to enhance practice related to risk and safety assessments and the Signs of Safety framework. The goal related to the Risk and Safety Assessments Learning Circle was to increase knowledge and competencies to accurately document how child risk and safety were assessed and how the service needs of children and parents were identified and addressed based on safety concerns.

In CY20, the Children’s Division began an in-depth review of the integrated practice model described in the Program Improvement Plan. In an effort to enhance the model provided to staff, the most valuable pieces of each component will be melded into the overall Missouri Model to effectively provide safety and well-being to Missouri’s children. While aspects and concepts of Signs of Safety will be incorporated into the Missouri Model, practice of the Signs of Safety model in its entirety will no longer be required.

Team Decision Making

Team Decision Making (TDM) in Missouri dates back to the late 2000s 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 safety 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. Each meeting is facilitated by a specially trained Children’s Division staff member, using the TDM six-stage model.

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

In 2013 this practice was expanded to the areas of Jackson County (Kansas City area) and then St. Louis County shortly thereafter. This expansion has received support from the Annie E Casey Foundation throughout 2018 to improve the results of this process. All of these areas continue to work on building this practice and bringing their external partners onboard with this process.

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

In 2017 work began to expand this practice to four new circuits in the state. These circuits surround St. Louis and began having TDM meetings in the summer of 2018. There were plans to have all circuits completing initial TDM meetings in July 2020. However, this has been delayed due to the COVID-19 pandemic.

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

Statewide	CY2018	CY2019	CY2020
Total TDM meetings	2,327	4,045	4,936
Number of children affected by TDM meetings	4,372	7,735	9,108
% of meetings mother attended	82%	82%	82%
% of meetings father attended	47%	51%	50%
% of children maintained in own home after meeting	35%	34%	34%
% of children custody was requested after meeting	36%	38%	42%
% of kids placed with relatives/kin after meeting	39%	36%	40%
% of children placed in foster home after meeting	10%	12%	11%

House Bill 1414 was passed and became effective on August 28, 2020. This statute introduces Temporary Alternative Placement Agreements (TAPAs), which redefine voluntary placements out of the home as an alternative to foster care. The statute also includes the requirement of TDM meetings within ten days of the agreement and monthly thereafter. Due to the anticipated volume of TDM meetings, practice will be adjusted in CY21 to accommodate the new legislation.

Field Support Teams

Field Support Teams originated from an “all hands on deck” approach to addressing a significant back-log of overdue hotline reports in 2018. Children’s Division central office staff joined field staff to provide support and technical assistance in a variety of ways to achieve a swift reduction in the number of overdue reports. Based on the success of those activities, Field Support Teams were formalized and incorporated into Missouri’s Program Improvement Plan.

The Field Support Team concept encourages open flow of strategies, support, and communication using transformational coaching between the field and central office. The main goals of the field support team are to enhance staff support and satisfaction across each region of the State and resolve issues at the local level. This fosters mutual accountability for outcomes and practice between the field and central office.

The work of the field support teams are guided by the following principles of engagement:

- ***WE** are ALL leaders with something to contribute
- ***WE** share a common vision
- ***WE** build trusting working relationships and are stronger together
- ***WE** are interdependent
- ***WE** are mutually accountable
- ***WE** don’t blame or make statements, instead we ask learning questions

Field Support Teams are made up of 10 to 15 central office staff across all program areas. This includes but is not limited to program development specialists, unit managers, quality assurance system staff, and divisional leadership. A designated central office lead is assigned to each regional team. Requests for field support are made by the Regional Director to the designated lead.

Permanency Attorney Initiative

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

permanency attorneys afforded staff in certain areas of the state the opportunity to have readily accessible legal advice and representation.

There are full-time equivalent (FTE) permanency attorneys housed in the Kansas City and St. Louis metropolitan areas. Attorneys are also located in the 26th and 39th circuits in the Southwest region and the 42nd circuit in the Southeast region. Additionally, contracted permanency attorneys provide legal support to Children's Division staff. In total, Children's Division has 11 FTE and 25 contracted attorneys as of April, 2021. The attorneys serve 97 counties (39 circuits) in Missouri in some capacity.

The full-time attorneys are officed with Children's Division staff and have an open door policy, encouraging case managers to ask for help and informal advice. The attorneys are staffing all cases when the children have been in care for 6 months to determine if measures can be taken to reunify the children with their parents or otherwise achieve permanency. The attorneys bring a different perspective to the case that can expedite permanency.

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

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

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

Health Information Specialists

The Health Information Specialist (HIS) Unit was implemented in January 2019 in conjunction with the Psychotropic Medication [Joint Settlement Agreement \(Agreement\)](#) which was effective on December 05, 2019 and continues to remain in effect.

The Agreement outlines that Children's Division (CD) shall maintain a full-time employee who shall be solely responsible for overseeing the implementation of policies and procedures concerning the use of Psychotropic Medications for Children in CD foster care and an adequate number of full time staff members statewide for the purpose of gathering and maintaining full and accurate medical information and history for each child in CD custody. CD will have 12

such staff members at the time this Agreement is executed, and may adjust the number of staff members thereafter, depending on needs and circumstances,

The HIS unit is under the direction of the Health Specialist Coordinator. The HIS unit has twelve (12) staff members that have been separated into two (2) teams. The 12 HIS team members are under the supervision of two Unit Managers. Each team member has been assigned a specific region within the State to assist CD staff with Agreement questions and concerns. The unit also has a Program Specialist assigned to create/maintain policy, reports, and contracts.

The primary responsibility of the HIS unit is to ensure that all elements of the Agreement are monitored, documented and that CD is in compliance of the Agreement. A specific requirement is that CD conduct an annual survey to aid the determination of if there is sufficient case management staff to review psychotropic medication use for children in foster care.

The HIS team has conducted their first annual sufficient case management staff survey for December 2019 – December 2020. The findings have been posted on the Department of Social Services [Psychotropic Medication Settlement Reports](#) webpage. The "Children's Division Case Management Staff Annual Survey" asked case managers and contracted case managers about aspects of their job duties related to psychotropic medication use for children in foster care. Also, the survey asked resource providers and prescribers for input on psychotropic medications and service needs. CD has reviewed the responses and is developing specific trainings to address areas of need identified in the survey. CD will continue to conduct an annual survey for the remainder of the time the Agreement is in effect. Yearly surveys will be compared to previous years and elevate the impact of the trainings and the Agreement itself. The evaluation will be one tool HIS can utilize to determine if additional staffing is needed. Any additional staffing needs would be subject to state budget appropriations.

In addition to the survey, the Agreement requires HIS to focus their efforts on the following topics:

- Training for case management and contracted case management staff
- Psychotropic medication monitoring
- Medical records
- Secondary/Automatic and Mandatory reviews for psychotropic medications
- Informed consent/assent

CD has been reviewing and implementing best practice guidelines for years to make sure foster children continue to receive the best care possible. These guidelines focus on developing partnerships with the child, the child's parent(s), resource providers and other team members to

provide services that are in the best interest of the child/family. Providing excellent health care for the child while in foster care is a top priority.

Council on Accreditation

The Missouri Children's Division first achieved accreditation through the Council on Accreditation (COA) on January 14, 2010. In an effort to maintain accreditation, the agency is currently participating in an ongoing reaccreditation process which began in 2018.

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

In December 2018, the agency's Central Office completed their COA site visit. Following the reaccreditation site visit, COA requested the agency to provide a Post-Commission response with additional evidence of the agency's implementation of the performance review process. Additional evidence was provided to COA in March 2019, and COA accepted the agency's Post-Commission response. The Central Office has been found in compliance with COA's Public Agency Standards.

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

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

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

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

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

As of January 2021, the Missouri Children's Division has completed the site visit process and will apply for statewide COA reaccreditation in 2021. It is anticipated that the agency will continue to participate in the COA reaccreditation site-visit process approximately every four years.

The Central Office and each region are also required to submit annual Maintenance of Accreditation (MOA) evidence in between reaccreditation site-visits. This documentation allows the agency to demonstrate continued implementation of key COA standards related to aspects of risk management, performance quality improvement and service standards. In 2020, the Central Office, Kansas City Region, Southwest Region, and Southeast Region provided COA with MOA evidence. COA reviewed the MOA evidence submitted and indicated that sufficient evidence was provided to demonstrate continued implementation of the standards. The St. Louis Region submitted the 2020 MOA evidence to COA in February 2021 and is awaiting for a response. The Northern Region was not required to submit MOA evidence in 2020 due to their site visit in September 2020. In 2021, the Central Office and each region will submit annual MOA evidence to COA.

FACES

Missouri's automated system, Family and Children's Electronic System (FACES), became fully operational on July 31, 2010, with the implementation of the final component, Resource Management and Financial Management.

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

the July 2018 Annual Planning Document (APD), Missouri declared its intention to transition the existing FACES system to meet the new CCWIS requirements.

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

In August 2018, Missouri implemented the Cabinet IT Governance Council (CITGC). The purpose of CITGC is to oversee the management of IT projects for the state of Missouri. Each department developed their own IT Governance Council (ITGC) comprised of representatives from each of the divisions within that department. The group was given the task of prioritizing and ranking all current and proposed IT projects across DSS and to develop a strategic roadmap. In addition, a Safety Taskforce was developed to look at the current practice and policies of Children's Division surrounding investigations and safety planning. The decision was made to delay the development of Signs of Safety in FACES until the recommendations from this committee had been received. The final report was received in September 2019 and based on the recommendations, additional tools to assess safety needed to be considered.

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

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

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

In January 2021, development work began on several projects: Family First Qualified Residential Treatment Program (QRTP) and the Alternative Care Social Service Plan (SSP). The QRTP Project will allow staff to make referrals to residential care, track Independent Assessment progress/completion and court decisions regarding placement. It will also involve significant changes to the IVE Eligibility System to be able to ensure that proper determinations are made as youth move in and out of residential care. This project will be implemented by October 2021. The Social Service Plan project involves the development of a comprehensive tool that will document the work with the families of children placed in Alternative care. This includes threats to child safety, safety goals, and progress assessments.

FACES priorities for FY22 include functionality to support Family First Prevention, the new MO Model, the development of a new Safety Assessment tool, and analysis of AFCARS 2.0 changes.

Mobility Project

In December 2012, a focus group of field staff from across all regions of the state was convened to identify the mobile applications and devices which would be useful in the field. The group identified that any mobile device implemented in the field would need to have the following capabilities:

- Ability to take photos/scan documents
- Minimum of 32 GB of storage
- Wi-Fi
- 3G/4G
- Bluetooth
- Security/encryption
- Ability to access FACES
- Access to email and calendar
- Access to the internet so they can do immediate on-site searches for services for families.
- Access to many business approved apps such as GPS, Social work tools, parents guides, etc.

In February 2015, 480 iPads were deployed in the first wave. The second wave of iPads followed in June 2015 with 869. Each user with an assigned iPad goes through an orientation to the device and the applications. Additionally, two iPad mentors are assigned to each of the regions to assist field staff with navigating the iPads and the FACES applications. Staff may also contact the FACES Help Desk if they have an issue with the mobile applications.

The final order of iPads was completed in the fall of 2016. All frontline staff now have an iPad available to them for use in their work in the field. By the spring of 2018, all Children's Division offices have WiFi installed and most frontline staff will be equipped with Virtual Desktop. Virtual Desktop allows staff to remote in via their iPad to the network and allows them access to the full FACES application.

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

During the 2020 COVID Pandemic, staff relied heavily on the iPads to be able to work remotely. Beginning in March 2021, ITSD began transitioning frontline staff to laptops as it provides a

more user friendly option for working remotely in the long term. Staff will still retain their iPads for mobile work with families while in the field.

Staff Recruitment and Retention

In October 2014, the Department of Social Services Children's Division created a workforce recruitment and retention initiative to improve the Division's workforce stability and capacity. The Division has dedicated a senior level workforce recruitment and retention specialist to 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 has been used to formulate recommendations to improve program efficiency, program outcomes, office operations, and more effective use of agency resources.

The workforce recruitment and retention specialist has also provided primary oversight of the Title IV-E education program as a liaison of the Children's Division to four public universities in Missouri and agency employees enrolled in the program as a recruitment and retention effort. Related efforts have included working with field administrators and universities throughout the state to develop pre-employment internships and/or practicum opportunities, participation in college/career fairs with alumni staff members, serving on panel discussions and/or offering to provide classroom lectures to students studying human services related fields of study, etc.

This endeavor receives direct supervision from the Children's Division's Deputy Director for Operations and Administration, 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 on workforce recruitment and retention. Recommendations prepared by this work are intended to impact program-wide policies, procedures, practices, and client outcomes.

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

- Create and maintain a presence in the community
 - Developed a best practice recruitment and retention guide to be used at the micro level.
 - Participation in career fairs at colleges and universities from which the agency draws. Career fair participation occurred two times a year during spring and fall semester.

- Build on University partnerships by guest speaking, teaching, and providing internships. The Children's Division continues to collaborate with colleges/universities throughout the State of Missouri and maintain these efforts.
- Build a footprint and brand on social media. The State of Missouri implemented a new hiring platform on MO Careers. As part of this launch, there has been an increased presence on FACEBOOK, Twitter, and LinkedIn.
- Fill vacancies
 - Identify ways to reduce the time to fill vacancies. This is an ongoing effort and with the new hiring platform to expedite the hiring process with a goal of 45 days. From 03/04/2020 to 03/04/2021, the average time to fill a Children's Service Worker I/II was 89 days.
 - The Children's Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types. The minimum qualification is a degree in Social Work or comparable human service field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.
 - Modifications to staff selection for 2020 included the use of virtual interviews with a scaled down version of the Staying Power! Selection toolkit.
 - Interview modifications included the traditional interview questions and an optional written portion.
- Enhance the support of the workforce
 - Piloted Staying Power! Supervisors Guide to Retention
 - Roll out Staying Power! Supervisors Guide to Retention
 - Training and ongoing coaching of The Heart of Coaching. Training continues to be offered by Human Resource Center for new supervisors/leadership
- Incentive opportunities
 - Continue offering IV-E Masters in Social Work. There are 22 full time staff enrolled in this part time education program throughout the State of Missouri.

Children's Division Trauma Committee

The Children's Division Trauma Committee is a large group of staff volunteers who had been responsible for training the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Toolkit to new employees until this charge recently was transferred to the Central Training Unit. Committee members are informally referred to as the Division's trauma specialists, earning that moniker as regular learning collaboratives over the years have increased their clinical capacity around trauma. This heightened knowledge has allowed the trauma specialists to serve a broader role in the Division's trauma-informed care practice efforts by providing case or staff well-being consultations, conducting in-service trainings for staff around

trauma, creating trauma-informed care newsletters, planning self-care activities, and supporting local circuit efforts around improving practice with a trauma-informed approach.

The Trauma Committee may review proposed policies and practice guidelines through a trauma lens, while also offering trauma-specific recommendations around existing policies and practices. Additionally, the committee has reviewed and revised training curricula to maximize the opportunity to infuse trauma principles where available. Three trauma specialists are currently participating in a pilot around the agency's critical event process. When a critical event occurs, the trauma specialist is notified and makes contact with the assigned frontline practitioner and supervisor within 24 hours to triage the response. The goal is to immediately assess staff's well-being needs and to support them in next-step activities required during a critical event. If staff is interested in a secondary trauma consultation, the trauma specialist will ensure this referral is made immediately to the contracted provider. The secondary trauma consultant can be available within 72 hours for an in-person consultation, or more immediately if a phone or video consultation is preferred. Other trauma specialists across the state previously had expressed interest in supporting staff through this trauma first responder role, so the capacity for expansion is available should the pilot prove successful and be implemented statewide.

Research Initiatives

The Children's Division has an established process for the review of research applications. Persons requesting approval for research proposals involving Children's Division staff, data, or individuals served are required to submit an Application to Conduct Research to the Children's Division Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies. If applicable, they must provide copies of the informed consent they intend to use and/or Institutional Review Board approvals. If requesting data, applicants must describe the specific data requested. When applicable, research applicants must explain why identifying information is essential to their research and provide a detailed plan of how they will maintain the confidentiality of identifying information.

In approving research, the Division exhibits due regard for study subjects' participation rights with an emphasis on privacy, confidentiality, and informed consent. All research and release of data involving persons served is in accordance with applicable state and federal laws.

The research applicant must agree to share their findings with the Division upon completion of the study. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with state law and with the Children's Division policies and procedures. The results of these studies may be used to enhance and inform the Children's Division policy and practice.

In late summer 2020, the leadership and responsibility for the Children’s Division Research Committee shifted from the Constituent Services Unit to the Quality Assurance System. This shift was to better align data requests received by the Children’s Division.

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

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

In 2020, the committee approved requests ranging from several studies with regard to the impact of COVID-19 on the child welfare system, to medical studies for pediatric patients. The St. Louis region embarked on a study called PACT-STL. PACT-STL is an Administration for Children, Youth and Families funded project that aims to develop, implement, and evaluate strategies that prevent child maltreatment, reduce entry into the child welfare system, and enhance overall well-being of children and families.

Vision of Children at Risk (grantee), and the Brown School at Washington University (evaluator) will work closely with Missouri Children’s Division to achieve project goals. The project involves the use of administrative data from Children’s Division to inform the projects’ understanding of child maltreatment trends at the local, regional, and state levels.

Training and In-House Technical Assistance

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

- Provided supervision to a CA/N worker, to include 72 hour Chief Investigator reviews, in Cass County to allow the CA/N supervisor time to mentor several new staff
- Read and approved CA/N reports for St. Louis Region
- Assisted with identifying trends and barriers regarding timely initial contact
- Developed Juvenile Assessment, 72 Hour Supervisor Consultation and Newborn Crisis Assessment Guides for field staff
- Developed statewide Assessment, Juvenile Assessment, and Newborn Crisis Assessment Conclusion Templates for FACES
- Developed regulation, policy, and provided technical assistance for staff regarding the newly enacted legislation around Temporary Alternative Placement Agreements (TAPAs)

- Attended regional meetings to answer questions and provide guidance regarding the Temporary Alternative Placement Agreement (TAPA) legislation implementation
- Assisted the St. Louis Region with the newly developed CAN Unit that is overseen by Central Office by attending staff meetings, supervisor huddles, case reviews and support with supervisory duties
- Attended the local Child Fatality Review Panel in St. Louis for support and technical assistance
- Provided FACES training to Medicaid Managed Care plans to assist them in their care management services requirements for children & youth receiving Medicaid eligibility through CD
- Provided virtual training to field staff on completing Signs of Safety case reviews as part of the Program Improvement Plan
- Attended regional FCS supervisor meetings to solicit feedback on what is working well, worries, and what needs to happen in Family-Centered Services and to answer policy-related questions
- Missouri Automated Criminal History System (MACHS) access training to circuits and contractors, process audits of compliance with MACHS access
- Criminal Justice Information Services (CJIS) access and training to see and discuss fingerprint results
- Critical Event Reviews: Central Office staff continued assisting in the completion of critical event reviews
- Provided MSW consultations on CA/N and FCS cases as well as alternative case consultations regarding children with elevated behavioral needs.
- Assisted staff in SE Region with worker/child and relative home placement visits.
- Assisted field staff by providing Level A training to relative, foster, and adoptive parents in the 13th Circuit.
- Provided train the trainer Level A for staff to be able to provide the training to their families and provided guidance on training using virtual platform.
- Set up trainings for Train the Trainer sessions for workers and current resource parents to learn how to train Resource Parents in Trauma
- Assisted field staff with interpretation of policy and procedures
- Provided support to Circuit Managers with yearly Resource Parent Recruitment Plan
- Provided staff with adoption recruitment training to maneuver through the adoption websites

Capacity Building Center

The Capacity Building Center for States has been involved in two projects with the Children's Division in the past year in the areas of supervisory support and training and an in-depth data

review regarding CFSR Items which have not yet met Program Improvement Plan (PIP) benchmarks.

Work with the Capacity Building Center around supervisory support began in the summer of 2019. Steps identified in the PIP were completed and focused on developing a bank of questions designed to help supervisors problem-solve with staff during case conferences. The work to design ways to better support supervisory staff as coaches continued into 2020. However, the focus of supervisory support shifted from their role as coach to the development of a supervisory training package. Work on the Capacity Building Center project was paused until the training is in place and will be re-visited at a later time

The Capacity Building Center for States also assisted Children’s Division in a data dive into CFSR Items which remain unmet. Beginning in the fall of 2020, data consultants were provided with CFSR case review information and administrative data to gain a picture of practice strengths and challenges within Children’s Division. Several opportunities for discussion with the CFSR Coordinator took place and a final report outlining data observations and recommendations for next steps was provided to the Children’s Division in March of 2021.

Update on Progress Made to Improve Outcomes

1. Increase the prevention of child abuse and neglect through the development of community/government partnerships.
Measures of Progress: Decrease in the rate of entry into foster care (CD Annual Report, table 16) Decrease in the rate of substantiated child victims per thousand (CD Annual Report, table 2)

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

Advisory Team. Subcommittees to focus on the various sections of the Act have also been formed.

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

In FFY2019, delayed implementation of FFPSA until October 1, 2021 was approved at the state and federal level. In FFY2020, it was identified through leadership direction that focus surrounding FFPSA would first be to ensure a strong and properly working foundation of meeting the requirements for FFPSA surrounding Independent Assessor (IA) and Qualified Residential Treatment Program (QRTP) by building appropriate infrastructure. This will continue as a priority to ensure proper implementation by October 1, 2021 for the aforementioned pieces. Further implementation efforts surrounding FFPSA will build as a progression. Work surrounding the development of the IA process, which assesses the child's strengths and needs to determine the least restrictive placement type that can best meet the child's needs when they are referred for residential placement, included pilot sites beginning in three areas in July 2020 and August 2020. The pilot sites utilized two assessment tools, the CANS tool and DLA-20. The pilot sites were intended to help identify the best fit for the independent assessor, the most appropriate assessment tool to utilize, and any service and placement gaps related to the needs of children assessed. Work surrounding QRTP included information sharing and identification of residential facilities interested in becoming a QRTP; facilities transforming the way they support children and families by becoming trauma-informed, including an organizational assessment and site visits; an approved budget proposal related to FFPSA Transitional Grant including scholarship opportunities to assist facility readiness; and draft QRTP regulations with inclusion of licensing designation. Court engagement and education efforts to highlight and provide information on the changes resulting from FFPSA legislation will continue.

Children's Division has revised the Children's Treatment Services (CTS) contract in order to assess current service provider array and the models they are implementing. The purpose of the

revision, in part, is to determine service availability and need based on the prevention services clearinghouse-approved models.

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

Progress Measures: Enhanced focus on prevention services in the next five years in Missouri as outlined in the objectives below should increase the availability of resources/services across the state and assist in CFSR Item 29, Array of Services. With continued partnering with the judiciary in Missouri to increase their level of comfort and confidence in prevention services, it is anticipated the rate at which children enter foster care in Missouri will decline. The rate of entry per thousand for SFY2020 was 4.85 children, an increase from the previous state fiscal year's rate of 4.74. The rate of substantiation of child victims in Missouri is relatively low, at 3.32 children per thousand for SFY2020, a decrease from 3.67 in SFY2019. While CD will use this as a measure of progress, it is unclear if the rate of substantiations will drop significantly with the increase of prevention services.

Progress Benchmarks: In regard to the measures of progress listed below, the following actions have occurred for Year 1:

- Research prevention programs submitted by community agencies. Community agencies submitted some proposals for review. The Statewide Advisory Group will be meeting to begin the planning for the 5 year prevention plan and will look at service needs and gaps to determine the service array for our prevention plan.
- Conduct an inventory of services provided through agencies receiving tax funds. Review of their websites occurred, with the purpose to identify what services they provide.
- Family First Statewide Advisory Group will meet regularly to learn what other agencies offer and how Children's Division can partner with them to expand service array. The Statewide Advisory Group met for a few quarters and due to leadership changes it was put on hold. This group reconvened in April 2020. The focus of this group is to work on the 5 Year Prevention Plan, as well as look at service needs and gaps to determine the service array for the prevention plan. This group assisted in the development of the definition for a candidate for foster care in respect to FFPSA and target population for intervention. Data elements were identified by the group as important pieces to understand when identifying target populations and finalizing the candidacy definition.

The requested information was pulled and presented to the group to better inform for requested input.

- Develop and disseminate a Request for Information to be sent to service providers in Missouri to determine prevention service provision availability and interest in partnership with Children’s Division. The measure previously addressed contracting with the NY Implementation Support Center to assess Missouri data and needs around evidence-based models under the Family First Prevention Services Act, and review recommendations made by the support center. Work with the NY Implementation Support Center resulted in a production by the center of an analytical report including a financial analysis on the different models that were under review of the Clearinghouse at that time, based upon Children’s Division data and cost analysis for the models that was completed. When Children’s Division chose to delay implementation, work with the NY Implementation Support Center ceased. To garner a better understanding of services available throughout Missouri, a request for information was distributed to the provider network, service providers who are contracted with Children’s Division, and entities not currently contracted but who may have interest in partnership for meeting the goals of FFPSA. Dissemination of the request for information occurred in collaboration with the Statewide Advisory Group as they were asked to share the opportunity with service providers of whom they were aware. The request for information yielded multiple responses identifying what services entities offered, location of service provision, alignment of service provision with the Title IV-E Prevention Services Clearinghouse (Clearinghouse), capacity for service provision, and potential program evaluations to explore programs provided but not yet on the Clearinghouse. Results from responses will be utilized to identify opportunities for partnership to expand service array.

In regard to the measures of progress listed below, the following actions have occurred or are scheduled to occur thus far for measures of progress for Years Two and Three:

- Develop a judicial education plan around prevention services. Children’s Division’s court liaison is completing goals and plans for court education and engagement. With the priority of focus for the Independent Assessor and Qualified Residential Treatment Programs, these have been the area of focus with court engagement and education. Additional work is occurring to notify and educate the court regarding substance abuse facilities. The intention is to also work with Casey Family Programs to support court engagement.
- Coordinate prevention service efforts with local agencies who receive tax funds. Collaboration with the local county tax boards has never occurred in the past and with delays due to the pandemic as well as the shift in focus for beginning implementation pieces, these meetings did not occur.
- Explore at least three recommendations from the FFPSA Statewide Advisory Group. The Statewide Advisory Group will focus on planning and development of the statewide

prevention plan. This group reconvened in April 2020 and meets monthly to advise CD on state proposals and regulatory tactics developed to meet federal requirements, as well as to strategically address service gaps and needs within the state. To gather input and inform for the statewide prevention plan, members of the Statewide Advisory Group were asked to share their vision of what they want to see prevention look like for Missouri, including what services they want to see in the regions, targeted population, and plan to implement. This group will work together to develop strategies to determine how to expand the service array for the state.

- Develop a heat map to determine service array, service gaps, identify providers and provider locations utilizing information derived from the Request for Information and align strategies for service provision opportunities. While this was not an intervention listed in the 2020-2024 CFSP, it was added as a step to assess the needs throughout the state. This activity was to occur after the Request for Information was disseminated and responses received. A heat map did not occur due to current staff capacity and resources throughout the pandemic, but a list of services and locations was compiled to aide in assessment.
- Pilot IA and QRTP process with Court Partners. The pilot for the Independent Assessor process included pilot sites beginning in three sites in July 2020 and August 2020, utilizing both a Federally Qualified Health Center and Certified Community Behavioral Health Organizations for the assessors. The pilot sites utilized two assessment tools, the CANS tool and DLA-20, as described above. These pilots were intended to identify gaps in the court processes related to IA and QRTP. An internal tracking mechanism was developed to capture referrals, how long it took to get assessments completed, time frame for assessments to get back to CD, and time frame for the assessment to be submitted to the court. When full implementation occurs, Children's Division will ask the court to make a finding. Casey Family Programs supported and Public Knowledge assisted with multidisciplinary team to engage judicial partners.

Upcoming focus will surround solidifying the Independent Assessor process, including selection of the Independent Assessor, selection of the tool to be utilized for assessment, training for staff, and training for courts; finalization of QRTP implementation plans including designation in the licensing process; and communication with selected prevention service purveyors to further plan implementation of prevention services in Missouri.

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

2. Increase timely initial contact in child abuse/neglect reports.

Measures of Progress:

Increase percentage of strength ratings for Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Improve Timeliness of Initial Contact (Child Welfare Outcome Report #1)

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

Progress Measures: The Program Improvement Plan baseline performance for Item 1 was established as 81.5% with the adjusted goal of 87%. The rolling year performance for the most recent three quarters has been 72%, 78% and 82%, respectively. From the Child Welfare Outcome Report #1, the timeliness of initial contact was 77.26% in FY 2019 and 75.99% in FY2020. The first quarter's performance in FY 2021 was 78.68% and performance in the second quarter was 83.42%.

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

- Develop case review tool and process for ongoing CA/N reviews to include questions regarding initial contact. A case review tool specific to the investigation/assessment program line was developed in 2019 with the initial sample of cases reviewed in November. The tool was revised slightly based on feedback from the initial review and includes questions regarding initial contact, both in process measure and in the quality of documentation of safety assurance. The Central Office Program Development Specialists with CA/N responsibilities were also included in tool revisions to ensure the questions accurately captured required policy.
- Begin case reviews and compile data at least semi-annually. Two of the members of the statewide Quality Assurance System have been responsible for completing 40-50 hotline reviews on a quarterly basis since Fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it is comprehensive and adequately assesses for quality of child welfare practice. The tool was shared with regional quality assurance specialists in a QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. The data from the most recent CA/N case review reflects initial contact was made timely in 85% of hotlines reviewed.
- Conduct a review of published reports to ensure consistency of data. The Quality Assurance System staff meets bi-monthly with members of the Department of Social

Services Research and Evaluation unit and the FACES unit. During these meetings, published reports are being reviewed systematically. To date, the Monthly Management Reports (MMR), which include a table of initial contact within 24 hours, have been reviewed. Changes in publication have been delayed due to increased data needs surrounding COVID-19. Due to this delay and the introduction of data visualization tools through the use of Tableau, the review of published reports will continue into 2021.

- Conduct root cause analysis to determine barriers to completing timely initial contact. The analysis will include data review and surveys or focus groups with front-line staff and supervisors. A meeting was held in early March, 2020 to begin discussions around the root cause analysis of the declining performance in timely initial contact. Conversations have continued at the state, regional and local level over the past year. Some practice concerns that have been noted include data entry when multi-disciplinary team members assure initial safety, not beginning the process to locate victim children immediately upon receipt of report which can lead to delayed contact, and incorrectly combining reports which then do not trigger initial contact requirements in the FACES system.
- Add timely initial contact measure to the Children's Division data dashboard. The Department of Social Services has identified Tableau as the preferred method for data visualization and distribution. As such, a CA/N data dashboard has been developed and is provided to circuit managers, regional leadership, and central office staff on a weekly basis. Timely initial contact data is included on this dashboard but is only captured if data entry is completed within the week prior on open reports. A monthly CA/N dashboard is also produced and distributed which captures timely initial contact data for reports that have been concluded. While the goal for exiting the PIP is 87%, the statewide goal was set at 90%. From the most recent weekly CA/N dashboard, 18 circuits met or exceeded the 90% goal.
- Utilize a multi-pronged approach to review data and results of root cause analysis (i.e., regional supervisor meetings, CA/N workgroup, CD Executive Team meeting, etc.). The information learned about the data and trends of timely initial contact have been discussed in a variety of forums to include:
 - Supervision Advisory Committee discussed barriers to TIC and comments provided to Central Office Leadership;
 - Program Specialist met with regions to discussion regional barriers and plans;
 - Root cause analysis worksheet provided by Quality Assurance Unit for use in executive team discussion;
 - Regional and circuit improvement plans developed with regional Q staff;
 - CFSR Coordinator provided a virtual workshop session focusing on Safety Outcomes 1 and 2;
 - CFSR Coordinator attended regional management team meetings to discuss PIP items that remain unmet, to include timely initial contact.

- Based on root cause analysis and case review data, identify reasons for non-compliance with initial contact timeframes. This may include a hypotheses on bottlenecks, which require further analysis, including evaluating internal and external factors. Quality Assurance System staff has recently completed a review of all hotline reports in which initial contact was beyond the 24 hour timeframe or initial contact was not made for hotline reports concluded in March, 2021 (Monthly Management Report, Table 4). Eight-seven percent (87%) of the reports indicated initial contact occurred within 24 hours of the report time/data, 11% had contact but was outside the 24 hour timeframe and 2% showed no contact with the victim child(ren) at the time of conclusion. In total, 561 reports (13%) were reviewed. Initial findings point to the majority of missed initial contact occurring with assessments rather than investigations. No attempts within the first 24 hours were documented for 103 reports. This information will be presented to executive leadership to provide more detailed analysis of practice concerns. The review is planned to occur quarterly for the upcoming year.

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

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

During Round 3 of the CFSR, it was noted that Missouri’s integrated practice model, while new and not yet fully introduced in all areas of the state, held significant promise in improving practice with children and families. As such, many of the strategies in the Program Improvement Plan focus on elements of the practice model, such as using Signs of Safety tools to more accurately and thoroughly assess children and families and expanding Team Decision Making (TDM) to improve permanency outcomes and parent engagement.

Signs of Safety practice has been introduced to all areas of Missouri, and by the end of the calendar year 2019, the majority of the state was utilizing TDM to some extent. Training on the

Five Domains of Wellbeing and trauma continues for all new staff who begin work with the Children's Division.

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

In an effort to address the disconnect identified by the community stakeholders Children's Division formed a group in calendar year 2020 to look at the Missouri Model. The group was made up of a diverse group of Children's Division staff and they were tasked with taking the relevant elements from the different practice models to construct a model that makes sense for Missouri and can be effectively and efficiently implemented by staff.

Progress Measures: The Program Improvement Plan baseline performance for Item 3 was established as 63.1% with the adjusted goal of 68%. The rolling year performance for the subsequent three quarters was 62%, 60% and 71%, respectively. The Program Improvement Plan baseline performance for Item 12 was established as 30.5% with the adjusted goal of 35%. The rolling year performance for the subsequent three quarters was 26%, 30% and 39%, respectively. Missouri has submitted case review details to the MASC team for verification of goal attainment of both items and received confirmation on May 8, 2020. Despite reaching the PIP measurement goals, Children's Division recognizes the need for continued improvement.

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

- Conduct self-assessment of CD's implementation of integrated practice model. In the spring of 2019, the Department of Social Services formed a Task Force for Child Safety to examine safety practices of the child welfare system. This included an assessment of Signs of Safety implementation and training opportunities given to Children's Division staff. Recommendations from the task force were provided to the Division in September, 2019, requiring Children's Division leadership to examine current implementation of the practice model. The actions decided upon are discussed later in this section.
- Identify and hire three FTE as dedicated case reviewers. The Quality Assurance System includes three specialist-level staff whose primary responsibilities include the completion of case reviews. The reviewers were hired in May and June of 2019. They received

training in the spring of 2019 and began reviewing cases with the July, 2019 quarter. These three reviewers currently complete approximately half of the cases required for review by the PIP Measurement Plan. An additional case reviewer position was identified when the regional Quality Assurance Specialists were re-allocated and absorbed within the statewide Quality Assurance System (see the Quality Assurance System section of this report).

- Develop case review tool and process for ongoing CA/N reviews to include quality of mapping documents (implementation to fidelity). As previously discussed, a case review tool for CA/N investigations and assessments has been developed with the initial review occurring in November, 2019. An additional case review tool has been developed for Family-Centered Services and Alternative Care cases to primarily assess and measure the quantity and quality of Signs of Safety practice implementation. This tool also includes scaling questions in regards to the use of Trauma-Informed practice and the Five Domains of Wellbeing. Both tools follow policy outlined in the Child Welfare Manual, including questions of not only presence of the tools in the case record, but also the quality of completion and use with the family.
- Begin case reviews and compile data at least semi-annually. Two of the members of the statewide Quality Assurance System have been responsible for completing 40-50 hotline reviews on a quarterly basis since the fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it is comprehensive and adequately assesses for quality of child welfare practice. The tool was shared with regional quality assurance specialists in a QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. The data from the reviews has been compiled and provided to Children’s Division executive leadership and Quality Assurance System staff. The FCS and AC case review process began in the summer of 2020, in accordance to PIP renegotiation timelines.
- Expansion of Team Decision Making (according to plan outline). Team Decision Making was scheduled to be expanded into the remaining circuits of the state in late 2019 and early 2020. Due to the COVID-19 pandemic and budget restrictions, expansion plans have been adjusted. Elements of the TDM model will continue to be implemented statewide with adjustments being made for budget restrictions.
- Explore recommendations from the implementation of practice model self-assessment. Include an opportunity for community feedback. Recommendations from the Task Force for Child Safety have been reviewed by Children’s Division executive leadership. While the task force recognized the value of Signs of Safety as an engagement model, there were concerns that not all Children’s Division staff were utilizing the tools in the model to accurately identify and assess risk and safety concerns. As such, the Family Risk Assessment Tool (CD-14E) which staff has used in years past was re-instated as a requirement during the initial assessment of child safety for all hotline reports. The

Family Risk Assessment Tool is to be completed and discussed at the 72-hour supervisory consultation to help guide staff in making safety decisions for children.

- Select recommendations for improved practice model implementation. The vision for the Missouri Practice Model is to take the best, most valuable aspects from the models staff are currently working with and integrate them into one model that best ensures safety and well-being for children. Plans to include aspects of Signs of Safety, Framework for Safety, and Five Domains of Wellbeing, and the development or creation of an assessment piece, to create a holistic model that transitions easily through the life of a case, are in development. Several circuits are involved in a pilot project to test the model pieces. Simply put, the structure below highlights the pieces of the new Missouri Practice Model:
 - Five Domains: how we see our families;
 - Signs of Safety: how we engage and communicate with our families;
 - Framework for Safety: how we articulate safety to courts and partners; and
 - A Structured Decision-Making assessment that measures risk and safety and can transition throughout the life of a case.
- Based on case review results, develop strategies to improve the fidelity of implementation. Following the completion of the Missouri Practice Model pilot, which is scheduled to conclude May, 31, 2021, there will be a review of key case work practices introduced during the pilot. Information gleaned from this review and follow-up feedback from pilot participants will be reviewed and changes made, if warranted, prior to statewide roll-out.

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

4. Support worker level retention through the exploration of the “Staying Power” resources and tools.
Measure of Progress: Decrease turnover rate for Children’s Services Worker I and II positions

Workforce concerns within the Children’s Division were identified as a cross-cutting theme to be addressed in the Program Improvement Plan. Worker turnover within the cases reviewed during the CFSR was seen to negatively impact progress toward permanency for children as well as accurate assessments of children and parents’ needs. One of the PIP strategies focuses on recruiting potential case managers who demonstrate competencies which mesh well with child

welfare work. As the quality of newly hired employees improves, it becomes more imperative to retain those staff members. The interventions identified within this goal strive to provide supervisory staff with more resources and tools to retain case managers, specifically at the Children's Service Worker I and II positions, which traditionally has the highest turnover rates within the agency.

Progress Measures: Turnover rates for the Children's Service Worker I and II positions were 31.49% and 51.92% respectively in FY2018. Turnover rates for FY2019 were 32.56% and 46.74% for Children's Service Workers I and II. Turnover rates for FY2020 were 37.29%, 46.49% and 16.22% for Children's Service Workers I, II, and III, with an overall turnover rate of 33.87%

Progress Benchmarks:

- Explore "Staying Power" toolbox/training for staff retention. The Workforce Recruitment and Retention Specialist has reviewed the Staying Power! Supervisors Guide to Retention materials and has developed a training package for presentation. It is a five-module series with each session lasting three to four hours. With COVID-19 requiring social distancing, utilization of WebEx used and with more class options.
- Assess SAC member's experience with retention training and explore expansion. Include an assessment of turnover rates in SAC members' circuits. The SAC committee was no longer identified as the pilot group for this retention effort. The Kansas City region identified retention as an area for improvement and has included the Staying Power retention training in its staff retention plan. In addition, the training has been provided to supervisory staff in the 18th, 26th, and 42nd circuits. Field Support Managers, Circuit Managers, Children's Service Supervisors and Children's Service Specialists participated in the Staying Power retention training. Five learning modules were explored during four sessions of the training. Due to social distancing guidelines, three class options were provided for each session.
- Conduct survey/focus groups with workers in pilot sites to gain thoughts on the effectiveness of retention efforts. Due to staffing changes and budget restrictions, the Recruitment and Retention Specialist position has been vacant for much of FY21. Once the position is filled, feedback will be sought to determine effectiveness of the training. Until that time, work around this goal of the CFSP has paused.

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

5. Increase timely permanency through an emphasis on (a) concurrent planning and (b) case plan development.

Measures of Progress:

Increase the percentage of strength ratings Item 5: Permanency Goal for Child

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

Progress Measures: The Program Improvement Plan baseline performance for Item 5 was established as 57.5% with the adjusted goal of 64%. The rolling year performance for the most recent three quarters has been 44%, 52% and 52%, respectively.

Progress Benchmarks:

- Explore technical assistance from Capacity Building Center for States in the areas of concurrent planning and written case plans. Include challenges and barriers from the Children’s Division Case Planning Workgroup in the discussion. The Children’s Division met with Missouri’s Capacity Building Center for States liaison on February 10, 2020 to discuss the status of current projects and identify any new projects moving forward. It was determined that the Children’s Division would not pursue technical assistance in the areas of concurrent planning or written case plans at this time. There were other areas of interest which were priority. With the assistance of in-house legal counsel, central office staff will research the information needed for concurrent planning and there is an internal workgroup discussing ideas for a comprehensive written service plan to encompass the federal requirements for a written case plan.
- Hire Special assistant position to continue court TA work. The special assistant position was filled by Teri Armistead in the spring of 2019. Ms. Armistead has subsequently accepted the position of Deputy Director for the Children’s Division. Her replacement, Kate Watson, began employment with the Children’s Division in March, 2020.
- Review federal expectations regarding concurrent planning and written case plans. Concurrent planning has been identified as a priority issue and will receive attention through the Children’s Division’s Placemat for 2020 and 2021. The placemat group was identified and met four times from June, 2020 to January, 2021. The group work included a review of federal guidelines, state statute, and Children’s Division policy in the assessment to determine if policy changes are needed. The workgroup made recommendations to changes in policy and practice and to include additional trainings surrounding what is need for a permanency plan to be successful. The internal workgroup for a comprehensive service plan met last in the summer of 2020 to discuss federal requirements and state statute surrounding written case plans. Due to staff reductions and

budget restrictions, the central office leadership for this group has been vacant and discussions have transitioned to the development of a new Social Service Plan (see discussion of practice model above).

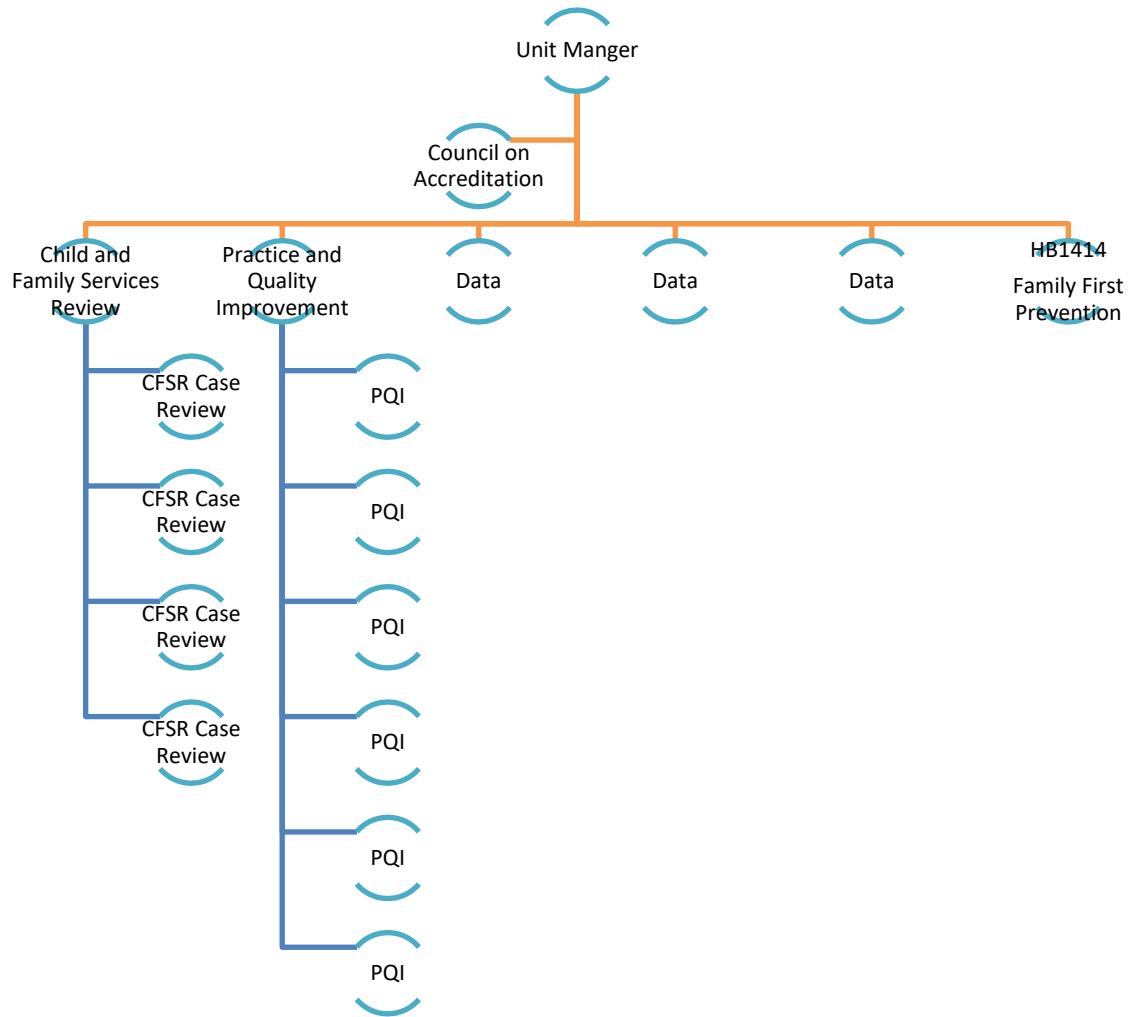
- Conduct a review of the Children’s Division policy and state statute regarding concurrent planning and written case plans. See above.
- Conduct an assessment of regional training in regards to concurrent planning and written case plans. Include an assessment of consistency among initial training packages. The Children’s Division training program has transitioned from regionally-based to a consolidated central training unit. One of the first projects the consolidated unit undertook was developing a pre-service training package for use throughout the state. The placemat workgroup was given the opportunity to review the training prior to implementation and made suggestions for modifications in relation to concurrent planning instruction. In addition, the material for the Legal Aspects training series was reviewed to ensure the policy recommendations were consistent with this training, as well.
- Develop training/WebEx to inform staff and FCCM partners of any changes to policies or practice. As policy change recommendations move through the approval process, a learning circle curriculum is being developed for Children’s Division and FCCM staff to review concurrent planning philosophies and practices.

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

Quality Assurance System

The Quality Assurance System (QAS) in Missouri has experienced considerable changes in the past year. In April 2020, the previously separated Quality Assurance and Quality Improvement units were combined to provide more standardization and focus. In January 2021, there was further realignment to bring all remaining regionally based QAS staff under one central unit.

Administrative Structure



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

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

Analysis and Quality Data Collection:

Collections and analysis of quality data is a strength for Missouri’s Children’s Division. Data is continually collected, analyzed and shared in accordance with a CQI organization.

The Quality Assurance System handles data requests and dissemination; support for CFSR, APSR, NCANDS, and AFCARS; as well as continuous quality improvement strategies including COA re-accreditation site visits and maintenance.

In addition, the unit works in collaboration with the Children’s Division practice and policy units and regional management teams to be involved in discussions around implementation of practice models and the commitment to use data in improvement planning, community partnerships, and initiatives.

Some forms of data dissemination include:

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

developed and implemented internal dashboards related to Child Abuse and Neglect, Family Centered Services, Older Youth and Foster Care. In June 2021, the latest dashboard will come online and be available to circuit management teams at the local level. At that point, Children’s Division dashboards will be covering four levels of management teams with data to use in evaluation and improvement planning.

- Published reports – Children’s Division maintains published reports on both the intra and internet for staff, stakeholders and community partners, including Children’s Division Annual report, APSR updates, CFSR information, and Monthly Management Reports.
- Missouri complies with The Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements.
- Missouri reports to the National Child Abuse and Neglect Data System (NCANDS) as well as National Youth in Transition Database (NYTD). The state also continues to make improvements to the state’s electronic case management system (FACES) to ensure quality data collection.
- Council on Accreditation Standards
- Quality Assurance Technical Bulletins—Technical bulletins are a way to bring management and QAS attention and provide more detailed information to educate staff on items of focus, such as progress in the Program Improvement Plan or how and why Council on Accreditation standards are important.

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

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

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

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

In addition to the case review process that is used for Program Improvement Plan monitoring and to continue to strengthen casework practice around the state, Missouri has other review processes in place for specific data needs.

- Targeted reviews - Targeted reviews are utilized at the county or circuit level when there is a need identified to explore practice outside of the formal case review process. They may target areas or practice which address compliance with Children’s Division policy. Targeted reviews will not be as in depth as the case review process and will not include interviews. Targeted reviews are used to quickly identify trends in practice and will be used as a support to the case review process. Results of the targeted reviews are shared with the county or circuit leadership for any needed improvement planning.
- Intensive In Home Services Peer Record Reviews - Intensive In-Home Service contractors participate in a Peer Record Review process, which are used to measure program outcomes. The reviews are completed quarterly and a sample of cases is reviewed in each region. Children’s Division and contract staff partner to review cases,

ensure contract compliance, and help identify strengths and challenges to providing quality services.

- Child Abuse/Neglect program line reviews - The development of this process began in 2019 to establish a standardized review tool. Staff in the Quality Assurance unit collaborated with State Child Abuse/Neglect Program and Policy staff to develop and test a review tool focused on policy and best practice standards. The tool was implemented in 2020 and reviews continue at regularly scheduled intervals. Results are shared with QAS staff, executive management teams and program and policy staff.
- Resource home reviews are being developed as part of ongoing quality improvement work. The recruitment and retention unit had conducted reviews prior and developed a standardized tool that is available for use.

Missouri is fortunate to have data available to use in evaluating the quality of the services provided to service participants. As with other systems, Missouri Children's Division is committed to maintaining a Quality Assurance System structure that continues to drive the use of data within the organization and is dedicated to the Continuous Quality Improvement process.

Missouri Children's Division Quality Assurance System Structure:

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

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

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

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

- Monthly Management reports,
- Child Welfare Outcome reports,
- Children's Division Annual report,
- Child Abuse and Neglect Annual report,
- Tableau dashboards that enable data to be visualized differently. Currently Children's Division has dashboards that are at the Department, Executive and Regional level. Coming in June 2021, the Circuit level dashboard will be implemented. All program

lines are represented and the dashboards give management a way to quickly see trends and address practice improvement needs.

- In addition, the Division has internal reports made available to all levels of management. Supervisors are able to use the information in consultation with staff to assist in decision-making. Many of these reports provide child level, case specific data for use in evaluation and planning.

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

Quality Assurance System Training:

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

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

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

Update on the Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse and Neglect Hotline Unit

Missouri statute charges the Children’s Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Associate/Social Service Specialists, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY18 – SFY20:

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

Source: FACES Report for FY18-FY20

*Administrative Functions are defined as:

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

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

Temporary COVID-19 Non-CA/N Referrals

On March 27th, 2020, CANHU implemented a temporary non-CA/N referral due to the COVID-19 pandemic. Calls that did not rise to the level of a report but contained concerns for children with decreased visibility in their communities, and were at significant risk of abuse or neglect, due to their vulnerabilities, parent’s protective capacity or extensive history with Children’s Division, were classified as a non-CA/N referral. Additionally, concerns for a family not able to

meet basic needs of children due to a lack of available resources, as a result of COVID-19, were classified as a non-CA/N referral.

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

Child Abuse and Neglect Call Management System Technology

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

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

In FY20, a fourth queue was added for mandated reporters who are calling to report a fatality or near-fatal incident. This queue is handled by more seasoned staff, who have additional training in screening fatalities. The Child Abuse and Neglect Hotline continued to successfully give zero busy signals to callers. While the number of calls accepted significantly decreased in FY20, the percentage answered increased from 71.90% in FY19 to 76.66% in FY20.

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

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages
2018	156,831	71.40%	899
2019	153,155	71.90%	0
2020	142,791	76.66%	0

%Source: CUI Report for CY18-CY20. *#'s do not equal 100% due to calls classified as "short calls" in which the caller disconnects within 5 seconds.

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

Beginning in 2018, members of the hotline worked to educate mandated reporters on the OSCR system. This is accomplished via social media and in-person presentations. In 2019, mandated reporters were given the ability to begin reporting emergency situations on-line. Prior to this, only non-emergencies were accepted. CANHU currently has at least one team member per shift designated to handle submitted OSCRS. This ensures information is processed in a timely manner. At the end of 2019, mandated reporters were also given the option to save up to 5 incomplete on-line reports for 72 hours. This allows them to gather any necessary information prior to submitting. The use of online reporting increased from 13.8% in 2018 to 24.9% in 2019. In FY20, there was a decrease in OSCRS to 23%. A major contributor of this is likely the decrease in visibility of children in their communities and by mandated reporters.

Fiscal Year	Total Hotlines	OSCR Originated	Percent of OSCRs	CANHU Originated	Percent of CANHU
2017	145,325	16,309	11.2%	129,016	88.8%
2018	154,924	21,457	13.8%	133,467	86.2%
2019	153,155	38,191	24.9%	114,964	75.1%
2020	142,791	32,900	23%	109,891	77%

Source: FACES Report for FY17-FY20

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

Over the past few years several retention/recruitment steps have been taken. From 2013-2019, temporary hourly staff with previous hotline experience were hired/retained to fill coverage gaps while newly hired staff gained experience and speed in taking calls. In 2020, CANHU began hiring hourly employees with no previous CANHU experience, allowing for a larger pool of applicants. In 2014, the career ladder was implemented, and in 2017 ten hotline workers had been retained after their promotion from Children’s Service Worker II to Children’s Service Worker III. In 2018, a Children’s Service Specialist position was introduced. This position works to collect, read and interpret data collected by our FACES and phone systems. This specialist also utilizes Work Force Management. This tool helps forecast needed staffing for peak call times. In 2019, CANHU received 2 allocations for Children’s Service Worker IV’s and a Program Manager.

In August 2016, an out-basing plan was implemented, designed to forward overflow 800# calls from the centralized hotline in Jefferson City to designated field offices. For the first time since 1975, hotline staff began taking calls outside of Jefferson City. 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. By utilizing Cisco technology, hotline team members can be set up in any location that utilizes a Cisco Phone. As of December 2017, seven hotline workers were out-based in Jackson, Boone, and Greene Counties. The first out-based supervisor was hired from Greene County in October 2017, and in November four workers from the southwest area of the state transferred to the Greene County hotline unit. In 2018, the Jackson County out-base unit also expanded.

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

At this time, there are 11 team members in Kansas City. There are currently seven team members in the Greene County office. There are three team members in St. Louis and one team member in Kirksville. There is one team member who works in both the Boone County office and main office in Jefferson City. All other team members are based in Jefferson City. In March 2020, CANHU transitioned to full-time work from home for roughly 90% of the team, due to the COVID-19 pandemic. CANHU is in the process of acquiring laptops for all team members.

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

Child Abuse and Neglect Hotline Unit Oversight

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

Child Abuse and Neglect Reports

During SFY20, the Children’s Division completed 55,853 reports of child abuse/neglect, involving 78,328 children. This was a decrease in reports of 14% from SFY19 and a decrease of 12.7% of total children. Reports fluctuated by month during the year, with a big drop at the end of the fiscal year due to the COVID-19 pandemic. September had the highest number, and April

the least, of both reported incidents and children. During FY 2020, an average of 4,654 reports involving 6,527 children were made each month.

Efforts continue to make mandated reporter guidelines and training available to all mandated reporters and increase emphasis on community education of child abuse and neglect and substance abuse.

Incidents and Children Reported to the Child Abuse/Neglect Hotline				
Year	Total Reports	Annual Change	Total Children	Annual Change
2018	73,924	8.7%	106,090	8.0%
2019	64,920	-12.2%	89,738	-15.4%
2020	55,853	-14.0%	78,328	-12.7%

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

Source: Child Abuse and Neglect Annual Report, SFY20

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 identified in the statute. Permissive reporters are those who are not required to report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports made by mandated reporters has risen slightly over the last three years.

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY20.

Reporters of Child Abuse/Neglect during SFY20 by Occupation		
	Number	Percent
Permissive	16,695	24.6%
Peace officer or Law Enforcement	9,484	14.0%
Principal or other school official	9,406	13.9%
Social Worker	8,320	12.3%
Mental Health Professional	5,163	7.6%
Teacher	3,864	5.7%
Nurse	3,829	5.7%
Unknown	2,473	3.7%
Children’s Division Worker	1,704	2.5%
Physician	884	1.3%
Juvenile Officer	681	1.0%
Day Care	546	0.8%

Other Health Practitioner	530	0.8%
Other Hospital/Clinic Personnel	391	0.6%
Psychologist	323	0.5%
Intern	160	0.2%
Minister	139	0.2%
Probation Officer or Parole Officer	116	0.2%
Medical Examiner	80	0.1%
Resident	80	0.1%
Jail/Detention Personnel	54	0.1%
Dentist/Dental Hygienist	52	0.1%
Volunteer/personnel of community service program	46	0.1%
Coroner	35	0.1%

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

Source: Child Abuse and Neglect Annual Report, SFY20

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

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 55,853 reports in SFY20 which met criteria to be classified as child abuse/neglect, 36.7% were completed as investigations, 58.9% were completed as family assessments, and 4.5% were completed as juvenile assessments. This percentage remains consistent over time.

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

- All reports of a child fatality,
- All reports of sexual abuse,
- Reports of serious physical injury,
- Reports of serious neglect,
- Reports which if true would constitute a violation of specific criminal codes as specified by Missouri statute,

- Reports alleging a child is in danger at the time of the report, and law enforcement is needed,
- Reports in which the alleged perpetrator is not a member of the family/household,
- Reports which may not fall into any of the above categories, but include factors such as age, location or seriousness of the allegation(s) which result in a substantial risk to the life, body, or health of the child or an alleged attempt to kill or cause serious injury to a child, or
- All reports referred to the Out-of-Home Investigation (OHI) Unit.

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

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child’s household;
 - Those exercising supervision over a child for any part of a twenty-four hour day;
 - Any person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family;
 - Any person who takes control of the child by deception, force, or coercion; or
 - School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

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

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

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

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

- a. Any touching of the genitals, anus or buttocks of a child, or the breast of a female child, or any such touching through the clothing; any act involving the genitals of a child and the hand, mouth, tongue, or anus of another person, or any sexual act involving the penetration, however slight, of a child's mouth, penis, female genitalia, or anus by any body part of another person, or by any instrument or object,
- b. Any conduct that would constitute a violation, regardless of arrest or conviction, of Section 566, RSMo., if the victim is less than eighteen years of age, Section 567.050, RSMo., if the victim is less than eighteen years of age, Sections 568.020, 568.060, 568.080, or 568.090, RSMo., Sections 573.025, 573.035, 573.037, or 573.040, RSMo., or an attempt to commit any of the preceding crimes;
- c. Sexual exploitation of the child, which shall include:
 - i. Allowing, permitting or encouraging a child to engage in prostitution, as defined by state law, or
 - ii. Allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.

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

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

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

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

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

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

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

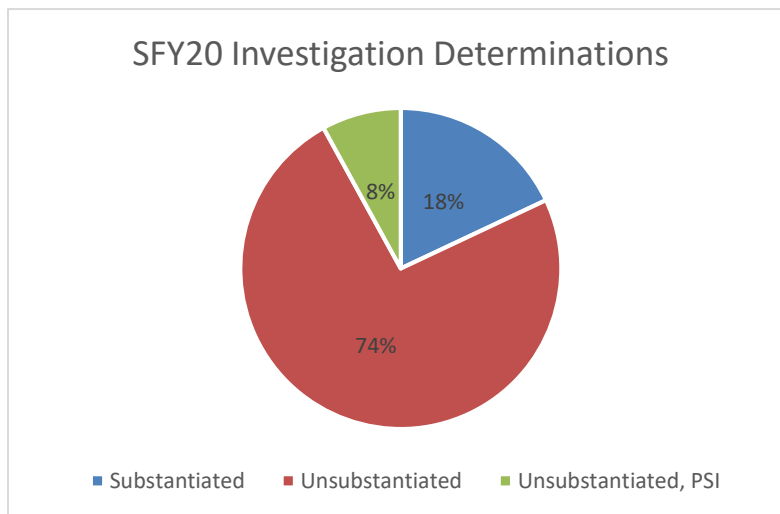
Proper or necessary support: Within the definition of neglect, adequate food, clothing, shelter, medical care, or other care and control necessary to provide for the child's physical, mental, or emotional health or development.

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

- Preponderance of Evidence: This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in Section 210.110, RSMo., as “the degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not.”
- Child Abuse/Neglect Present, Perpetrator Unidentified: This conclusion is reached when the elements of abuse or neglect are proven, but the perpetrator cannot be determined.
- Unsubstantiated: This conclusion is reached in the absence of sufficient evidence to determine child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.
- Unsubstantiated-Preventative Services Indicated: This investigative conclusion is reached when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence. However, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services to be provided to the family.
- Unable to Locate: This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children’s Service Worker has searched all available resources that can help to locate the family and children,
 - Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.

- Located out of state: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state. Every effort should be made to assure safety in the other state. Staff may not take the word of the reported caregiver of the child located out of state as a means of verifying the alleged victim’s location in another state or to establish their safety or well-being.
- Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Children’s Division has sent the report to the superintendent of the appropriate school district. A conclusion of homeschooling is not appropriate when there is 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 SFY20.



Source: Child Abuse and Neglect Annual Report, SFY20

Substantiated Children by Category of Abuse/Neglect			
Category	2018	2019	2020
Neglect	52.9%	54.5%	52.9%
Sexual Abuse	29.9%	33.6%	33.2%
Physical Abuse	24.2%	30.5%	32.0%
Emotional Abuse	6.3%	13.0%	15.9%
Medical Neglect	2.6%	3.2%	2.6%
Educational Neglect	1.3%	1.6%	1.2%

Source: Child Abuse and Neglect Annual Report, SFY20

Family Assessments: A Family Assessment is a classification of response by the Children’s Division to provide for a prompt assessment of a child who has been reported to the Children’s

Division as a victim of abuse or neglect, the child's family, and, if necessary, the provision of community-based services to reduce the risk and support the family.

Family Assessment reports include:

- Mild, moderate or first-time non-felonious reports of physical abuse or neglect (including medical neglect)
- Reported abuse or neglect in which this incident occurred or likely occurred over one year prior to the report date, except for the following:
 - Sexual Abuse
 - Serious Physical Abuse
 - Serious Neglect
 - Mild or moderate reports of emotional abuse
 - Educational neglect only reports

The following is a list of the determinations which may be reached at the conclusion of a Family Assessment:

- Agency Responded No Concerns Found – The Division responded to the report, assured safety of the children, spoke with parent/caretaker, made a home visit and found that the allegations in the report had no merit.
- Agency Responded Concerns Addressed – The Division responded to the report and found concerns in the home, but those concerns were addressed through the assessment process, community resources, or other resources from staff.
- Agency Responded Services Provided – The Division responded to the report and found concerns in the home. Concerns in the home continued beyond the 45 day conclusion period and a Differential Response track was taken.
- Agency Responded Refer to FCS or AC Case Opened – The Division responded to the report and at some point during the assessment period, referred the family to Family Centered Services or child was taken into custody and an Alternative Care case was opened.
- Family Declined Services, Child Safe — The Division offered to provide Differential Response services or Family-Centered Services, but the family refused services. Staff has been able to document that the child is safe.
- Unable to Locate: This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children's Service Worker has searched all available resources that can help to locate the family and children, and

- Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- Located out of state: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state.
- Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Division has sent the report to the superintendent of the appropriate school district.
- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for family assessments in SFY20. Percentages have remained consistent over the past five years among all categories.

SFY20 Family Assessment Determination at a Glance	
Agency Responded Referred to FCS or AC Case Opened	7.6%
Agency Responded Services Provided	3.4%
Agency Responded Concerns Addressed	45.9%
Agency Responded No Concerns Found	36.1%
Family Declined Services Child Safe	1.5%
Family Uncooperative Child Safe	5.4%

Source: Child Abuse and Neglect Annual Report, SFY20

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in all of the child abuse/neglect reports received during SFY20.

Relationship	Number
Natural Parent	80,584
Parent/Caretaker’s Paramour	9,931
Other	9,051
Step-parent	6,405
Grandparent	4,864
Aunt/Uncle/Cousin (Also Great)	3,412
Friend	1,660
Adoptive Parent	1,672
Sibling/step-sibling	1,033
Legal guardian	1,081
Institution/staff	915
Foster parent	816
School/personnel	454
Daycare provider	485
No relationship exists	934

Other Caregiver	393
Neighbor	208
Natural Child	854
Putative Father	191
Alleged Father	468

Source: Child Abuse and Neglect Annual Report, SFY20

The data below highlights perpetrator demographics for substantiated reports for SFY20. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (63.9%) were between the ages of 20 and 39.

Slightly over half of the perpetrators (62%) were male.

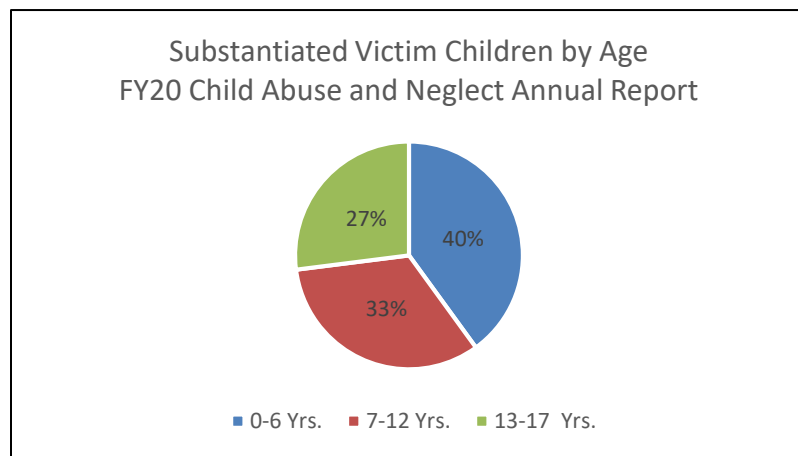
Three-fourths (73%) of the perpetrators were white, and 16.4% were black.

While natural parents were the overwhelming majority of reported perpetrators, only 4.1% 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 (22.5%). Other prevalent perpetrator characteristics include having a history of criminal behavior (16.0%), having a mental/emotional disturbance (13.3%), and having an adequate support system (13.7%).

Child Demographics:

The data highlights child demographics for family assessments and investigations for SFY20.



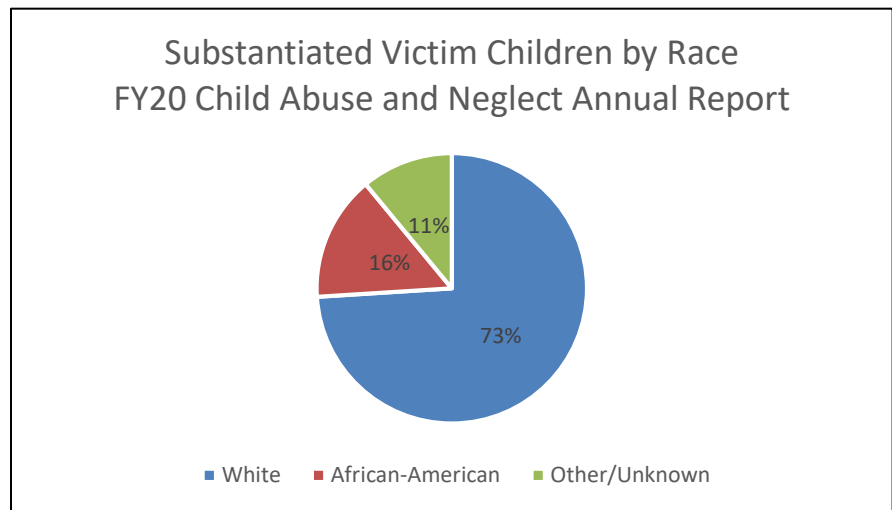
Of the substantiated children during FY 2020, over half (58.5%) were female and forty-one percent (41.5%) were male. Sexually abused children were more likely to be female. Neglect was more prevalent among younger children while sexual abuse occurred more often among older children.

Children birth through six years old constituted 40% 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 32% of all children involved in substantiated investigations. This demographic supports the Children’s Division’s goal to target services to Missouri’s most vulnerable children.

Approximately 55% of substantiated neglect victims involved children birth through six years of age.

Approximately 59% of the substantiated sexual abuse victims involved children ages 12-17 years of age.



For Family Assessments, 71.3% of children were white, 17.5% were African-American, and 11.2% were other.

In comparison to the most recent Census data for Missouri, African-Americans were disproportionately represented in child abuse/neglect reports as only 11.5% of the population is African-American.

Juvenile Assessments: Senate Bill 341 was passed in the 2015 Missouri legislative session and went into effect on August 28, 2015. This bill authorizes the Children’s Division to utilize a family assessment and services approach when reports are received containing concerns of children with problem sexual behaviors. Senate Bill 341 defined a child with problem sexual behavior as ‘any person, under fourteen years of age, who has allegedly committed sexual abuse against another child.’ These reports are to be screened in by the Child Abuse and Neglect Hotline Unit when any child under the age of 14 is alleged to have committed an act of sexual abuse against any person under the age of 18. Historically, these reports have been classified as non-caretaker referrals which the Children’s Division referred to the juvenile office and/or law enforcement for investigation of potential delinquent acts. The intent of Senate Bill 341 is to provide an avenue for intervention and treatment for these children. In addition to addressing the needs of the victim(s), the Children’s Division completes a holistic assessment of the child with problem sexual behaviors and their family. The purpose of the assessment is to help determine if the incident involved problematic behavior and to address any safety and service needs. The Children’s Division completes a safety plan when an act of sexual abuse has been witnessed by an adult; there has been a disclosure from the child victim, when the child has admitted to problem sexual behavior, and/or when a parent/caregiver is concerned that their child is exhibiting problem sexual behavior. The Children’s Division makes a referral to the juvenile office before 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 or community.

The Children's Division received 2,492 Juvenile Reports in SFY20.

Differential Response Assessments: Differential Response Assessments are family assessments that have been determined by the family, worker, and supervisor as needing more intensive work with the family. These are traditionally the assessments that go beyond the 45-day completion requirement. The purpose of determining an assessment a Differential Response Assessment is to provide the family with the needed resources, support, and services to further promote safety and well-being within the family unit during the assessment period.

Requirements to identify assessments as Differential Response Assessments include:

* Differential Response Assessments will require consultation between the worker and a supervisor that the family is in need of services that will continue past the 45-day completion requirement. These consultations shall be prior to the 45-day completion requirement. Conversations should include what services the family is in need of, how Children's Division can support, and resources that can be provided. Supervisor consults should be more frequent in a Differential Response Assessment to continually assess the family throughout the report period. All supervisor consults shall be documented in FACES.

*The decision to identify the assessment as a Differential Response Assessment shall be documented in FACES in the worker and supervisory consultation. The supervisor consults between the worker, and the supervisor that an assessment is going to be track changed to a Differential Response Assessment shall occur and be documented in FACES by the 45th day.

*Supervisory level or higher shall go to the Priority Response/Track Assignment Override screen in FACES and track change the report from "Assessment" to "Differential Response." This shall be completed no later than the 45th day.

*If throughout the Differential Response Assessment process the allegations have been determined to be more severe, the report may be track changed to an investigation. Supervisory level or higher may go to the Priority Response/Track Assignment Override screen in FACES and track change the report from "Differential Response" to "Investigation."

Worker Expectations:

Workers are expected to thoroughly document the ongoing assessment of the family, safety, risk, services provided, and case consultations in FACES. Workers may use a running narrative to complete assessment. Supervisor discretion is used to determine the number of home visits and

collateral contacts that are needed for each Differential Response Assessment. The number should be based on the needs of the family. This may be one home visit per week or weekly contact with the family through in-person, phone, collateral, or other types of contacts. Collateral contacts should be meaningful to the family's situation. Proper releases are to be used, and workers shall tell parents that someone will be contacting collaterals to obtain additional information as needed.

*Suggested tools could include:

- My Safety House (CD-216)
- Three Houses Tool (CD-217)
- Case Mapping Tool (CD-218)
- Fairy Tool (CD-227)
- Wizard Tool (CD-228)
- Timelines
- Genogram
- Eco-Map
- Culturalgram
- Web-based resources

Differential Response Assessments shall be completed within 90 days of the original report date. If more intense services are needed within the 45-day timeframe or after, the case should be referred to Family-Centered Services as soon as the need is identified.

Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY20:
The Children's Division launched a CA/N program-based workgroup in CY12. The workgroup includes representatives from Central Office, Regional Offices, CANHU, Out of Home Investigation Unit, Training and Workforce Development, and the Department's Division of Legal Services. Representation from regional management with specific expertise in CA/N has been increased. The CA/N workgroup has focused efforts to engage and receive input from multiple levels and program lines within the Children's Division to affect positive advances in policy and programmatic development. Members of the CA/N workgroup often review draft policy changes related to CA/N and are able to provide feedback prior to implementation. The following are highlighted policies published throughout CY20. 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
CD20-01	Introduced enhanced program and policy regarding Chief Investigator Consults and Safety Planning Policy. The Family Risk Assessment was also introduced.
CD20-08	Informed staff of 2019 legislation affecting Children's Division, including amendments to statute regarding CARA laws.
CD20-27	Informed staff of changes to FACES to allow for tracking of "Diversions" made during the Children's Division's work with families. A diversion occurs any time a child is separated from their primary caregiver, as a result of the Division's work with the family, usually involving an Immediate Safety Intervention Plan.
CD20-39	Informed staff of new policy regarding documenting timely initial contact with victim children on a CAN report in FACES within 72 hours.
CD20-40	Introduced staff to the updated Newborn Crisis Assessment Tool and instructions. All Newborn Crisis Assessments shall require the tool to be completed and uploaded on to OnBase (document imaging).
CD20-41	Notified staff that a Learning Circle on Risk and Safety Assessments was available and must be completed by October 31, 2020.
CD20-48	Informed staff an indicator is displayed in FACES on the 'CA/N Report and Referral Status Log' screen titled 'Consider Assignment to CSWIII or IV'. This indicator should be utilized in making case assignment decisions when a CSWIII or IV is available.
CD20-50	Informed staff of changes to FACES to allow for the tracking of Juvenile Office (JO) Referrals. Referrals to the juvenile court may be made at any time throughout the life of a case when the parents/caregivers' protective capacities are insufficient to control the safety threat to the child.
CD20-51	Informed staff and contracted practitioners of the requirement to attend the Safe Sleep Part 1 training.
CD20-59	Introduced to staff to the Legal Aspects training expectations for circuit managers and supervisors.
PP20-IA-01	Clarified how conclusion summaries should be written when concluding an Investigation as 'Child Abuse/Neglect Present, Perpetrator Unidentified'.
PP20-IA-02	Clarified for staff the policy for uploading audio files, video files, and disposition letters into the OnBase (Document Imaging) system
PP20-IA-03	Clarified how MDT member's initial contact with the child(ren) shall be entered into FACES
PP20-IA-04	Informed staff that the Family Risk Assessment Tool (CD-14E) Instructions had been updated and located in E-Forms.

Child Abuse and Neglect Review Board

The Child Abuse and Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the “Preponderance of Evidence” finding of the Children’s Division. At the conclusion of each investigation, the Children’s Division notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator’s right to seek administrative review within 60 days.

The alleged perpetrator can seek administrative review if:

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

The administrative review process begins when an alleged perpetrator submits a timely request for review. If the Children’s Division’s preliminary finding is not reversed by circuit manager or designee, the case is referred to the CANRB, and may proceed from there to a De Novo Judicial Review at the Circuit Court. If the alleged perpetrator files a timely request, the Children’s Division cannot list the alleged perpetrator’s name in the Central Registry until the finding is upheld by the CANRB.

The CANRB is a panel of up to nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children’s Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield.

Each board conducts approximately eight to ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children’s Division’s findings. During the CANRB review, the board hears testimony from the Children’s Division, the child’s representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division’s decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within 60 days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

	UPHELD	REVERSED	TOTAL
SOUTHERN REGION	157	40	197
NORTHERN REGION	147	36	183
JACKSON COUNTY	16	4	20
ST. LOUIS CITY	3	2	5
ST. LOUIS COUNTY	64	11	75
OHI	25	8	33
TOTAL	412	101	513

Source: CANRB FY20

Report Produced by the Prevention and Safety Unit

In FY 2020, 513 cases were heard. Four hundred twelve cases were upheld and 101 cases were reversed. Eighty percent of cases heard at CANRB were upheld.

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

Background Screening and Investigation Unit

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

Annual BSIU Screenings	2018	2019	2020
	91,297	92,113	83,321

Source: BSIU CY18-CY20 Reports Produced by the Child Abuse/Neglect Hotline Unit

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

abuse and neglect screening provided by BSIU. Additionally, the FCSR puts the ownership on the applicant to provide the screening results instead of the agency.

The COVID-19 pandemic has also had an effect on the number of requests BSIU has processed. Many of the agencies who request background screenings are schools. With many schools utilizing virtual learning instead of in-person learning, there has not been as great a need for child abuse checks on employees or parent volunteers. This decrease was very evident during BSIU's busiest months of August through October – the start of the school year. In 2019, 43,414 forms were processed during this three month period as compared to 2020 when only 16,728 background checks were completed between August and October.

Child Assessment Centers

Child assessment centers, more appropriately referred to as child advocacy centers (CACs), are safe and child-focused places that provide forensic, medical, therapeutic, and case management services as part of a multidisciplinary response to child abuse allegations. Forensic interviews, a professional service provided by CACs, promote case integrity by eliciting information about a child's experience in a developmentally-appropriate, emotionally-supportive, and non-leading manner. Throughout the investigation, and in some cases beyond, CAC victim advocacy services help families navigate the legal response to child abuse allegations, and to access critical resources that help families heal from, and prevent subsequent, abuse. In addition to its direct services, CACs help coordinate the efforts of the professionals responsible for the various aspects of a child maltreatment case, known as the multidisciplinary team (MDT), by providing a space for the MDT to share case information and considerations for the child's best interest. The MDT typically consists of law enforcement, prosecutors, Children's Division investigators, and CAC staff, and may also include mental health, medical, and other professionals invested in child well-being. The MDT model, facilitated by the CAC, further benefits the child and case by minimizing the number of times that a child must recount their experience, thus mitigating additional trauma to the child and duplication of efforts. In 2020, Missouri CACs provided services to approximately 40% of children involved in a child maltreatment investigation, for a total of 9,169 children served.

There are 15 regional child advocacy centers in Missouri that provide services to all 114 counties, and St. Louis City, through 26 unique sites. The primary, regional centers are located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Poplar Bluff, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are located in Union, Farmington, Doniphan, West Plains, Nevada, Pierce City, Butler, St. Robert, and Hannibal.

All 15 regional CACs in Missouri are accredited by the National Children's Alliance. To obtain accreditation, CACs must demonstrate compliance with ten standards governing the quality of a CAC's environment, services, and operations. These standards address forensic interviewing,

victim advocacy, a child-focused environment, multidisciplinary team functioning, case review, mental health services, medical-forensic exams, case tracking, organizational capacity, and cultural responsiveness. To maintain accreditation, CACs must demonstrate compliance with these standards every five years.

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

Sexual Assault Forensic Examination - Child Abuse Resource and Education Network

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

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

In SFY21, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. In June 2018, the SAFE-CARE network began using the Extension for Community Healthcare Outcomes (ECHO) model to provide ongoing training and case consultation that will be available to SAFE-CARE providers statewide. The SAFE-CARE ECHO provides a brief learning didactic, preceded and followed by case presentation. One ECHO series was held in 2020, to include thirteen events. The Children’s Division has partnered with the SAFE-CARE Network and Missouri KidsFirst to be a part of the hub of experts that

help share knowledge and facilitate learning at each session. In addition to SAFE-CARE ECHO, providers receive one all day in-person training annually.

The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. There are currently 59 SAFE-CARE providers located throughout the state. Many of those that are not located in one of the three Resource Centers are contracted to provide services through local CACs.

Legislation in 2016 requires investigative staff to complete four hours of medical-forensics training. In response to this, Missouri KidsFirst, several SAFE-CARE providers, and the Children's Division have developed training for the Children's Division staff primarily taught by medical providers on various topics related to medical issues common to child abuse and neglect investigations.

Legislation was enacted in 2016 requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation be either evaluated or have a case review completed by a SAFE-CARE provider.

In SFY20, the Department of Public Safety paid claims for 2,019 child sexual assault forensic examinations (SAFE) and 1,378 child physical abuse forensic examinations (CPAFE).

Task Force on the Prevention of Sexual Abuse of Children

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. This Task Force provided the Governor, Missouri General Assembly, and the State Board of Education with twenty-two recommendations within seven core subject areas that include community-based child abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force was reauthorized during the 2018 legislative session to continue to study the issue of sexual abuse of children (Section 210.1200, RSMo). Prior to being reauthorized, committed experts were meeting as an Interim Task Force to further this work. The Task Force focused on four specific recommendations identified in the 2012 report:

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

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

Available data from the Children's Division supports the need for the important work of the Task Force. In fiscal year 2020, there were over 55,000 reports of child abuse and neglect involving 78,328 children in the State of Missouri. Of these reports that were substantiated, 32% were for sexual abuse. This represents the third largest category of abuse and neglect.

The full Task Force met on the following dates in 2020:

- February 28th
- May 21st
- August 14th
- December 11th

These meetings provide an opportunity for updates on the various Task Force Workgroups, legislative changes, pertinent agency partner updates, as well as to learn about other important work going on in the state around child abuse and neglect.

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

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

Best Practices and Standards for Multi-Disciplinary Teams (MDT):

The MDT Workgroup was largely stalled in 2020 due to COVID restrictions. The workgroup did, however, have the opportunity to meet towards the end of 2020 to discuss the MDT Train the Trainer session that will be hosted by the Missouri Office of Prosecution Services and funded by the Children's Justice Act Task Force. This training is a collaborative effort with the purpose being to improve the investigation and handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner that reduces additional trauma to the child. Specifically, this program will seek to improve the work of multidisciplinary teams in the state by developing a group of individuals who can provide local training and assistance to these teams.

The MDT curriculum is based on an MDT Module which was created and developed by the MDT Workgroup. The Module is comprised of approximately 170 power point slides which

represent key components from every core MDT agency to help inform and increase participation in MDT case reviews and case investigations. The MDT Module training has been offered ten times to various multidisciplinary teams in Missouri from October 2018-November 2019. The Train the Trainer curriculum will focus on ensuring that trainers understand the content of the MDT Module and teaching facilitation skills for the group work component of the MDT curriculum. As a condition of accepting a scholarship to this training, trainees will commit to providing at least two MDT trainings in their Child Advocacy Center (CAC) Service Region, with a combined total of at least 30 attendees, before January 1, 2023.

The session, which had been originally intended for April 2020, has been postponed to September 2021 in hopes that the pandemic will be alleviated by then. The next meeting of the MDT Workgroup will continue planning for the MDT Train the Trainer session and discuss future projects of the MDT Workgroup.

Youth with Problem Sexual Behaviors:

The Youth with Problem Sexual Behaviors workgroup did not meet in 2020 and is planning to relaunch in early 2021. The subcommittee is tasked with reviewing and recommending best practice standards and guidelines for the Children's Division in handling juvenile assessments. In 2021, the group plans to review and revise Children's Division's current tools, the CD-214 (Children with Problem Sexual Behaviors Assessment Tool) and the CD-215 (Children with Problem Sexual Behaviors Safety Plan). These forms have not been updated since the 2015 law regarding Juvenile Assessments went into effect. Feedback from the Children's Division front line staff is that the forms are long and duplicative, as well as not in alignment with the current practice model. The workgroup is also going to explore how to expand access to appropriate mental health treatment to families in need.

Child Sexual Abuse Education:

The Missouri Department of Elementary and Secondary Education (DESE) in collaboration with Missouri KidsFirst, led the Child Sexual Abuse (CSA) Education Workgroup that met bimonthly in 2020. The group was tasked with implementation of [Section 170.045 RSMo](#) which requires each school district to provide trauma-informed, developmentally appropriate sexual abuse training to students in all grades not lower than sixth grade. Pursuant to Section 170.045, RSMo, DESE developed a [guidance document](#) regarding sexual abuse training in consultation with the Missouri Task Force on the Prevention of Sexual Abuse of Children that was disseminated to all Missouri school districts in August 2020. The training materials are designed for local education agencies, schools, classroom teachers, the surrounding community, and state and local agencies and organizations that are involved in implementing child sexual abuse prevention education in Missouri schools. The information provided will help guide schools through an intentional process of preparing for and providing effective sexual abuse prevention education that uses evidence-informed approaches likely to be effective and avoid re-traumatizing students who may

have already experienced some form of sexual abuse. Education and training materials include information about requirements and best practices for sexual abuse prevention education based on a curriculum review, literature from the sexual abuse field and regional stakeholder meeting input. Districts are encouraged to adapt and customize the guidance to best address and meet the needs of their school community.

Following the release of the training materials, the Child Sexual Abuse Education Workgroup focused on statewide rollout and developing strategies for how to support the successful implementation of this law in Missouri schools. As a result, further communications and assistance were provided that included an expert panel interview on the new guidance materials conducted through Missouri Healthy Schools [#MOHealthMedia](#) and the delivery of presentations by DESE and Missouri KidsFirst to the Missouri School Counselors Association (MSCA), the Missouri Association of Secondary School Principals (MOASSP), the Missouri Coordinated School Health Coalition (MCSHC), the SAFE-CARE Network, state school nurses and others. DESE then launched a three-part instructional webinar series which is featured on the [DESE Health and Physical Education webpage](#) and [Missouri Healthy Schools \(MHS\) Website YouTube page](#).

Part one of the CSA series provides an introduction and overview of the 2020-2021 Missouri statute, the importance of sexual abuse prevention education in schools and the role schools can play in response to ending and preventing child sexual abuse in their community, and resources to support schools with implementation of the legislation. Part two of the CSA webinar series provides information on the importance of comprehensive school-based health education, best practice approaches and principles of prevention, details of the education framework, content delivery teaching considerations and practical tips, and supportive teaching resources. Part three of the CSA webinar series provides information on what it means to provide trauma-informed sexual abuse education, how to handle disclosures, the legal responsibilities as a mandated reporter in Missouri, and available trauma-informed resources for school staff.

In 2021, the workgroup plans to meet on a quarterly basis to support the rollout of this initiative to enhance communications and outreach to schools and communities.

Human Trafficking

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children's Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).

- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child’s household;
 - Those exercising supervision over a child for any part of a twenty-four hour day;
 - Any person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family; or
 - Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse, and neglect screening criteria was implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

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

A new reporter description code of Child Sex Trafficking (HT) code was added to FACES, and the existing reporter description code of Prostitution (A8) was discontinued. The addition of this new HT code provides staff with the ability to make findings specific to child sex trafficking.

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

Memorandum Number	Summary
CD17-46	Introduced staff to the changes in abuse/neglect definitions, the new Child Sex Trafficking reporter description code, and provided guidance on making determinations based on the legal elements of the trafficking definitions.
CD18-34	Updated all Children’s Division staff, including supervisors, regional directors, circuit managers, specialists, and contracted practitioners, of the requirement to attend Introduction to Human Trafficking training.

Children's Division is currently in the process of finalizing content provided by an expert partner through a Notice of Funding Opportunity to develop an Advanced Human Trafficking Training curriculum for CD staff. This advanced training will further strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the Advanced Human Trafficking training, Children's Division will also be updating CD policy and requiring the utilization of a comprehensive assessment to assist in the identification of child victims of human trafficking.

Children's Division Training Unit will also be developing an enhanced Introduction to Human Trafficking training, separated into four pathways intended for administrative staff, field staff, supervisory staff, and caregivers.

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

The Children's Division is also partnering with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

Services for Children Adopted from Other Countries

The Children's Division is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency.

The Children's Division provides post-adoption services for children adopted from other countries and their adoptive families through the Adoption Resource Centers in the same manner as families of children adopted from foster care, including referral for adoption competent counseling, support groups, and parenting education. See Adoption Resource Centers in the Collaboration section of this report for more details.

Services for Children Under the Age of Five

Family-centered, strength-based treatment services for children under five years of age who remain in their home should be completed by referring the family to any available community resource or other support system identified by the family; utilizing all available community resources. Services may be provided by direct case management or may require the use of

purchased services. The worker will use community providers when he/she assesses some, or all, of the services, cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education
- Specific rehabilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visiting Providers)
- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE findings for child/ren under the age of three
- School district services referral for children over the age of three with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Parent aide services for the parents
- Mental Health services for the child or parents

The Division recognizes the importance of addressing the developmental needs of all children served, including those under the age of five. Staff should discuss the child's development and health history with the parents. If a child seems to be functioning below age level, attention should be paid to what stimulation is being offered the child and suggestions should be made to the parents or caregiver if necessary. Observation should also be made of proper nutrition, sleep habits, and other health-related problems. Staff should also contact teachers and counselors for information on school progress and make a referral for a cognitive screening to confirm any delays. If a child seems to be functioning well below age level, a referral should be made to First Steps (ages 0 - 3), the School District (age 3+) and the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level. The school-age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program).

The Division also recognizes the importance of foster parent-to-child ratio for young children. Per policy and administrative rule, foster parent(s) shall not provide care for more than two children under age two and no more than four children under the age of five unless necessary to accommodate a sibling group temporarily. Because of the sound policy and rule, the division does not anticipate any changes or updates to this particular requirement.

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support for at-risk families.

The Home Visiting Program is a voluntary program assisting eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting program also provides parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. As the child(ren) age out of the Home Visiting program, they are referred to a Parents as Teachers, Head Start or another early learning program to maintain continuity of educational services for the family. The Home Visiting program is currently located in 11 regions across the state with the intention of expanding statewide through a FY21 competitive process. In SYF 20, there were a total of 1,788 unduplicated families and 2,124 unduplicated children age birth to three years old served. Home Visiting providers currently utilize either the Nurturing Skills for Parents or Healthy Families America model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting providers are required to serve 70% Children's Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

During FY20, 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, 2020 through February 29, 2021, with a renewal to go into effect March 1, 2021 through February 28, 2022. 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 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 has implemented Signs of Safety statewide. Creating everyday safety for children is the primary aim of Signs of Safety. Signs of Safety recognize that caregivers are more likely to change when they understand how their behavior is impacting their child. Several different tools are available to staff to assist in having a conversation with children around safety to place the child’s voice in the center of the family’s involvement with the Children’s Division. It is important that children have an opportunity to talk about what they are worried about, what makes them happy, and what they would like to happen in their family and community to keep them safe. Because of a desire to protect children from adult issues, they are often provided little information about what is happening to them and what the plan is for their future. Getting the children’s voice can help children feel they are part of the process, not just entirely having the process done to them. The children’s voice not only informs the work, but it can also be the most powerful voice to inspire and motivate change within the family. Capturing and sharing the voice of the child in a meaningful way can have a significant impact on their caregivers’ willingness to make desired changes to protect their children. This is especially useful for younger children. Signs of Safety provides several tools to capture the child’s voice regarding their experiences, to explain the Children’s Division’s involvement, and to involve them in safety planning. These tools include the Three Houses Tool, Fairy/Wizard Tool, and Words and Pictures explanations.

The percentage of children age five and under receiving Intensive In-Home Services (IIS) has remained stable for the last five years. In SFY20, 40% of the children served by IIS were age five and under. In SFY19 and SFY18, the percentage of children five and under was 38%. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

Year	Total Children	Children under 5	Percent
SFY18	20,330	7,637	38%
SFY19	20,146	7,630	38%
SFY20	20,226	7,577	37%

Source: Child Welfare Outcomes Report, Table 8b

The population of children ages five and under in foster care has remained relatively stable over the last few years, with a slight decrease in SFY20.

The Children’s Division places a strong emphasis on achieving permanency for all children served, including those age five and under. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last four years (SFY17 - 20) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age zero to five, achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages zero to five, six to twelve, and 13 and older.

Age Groups Exiting to Reunification

Years	0-5	6-12	13+
SFY17	39.05%	34.89%	26.06%
SFY18	38.21%	35.74%	26.05%
SFY19	41.98%	33.40%	24.62%
SFY20	38.07%	35.10%	26.83%

Source: Child Welfare Outcomes Report, Measure #9b

Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY17	36.65%	37.76%	25.59%
SFY18	36.00%	39.63%	24.37%
SFY19	35.27%	36.97%	27.76%
SFY20	36.69%	34.85%	29.52%

Source: Child Welfare Outcomes Report, Measure #9b

Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY17	55.19%	35.57%	9.24%
SFY18	56.91%	32.43%	10.67%
SFY19	57.46%	32.03%	10.52%
SFY20	54.60%	33.21%	12.19%

Source: Child Welfare Outcomes Report, Measure #9b

Some strategies for achieving permanency for young children include increased parent-child visitation whenever possible, front-loading services to get the family engaged early, placement with relatives, concurrent planning, and regular Family Support Team meetings to review progress and clearly define goals. Concurrent planning is a process of working towards reunification while, at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. Also, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with the parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan, so permanency is not delayed.

Parent-child visitation is important at any age, but it is especially important when children are under the age of five as visitation helps parents bond with their children and stay current with the changing developmental needs of their children. Frequent visitation with young children also allows parents to practice and improve the parenting skills they are learning in parenting classes and/or counseling sessions. Because the Children's Division already encourages service provision for children under the age of five, there are no anticipated changes or updates forthcoming.

For children aged five and under, not in a pre-adoptive placement, there are many recruitment activities which should be occurring to locate pre-adoptive placements. The Heart Gallery showcases children in foster care available for adoption and awaiting adoptive families. Families who may be interested can search the website or view photographs at the traveling gallery. The display is featured in many public venues where people who may not have considered adoption can be exposed to the opportunity. In addition to the Heart Gallery, adoption events from around the state are posted on the Children's Division website. Each circuit has its own strategies for recruitment. Staff also utilize the AdoptUSKids web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with children waiting for adoption. Additionally, staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children age zero to five.

In an effort to reduce the length of time in foster care for all children, strategies included:

- enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors discuss a child's progress towards the case goal,
- better collaboration with the court in monitoring child progress towards permanency, and
- developing local processes for reviewing young children who have not yet achieved permanency.

The Children’s Division continues to emphasize the timely achievement of permanency regularly with staff, managers, Quality Assurance System staff, and the Courts. Some circuits, through the Fostering Court Improvement project, have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits, staff reviews cases every month with their juvenile office to ensure children do not remain in foster care longer than necessary. Rapid Permanency Reviews, as outlined in the Program Improvement Plan, may also identify bottlenecks for young children achieving permanency.

Efforts to Track and Prevent Child Maltreatment Deaths

Data Collection of Child Maltreatment Deaths

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children’s Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are investigated, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The FACES system captures all fatality reports and screened out referrals. Missouri determines substantiated findings when a death is due to neglect, in addition to abuse, as defined in the statute. The FACES system does not obtain a “reporter” description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional roles of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels.

While there is not currently an interface between the state’s FACES system and the state’s Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the DSS State Technical Assistance Team (STAT), that tracks all deaths and oversees the state’s child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. As of October 2018, the DSS Children’s Division receives this information directly from the DHSS Bureau of Vital Records.

The standard of proof for determining if child abuse and neglect was a contributing factor in the child’s death is based on the “Preponderance of Evidence” evidentiary standard of proof. To further enhance data collection efforts, when a child has died as a result of child abuse and neglect, staff must enter the severity code of ‘fatal’ as part of the conclusion of the report. FACES will then require staff to enter a date of death, if not already entered by Child Abuse and Neglect Hotline Unit.

Because Missouri’s Child Protection Service (CPS) agency is the central recipient for fatality reporting and due to the statute which requires coroners and medical examiners to report all fatalities, Missouri is able to capture 100% of hotlines involving child death. Missouri may have a higher number of child abuse and neglect fatalities compared to other states where the CPS

agency is not the central recipient of fatality data. Missouri is able to thoroughly report fatalities as agencies have a “check and balance” with each other to ensure no child is overlooked in the reporting of child maltreatment deaths. The DHSS Bureau of Vital Records reports child deaths to STAT and the Children’s Division every month. Additionally, the Children’s Division keeps an internal log, maintained by Central Office, and performs an as needed comparison with STAT data.

Plan to Prevent Child Maltreatment Fatalities

The Missouri Children’s Division is taking steps to develop and implement a comprehensive statewide plan to prevent child maltreatment fatalities. As part of this process, Missouri is working with law enforcement, state agencies, and other stakeholders to discuss how specific programs and child abuse and neglect prevention services may be incorporated into this plan.

The Missouri Department of Social Services State Technical Assistance Team (STAT) oversees the Missouri Child Fatality Review Panel (CFRP). Following the release of recommendations by the National Commission to Eliminate Child Abuse and Neglect Fatalities, the CFRP developed a subcommittee to review records of child fatalities that the local CFRP identified as child abuse or neglect. The Missouri Children’s Division participates on this subcommittee as well as public and private agency partners, including law enforcement, Missouri Department of Health and Senior Services, Missouri Children’s Trust Fund, Missouri Office of Child Advocate, the Missouri Office of Prosecution Services, law enforcement, medical providers, and other community providers (e.g., domestic violence, mental health.)

The Child Fatality Review Panel subcommittee has reviewed case records associated with child fatalities, where the local CFRP attributed the death to child abuse or neglect. The subcommittee has reviewed all child fatality cases classified by local Child Fatality Review Panels as child abuse and neglect related deaths for 2014. Based on their review, the CFRP subcommittee developed strategies and recommendations to prevent child maltreatment fatalities, including:

- creating a culture of safe sleep;
- improving law enforcement’s and the Children’s Division’s response to child deaths;
- improving the provision of resources to high risk or high need families;
- educating citizens of Missouri on how to prevent or address scenarios that increase the risk for a child death;
- increasing and improving interagency collaboration in cases with suspected child maltreatment; and
- improving mandated reporters’ ability to recognize and respond to suspected child maltreatment.

The subcommittee has also completed comprehensive reviews of all child abuse and neglect related deaths for 2015. The information gathered from these reviews is being used to inform

additional recommendations in their most recent pending report. The committee will continue to focus efforts on developing strategies to prevent child maltreatment fatalities.

The Missouri Children's Division and agency partners will build on the existing work of the Child Fatality Review Panel subcommittee, share information about existing programs, services, and partnerships that contribute to this body of work, and access additional information to develop a comprehensive statewide plan to prevent child maltreatment fatalities. Additionally, the plan will consider gaps in services that may be beneficial to prevent child maltreatment fatalities and develop strategies to address identified needs.

Because there are concerns of neglect associated with incidents of youth who die by suicide or a child who dies as a result of being in an unsafe sleep environment, work groups exist and meet regularly to address these fears. Specifically, the work developed by the Missouri Suicide Prevention Network and the Safe Sleep Coalition will be incorporated into Missouri's comprehensive plan to prevent child maltreatment fatalities.

The Missouri Children's Division is in the process of revising its internal critical event review process. Changes have been made to the internal critical event reviews, internal critical event panel, follow through on recommendations made at the panel and support provided to Children's Division professionals following a critical event.

Critical events are defined as a child fatality, near fatality, suicide or serious bodily injury which includes active agency involvement, child in the legal custody of the Children's Division, or prior Children's Division involvement with the family of concern within the past three years or if the child is under the age of 5 any prior involvement. If none of the aforementioned criteria is met, any child abuse or neglect investigation that is associated with a child fatality, near fatality, suicide or serious bodily injury is also considered a critical event.

When a Children's Service Supervisor becomes aware of a critical event, they are to complete a Critical Event Report Notification form and send to Children's Division Central Office and their regional leadership within one business day. Upon notification at Central Office, the critical event review process begins.

In an effort to promote and support the wellbeing of Children's Division professionals impacted by a critical event, Children's Division has implemented a pilot phase of Staff Resiliency Response in the Southwest Region. The purpose of the Staff Resiliency Response is to respect and support staff by assisting them in dealing with the emotional effects of a work related traumatic event. Regional staff are identified to aide in responding to impacted staff by providing information and support. Information about the Staff Resiliency Response process will be shared with staff, including that this response is not a place where blame will be established but for participants to express their feelings and experiences. The use of the Staff Resiliency Response is not to investigate the incident, rather to process the critical event and how the information

learned in this process may be utilized to enhance Children's Division practice. It is hoped that the pilot phase of the Staff Resiliency Response will inform statewide roll out.

Children's Division recognizes retrospective reviews of cases that involve a critical event are important in learning and informing change to Children's Division practice and policy. Case reviews, known as triage reviews, are completed on critical events where CA/N is suspected when Children's Division has active involvement with the family, to include an open Investigation, Assessment or referral; open Family Centered Services or Intensive In Home Services; when the victim child is in the legal custody of the Children's Division; or if Children's Division has had prior involvement with the family within the past 3 years or, if the victim child is under the age of 5, any Children's Division past involvement. Triage reviews are completed by a Program Specialist and presented monthly to the Children's Division internal Critical Event panel. Members of this panel include Children's Division executive and regional leadership, DSS leadership and MDT members. The panel members will create written recommendations from the panel meeting that may include practice and policy recommendations or a full systems review may be warranted if challenges were identified related to multi-disciplinary practice or support. If a review is deemed to be carried to a full systems review, all information will be shared with an assigned Central Office program specialist to complete the comprehensive review.

Identification of trends among critical events also helps inform change to practice and policy. In an effort to grow in identification of these trends, the Missouri Children's Division has joined the National Partnership for Child Safety (NPCS). Steps are being taken to develop a data use agreement in efforts to be able to share critical event data with NPCS and also obtain data from other CPS jurisdictions and how they are addressing critical event trends in their areas. Children's Division has begun the early steps in joining and it is anticipated that the partnership with NPCS will aid in strengthening and enhancing the critical event process.

It is hoped that in the coming year the state level Child Fatality Review Panel structure will be utilized to review the identified critical events that were opted for a Full Systems review following the internal Children's Division Critical Event Panel, where challenges may be identified related to multi-disciplinary teams to assist in making recommendations to inform the statewide plan to prevent child maltreatment fatalities and to inform Children's Division policy and practice.

Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disease 2019 (COVID-19)

The funding received from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) is being used to support the Permanency Attorney Initiative described in the Implementation and Program Support section of this report. Specifically, this funding will be used to contract services for attorneys who perform legal work related to permanency for

children. The funding will go directly to the billing they submit. The decision to utilize the CARES Act funding in this manner was made to address permanency delays that may have occurred due to the COVID-19 pandemic.

Promoting Safe and Stable Families

Family Preservation Services

Intensive In-Home Services and Intensive Family Reunification Services

Intensive In-Home Services (IIS) is an intensive, short-term, home-based, crisis intervention program. IIS offers families in crisis an alternative to remain safely together, averting the out-of-home placement of children whenever possible. The Intensive In-home Services program combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs. Among other services, family members may receive individual and family counseling, parenting education, child development training, household maintenance education, nutritional training, job readiness training, and referral to other community resources. Services provided are focused upon assisting in crisis management and restoring the family to an acceptable level of functioning.

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family who will maintain the child(ren) safely in the home following the intervention.

The IIS program is delivered in conjunction with Family-Centered Services (FCS). If there is an open IIS case, the local office should have an open FCS case. The FCS case manager works with the IIS specialist during the intervention to ensure the FCS case manager is aware of the service plan and to ensure a seamless transition at the end of the IIS intervention. Families are eligible to receive IFRS services if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care, and there is regular visitation between parents and their children. The contract also allows youth placed in residential treatment through guardianship and adoption subsidy to participate in IFRS to aid in reunification.

Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS program is provided through purchased services by vendors contracted with the state. In July 2019, the IFRS program and the IIS program were

combined into one contract to allow for services statewide. Previously, the IFRS program was only available to eight sites in the state. By combining the two programs it allows for more families to be served and loosens some of the time constraints, allowing work with families to be done within the first 30 days of a case opening, or after a child returns home as needed by the specific case situation. The referral requirements for both programs remain the same. The state has the discretion to make referrals to IIS and IFRS across the state. The state estimates ninety percent (90%) of the families referred to the contractor will be referred for IIS and approximately ten percent (10%) of the families referred to the contractor will be referred for IFRS.

According to the Children's Division Annual Report, Table 38, in SFY20, 1,354 families and 3,362 children were served through the IIS program. In SFY19, there were 1,611 families, and 4,065 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 decrease in the number of families served from SFY19 to SFY20, which may be attributed to vendors waiting on the new contract to be awarded in July of 2019. Vendors may have been unsure about how to proceed as there were multiple extensions. The transition of the new contract awards may have also contributed to the decrease.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY20, 40% of the children served by IIS were age five and under. In SFY19 and SFY18, the percentage of children five and under was 38%. The IIS program provides an array of services specifically targeted towards early childhood.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the Children's Division Annual Report, Table 39, in SFY20, 77.5% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 75.5% in SFY19 and 78.3% in SFY18. According to SFY20 IIS Annual Report, Table 25, in SFY19 5.3% of children were removed during the IIS intervention. It is also important to remember there are times when placement into foster care or another placement outside of the home is in the best interest of the child.

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

The IIS Annual Report is produced once a year; however, Children's Division and contracted staff from each circuit are encouraged to request data for their particular site on an ongoing basis

to continuously improve practice. The IIS Annual Report includes various data elements collected at the end of the intervention and at three, six, and twelve-month intervals following the intervention.

Intensive Family Reunification Services does not have a stand-alone outcomes report, thus all FACES data must be retrieved through ad hoc requests made to the Research and Evaluation Unit. According to an ad hoc report produced in December 2020, there were 138 families and 308 children served through the IFRS program during SFY20. In SFY19, there were thirteen contracted IFRS specialists in Missouri and they served 58 families and 136 children during SFY19 according to an ad hoc report produced in January 2020. There was a significant increase in the number of families and children served in the IFRS program in SFY20. The increase was due to the award of a new contract in July 2019 allowing for IFRS services to be available statewide.

Family Support Services

Family-Centered Services

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

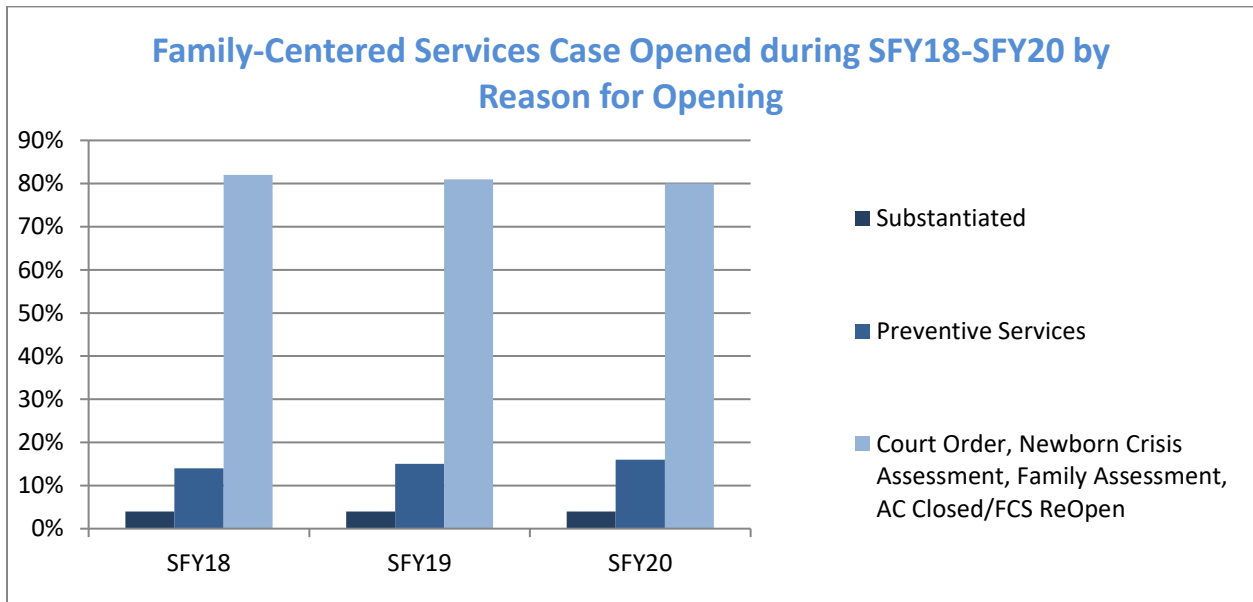
In SFY20, there were 5,504 active FCS cases compared to 5,850 during SFY19, and 7,089 in SFY18. (Source: Children’s Division Annual Report, Table #9). The total number of FCS cases in SFY20 decreased by 5.9% and in SFY19 decreased by 17.5%.

Children’s Division Memo 17-16 informed staff of changes to the Family-Centered Services and Alternative Care (AC) functions in FACES. As of the date of the memo, staff were instructed to no longer open FCS functions on families when children are placed in alternative care. This change was made to accurately show families served through intact only FCS cases. When the change was implemented on March 1, 2017, all FCS cases with associated open AC functions automatically closed in the system, with a few exceptions. This is the contributing factor for the continued decrease in the number of active Family-Centered Services cases.

Family-Centered Services Cases Active SFY18- SFY20

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY18	7,089	-52.3%
SFY19	5,850	-17.5%
SFY20	5,504	-5.9%

In SFY20, approximately 4% of FCS families were served as a result of substantiated child abuse/neglect reports (139 out of 3,781; Source: Children’s Division Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 16% of the total served. Almost 3% of the cases were opened due to a court order. A new open reason was created in SFY17 based on the Children’s Division Memo 17-16 referenced above to include cases where an AC case was closed, and an FCS case was re-opened. Approximately 4% of families were served as a result of the reason for opening. The remaining 73% of families were served as a result of a Family Assessment or Newborn Crisis Assessment. The Family Assessment response exemplifies the family-centered approach, which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means resources are more wisely invested in treating and strengthening the entire family. The family assessment places greater responsibility on, and confidence in, families and local communities. Therefore, the foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.



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

The Children’s Division is continuing to move forward with a clear practice model anchored in values and practices that support exemplary child welfare outcomes. In order to enhance practice, memo CD20-09 was released in February 2020. The memo outlines two webinars that are now available to staff. The goals related to the webinars are:

- To strengthen the quality and quantity of interaction between practitioners and children who are being served through FCS or Foster Care; and
- Improve parent engagement through full implementation of the CD Practice Model.

In June 2020, as a follow up to the webinars, memo CD20-26 provided staff with additional learning opportunities through facilitated Learning Circles. Learning Circles are a facilitated discussion used to ensure transfer of learning occurs around quality worker/child visitation and enhanced engagement with parents as a follow up to the webinars. The Visits with Children Learning Circle conversation focused on how utilizing the Signs of Safety tools allow team members the opportunity to elicit information from children in a thorough and thoughtful way. The guided discussion for the Parent Engagement Learning Circle concentrated on the importance of parent engagement and using Signs of Safety tools with parents during visits.

Memo CD20-41 was issued in September 2020 and offered staff with an additional learning opportunity to enhance practice related to risk and safety assessments. The goal related to the Risk and Safety Assessments Learning Circle was to increase knowledge and competencies to accurately document how child risk and safety were assessed and how the service needs of children and parents were identified and addressed based on safety concerns.

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

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;
- Providing "hard services" to meet the basic needs of the family, such as securing food, shelter, and transportation;
- Developing resources and making these resources available to the family for their ongoing support;

- Encouraging and working with parents to be cooperative and engaging of the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of the child/ren; and
- Referring the family to any available culturally-relevant community resources that help them meet basic needs and stabilize their family, including:
 - Housing referrals and assistance;
 - Public benefits and income support, including any assistance needed to obtain food, clothing, and utility services;
 - Child care;
 - Home care and support services, including household management and home health aide services;
 - Medical and dental care;
 - Respite care;
 - Transportation services; and
 - Vocational and educational assistance

Child Care and Development Fund

As part of the prevention efforts, Children’s Division (CD) is the lead agency for the federal Child Care and Development Fund (CCDF) and administers the state child care subsidy program for low-income families served through the Family Support Division (FSD) and protective services families served through CD. The Child Care Subsidy Program helped support approximately 49,785 low-income children with 10,690 children served through protective services in SFY20.

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

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

Crisis Care

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

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

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

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

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

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available 24 hours a day, seven days a week. A child can be accepted at a crisis care facility at any time, day or night, if space is

available. If space is not available, families will be aided in contacting other crisis care facilities or shelters.

- Crisis Care contracts are awarded through a competitive bid process, with the most recent contract beginning January 1, 2019. Currently, there are 10 crisis care facilities across the state. Crisis care services are located in:
 - St. Louis Area- 3 sites
 - Kansas City Area- 2 sites
 - Columbia Area- 1 site
 - Springfield Area- 2 sites
 - Joplin Area- 1 site
 - Southeast/Poplar Bluff Area- 1 site

In SFY20, 1,239 unduplicated children age 12 years and under were served.

In SFY20, 254 unduplicated children age 13 years through 17 years were served.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home supports for at-risk families.

The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of 3 years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting program also provides parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. As the child(ren) age out of the Home Visiting program, they are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

The Home Visiting program is currently located in 11 regions across the state through an extension of the FY21 competitive contract, as the awards of the FY22 contract are pending. It is the intent for Home Visiting services to extend statewide through the FY22 awards. In SYF 20, there were a total of 1,788 unduplicated families and 2,124 unduplicated children age birth to three years old served.

Home Visiting providers currently utilize an evidence-based model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to

serve 70% Children’s Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

Family Reunification

Foster Care

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

Out-of-home placements include:

- **Emergency care placements**—A foster home which has been specifically licensed to care for six or fewer children in the Children’s Division custody on an emergency basis only. These foster homes are available to receive children on a 24-hour basis. These foster homes are used on a short term basis only not to exceed 30 days.
- **Foster care placements** —Foster homes are a licensed home caring for six or fewer children and are licensed by the Children’s Division. Care includes the provision of food, lodging, clothing, transportation, recreation, and training appropriate for the child’s age and mental and physical capacity.
- **Relative care placements**—Placement of a child in the home of an adult who is a related family member or has a close relationship with the family. Relative placement providers must complete training and a licensure process to care for a child and for payment to be received.
- **Elevated Needs Care (Level A and Level B) placements**—A specified placement for a child in foster care with elevated challenges which includes receiving specialized care. These foster care homes must meet all licensing requirements as a traditional foster home in addition to receiving specialized training for behaviorally and mentally challenged children. These foster homes also must demonstrate a willingness to obtain any specialized training to meet the individualized needs of the child.
- **Medical care placements**—A foster care placement for a child with specific medical conditions where additional medical training is necessary for his/her care.
- **Transitional living placements**—These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and are successfully receiving Chafee Foster Care Independence Program services.

- **Independent living arrangements placements**—Placement for a youth living on his/her own, usually in an apartment or college campus setting, with supervision from the case manager.
- **Residential treatment facilities placement**—A residential child care agency licensed by the Children’s Division with compliance being monitored by the Residential Program Unit to provide residential treatment services for children and youth. Currently the residential contract also provides for **Treatment Foster Care Placements** which provide an additional clinical placement option for youth who are unable to be safely managed in an Elevated Needs Level B home as a treatment option to attempt to prevent the need for residential treatment in a congregate care setting.

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year.

Foster Care Placements

Placement Type	Coding Categories	SFY19	SFY20
Emergency	FHE	147	98
Foster Care	FAH, FHB, FHM, FHO	5,776	5,657
Relative Care	RHB, RHM, RHO, RHU, KHB, KHM, KHO, KHU	10,112	10,437
Elevated Needs	CFP, FHB, RHB	974	988
Medical Care	KHM, FHM, RHM	641	640
Transitional Living	TLA, TLG, TLS	278	262
Independent Living	ILA	335	281
Residential Treatment	RFA, RF2, RF3, RF4, RFE, RFH, RFI, RFP, RFT	1,765	1,801
Total Children		20,028	20,164

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

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

background screenings and criminal background checks. For additional information about the criminal background check processes, refer to the Foster and Adoptive Parent Licensure, Recruitment and Retention section.

Foster Care Population Increase

For over a decade, the Children’s Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. The Children’s Division experienced a growth in the number of children in foster care in the years that followed. Most recently, the fluctuation in the foster care population has remained relatively stable. The Division is constantly reviewing family circumstances observed and services available to families to understand and curtail the growth in the foster care population. These include many Department and Division led strategies. Rapid Permanency Reviews to identify barriers to reunification or permanency through guardianship or adoption coupled with the Permanency Attorney Initiative, which works to complete custody modifications so children can be legally released to the non-custodial parent, and achieve TPR and adoption are examples of strategies that were enacted in Missouri’s most recent Program Improvement Plan.

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

Children Active in CD Custody During SFY16 - 20

Fiscal Year	Number of Children	Change from Prior Year
SFY16	20,284	4.4%
SFY17	20,031	-1.3%
SFY18	20,330	1.5%
SFY19	20,144	-0.9%
SFY20	20,227	0.4%

Source: CD Annual Report, Table #35

Some details about the areas of focus and development for the next five years in regards to the growth of the foster care populations are:

- Custody Modification payments – often times children are lingering in foster care, but placed with a non-custodial parent. The court requires a custody order transferring custody to the parent to be in place before it will close the case. The Division has the Permanency Attorney Initiative in place to assist with this legal action.

- Team Decision Making – this program was in the process of being implemented across the state. Statewide implementation was planned by summer 2020 but was delayed due to the COVID-19 pandemic. In 2020 the determination was made that CD would continue with team meetings using many of the tenets of TDM but eliminating designated fulltime facilitators for this purpose due to staffing shortages. The purpose for continuing team meetings is to use staff, families and community partners to make the best decision possible about whether a child needs to be removed from the home or whether the safety issue can be addressed without the need for Children’s Division custody.
- Rapid Permanency Reviews – these targeted reviews were conducted in 2020 consistent with the CD Program Improvement Plan. The Division intends to continue these reviews in 2022 forward having found value in them. These reviews choose a population of children who are close to permanency (on a Trial Home Visit, close to adoption or close to guardianship) and use specifically developed tools to identify trends where systemic barriers may exist in policy or practice. A plan is then developed on the case manager level to move each case forward.
- Trauma Informed Practice - Children’s Division recognizes exposure to trauma can impact children’s physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus.

Length of Stay

The table below shows the changes in recent years for several types of stays in Foster Care and the average length of stay. The average length of stay in foster care has steadily increased over the past five years.

Fiscal year	Length to Reunification*	Length to Guardianship*	Length to Adoption*	Average Length of Stay#
2016	13.20 months	20.76 months	29.67 months	20.9 months
2017	13.29 months	21.06 months	30.12 months	22.3 months
2018	14.08 months	20.70 months	29.80 months	22.9 months
2019	13.95 months	22.27 months	29.71 months	23.2 months
2020	15.36 months	21.63 months	30.75 months	24 months

*Source: CD Outcomes report, table 9c

#Source: CD Annual report, table 20

To continue the focus on reducing the length of stay in foster care, current strategies include enhancing supervisory oversight through reinforced training and development of the Clinical Supervision Process and the Missouri Practice Model. In January 2019, a new policy was created to require supervisors to observe each of their staff at least once a quarter in the field to provide feedback to the worker and more closely monitor their skills.

To 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 placement resources. There are enhanced programs and tools to aid in finding relatives for children including family finding, Extreme Recruitment and 30 Days to Family. These programs and tools assist staff in locating and engaging both parents, maternal as well as paternal family members, and individuals who are considered relatives by families and children, to be explored as placement resources as well as supports to the family of origin. Missouri CD has been working with family resources to assure they receive the services necessary to maintain placement stability through our Kinship Navigator programs as well as a Relative Treatment Foster Care Pilot. The Relative Treatment Foster Care pilot allows relatives taking in difficult children and youth to be developed as Treatment resources to support the youth. Relative Treatment Foster Care also impacts the biological parent as a transfer of learning occurs from the relative provider to the parent. As Children's Division moves forward with this project, an increase in placement stability, reduced time in care, and more thoroughly equipped relatives and parents is anticipated.

Consistent with trauma informed care commitment in Missouri, the Division is involved in the National Training Development Curriculum (NTDC) Project through Spaulding for Children. The NTDC project is a state of the art curriculum built from a trauma focused perspective. The training is currently being delivered as well as rigorously evaluated in the Northwest Region and Jackson Co. The training builds an excellent foundation for resource parents to understand trauma reactions and provides the correct tools to react to and support the child or youth in their trauma journey. A key element of the curriculum is "right time training" around common challenges experienced by foster parents that is available at any time through a web portal. Missouri is anxious to see the results of the evaluation and the impacts to placement stability, resource family satisfaction and longevity as the project moves through the project phase concluding in 2022. In addition to the evaluation, the project compares to a control group receiving the current STARS curriculum as well as a control group receiving Missouri-developed STRONG curriculum. At the end of the project period Missouri will be well informed and able to determine the best curriculum or elements of each that equips resource parents most completely.

Kinship and Relative Care

Placing with relatives and kin continues to be a priority of the Division. Placing with relatives:

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

- Results in faster, safer permanency.

Relative and Kinship Placement Statistics

Fiscal Year	Relative Placement % of Total In Care Population	Kinship Placement % of Total In Care Population	Relative or Kinship placement % of Total In Care Population
2017	37.44%	11.14%	48.58%
2018	44.16%	4.63%	48.79%
2019	49.06%	1.13%	50.19%
2020	51.44%	0.16%	51.60%

Source: CD Outcome Measure: # 17, 17a, 17b

It should be noted that the Division changed its definition of relative during 2017. At this time, all placements that are with a relative or close friend of the family are considered relative. The data above reflects this change. The number of children placed with relatives have continued to increase in 2020, with a 1.4% increase and total closely approaching 52% for these types of placements. Missouri Children’s Division continues to promote and provide additional supports for relative placements. As noted in the Foster Care section above, Missouri has been piloting Relative Treatment Foster Care (TFC) services for the past two years and is very close to having this new service for relative caregivers implemented statewide in 2021. Another support service pilot began in FY 2021. The Mobile Crisis Referral Pilot is a collaboration with Missouri Department of Mental Health-Behavioral Health services, providing mental and behavioral health information and assessments to children and their relative placement providers.

Fiscal Year	% of children exiting care from a relative home placement
2017	55%
2018	53%
2019	53%
2020	55%

Source: CD Annual Report Table 21

There has been an increase in the amount of children exiting care from a relative home placement over the last several years. More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children’s Division is continually exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives, with funding options being explored for this project. It is now Missouri law

that searches be made for parents of siblings (including half-siblings) and adult siblings of children who enter custody.

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

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

APPLA

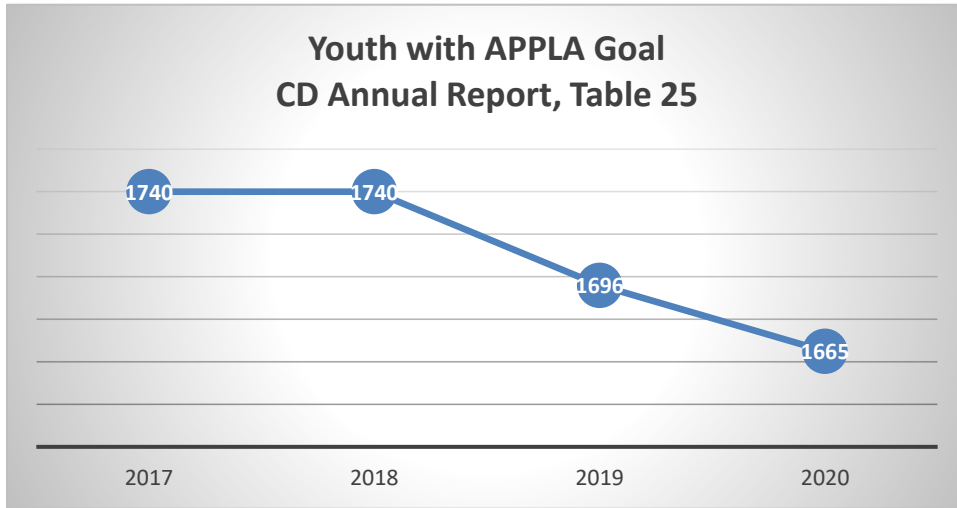
Another Planned Permanent Living Arrangement (APPLA) is the least desirable permanency option and should only be used after all other permanency options have been explored. The Family Support Team (FST) may determine, during an administrative review or at a permanency hearing, another preferable permanency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

Youth are placed in APPLA when the FST believes his/her placement will be consistent and stable until the youth achieves independence and receives approval by the court. The resource provider must also be in agreement with the plan, and able and willing, with the assistance of Children's Division, to meet the safety, permanency, and well-being needs of the youth. The resource provider makes a formal agreement called a Permanency Pact with the youth for this purpose. The purpose of the agreement is to identify an individual with which the youth wishes to continue to have as a support in his or her life.

When a youth has a goal of APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services, and meeting with the youth and family to ensure desired outcomes are attained. Services may include but are

not limited to: therapy, independent living services, mentoring, peer to peer support, visitation, and any other identified individualized services.

In 2015, federal law went into effect which requires a child be at least 16 years of age before APPLA may become the youth’s case goal. The Division continues to work within its own



agency to comply with this law as well as work with the court system and other partners to enact this change. During 2016, the state of Missouri passed HB 1877 which put this federal requirement into state statute.

In recent years, Central Office and Quality Assurance System staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. As demonstrated by the chart above this review of APPLA cases globally in our population has resulted in a decrease of youth with APPLA goals.

The Division is tracking the number of children who still have a goal of APPLA but are under the age of 16. The chart below shows point in time progress.

Date	Number of children under 16 with a goal of APPLA
January 31, 2017	39
January 31, 2018	46
January 31, 2019	40
January 31, 2020	20
January 31, 2021	20

The information above will be continually sent out to the Regions across the state for review and data clean up.

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.

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

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 SFY20, 590 children entering the custody of the Children’s Division were in a Residential placement. This is an increase from SFY19 when 577 children entering custody of the Children’s Division were in a Residential Care placement. Throughout SFY20, 3,212 children in the custody of the Children’s Division received service in a Residential Care placement. This is a decrease from SFY19 when 3,427 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings and reduce the length of stay in residential for all children. Also, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts. 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 2020, children received services through 59 licensed residential treatment agencies for children and youth operating at 107 separate sites. Of the 59 RTACYs, 51 agencies hold a contract with the Children’s Division. In 2020, there was one initial RTACY license awarded. Thirty-six RTACYs renewed their licenses in 2020. In 2020, of the 59 licensed RTACYs, 29 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). Nine additional RTACYs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed

RTACY staff are required to have initial orientation and a minimum of 40 hours of on-going training per year.

Specialized Care Case Management

The Specialized Care Case Management contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and has been renewed annually since that time. The contract was rebid in 2018 and MACF was awarded the new contract, which began on April 1, 2018.

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

The contract has recently been amended and is capped to serve a maximum of 375 youth statewide. The areas served are comprised of designated counties within the all regions of the state. As of April 2018, there were approximately 265 youth being case managed through this contract. On March 6, 2019 the number was 319. On March 10, 2020 the number increased to 331.

The contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this limit. Children enrolled under the specialized contract may be as young as six years up until the youth's 21st birthday. The median age of active enrollments is 13.35 years.

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

The following outcomes reflect the most recent quarter in SFY20.

- 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% SFY20 Data: 100%
- Children shall not be on/or have been on runaway status in excess of 48 hours.
 - Target Goal: 95% SFY20 Data: 93.24%
- Children shall not be or have been arrested or detained.

- Target Goal: 95% SFY20 Data: 98.87%
- 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% SFY20 Data: unavailable
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
 - Target Goal: 78% SFY20 Data: 83.10%
- 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% SFY20 Data: 45.0%
- Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.
 - Target Goal: 95% SFY20 Data: 95%
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
 - Target Goal: 90% SFY20 Data: 78.26%
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.
 - Target Goal: 90% SFY20 Data: 89.86%

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 for the outcome measures is tracked every quarter and outcomes are discussed with the contractor on a regular basis.

Children’s Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services which focus on permanency. In August 2017, CD and MACF staff met to discuss the current state of the Specialized Care program and to review cases where children had been in the program for over 5 years. The review revealed that this contract has significant success in stepping youth down from residential to less restrictive community placement settings including relative placement located through their extreme recruitment services. Periodic meetings between both agencies’ staff continue to occur.

Foster Care Case Management

The award of Foster Care Case Management contracts on June 1, 2005, not only changed how Missouri interacted with private and not-for-profit child welfare providers, but it also changed

the payment structure from a fee-for-service model to a performance-based model. Each contractor is awarded a maximum caseload and paid based on the awarded caseload; however, the contractor achieves a financial incentive if they perform beyond the expectations of the contract. Likewise, they achieve financial disincentive if the contract expectations are not met.

The initial contracts were awarded on June 1, 2005, to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with five provider consortiums to serve 3,435 cases across 32 Missouri counties. Because contractors serve a set caseload, the percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 25% of the children in the care and custody of the Children's Division. This is a decrease from 2009 when approximately 38% were served by the private contractors, and the total number of children in care was lower.

The contracted providers are evaluated every year using three performance outcome measures. These performance measures are permanency, re-entries into care, and safety. If a contractor does not meet a performance measure, the division collaborates with them to develop a Performance Improvement Plan which outlines specific strategies the contractor will implement to meet the outcome measure for the coming year. The average permanency rate achieved statewide for 2020 was 30.65%, the safety measure was 99.81%, where only 0.19% of the children had a substantiated CA/N report while in care, and 96.1% of the children served did not re-enter care within a 12-month timeframe from achieving permanency.

The permanency targets for each region over the last 15 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children's Division in each region.

The Children's Division awarded a new contract which went into effect on October 1, 2020. This contract will be for five years. All previous contracts for this service have been for three years at a time. The benefit of a five-year contract will reduce the disruption of case management services and assist the providers in stabilizing their workforce. The hope is that both of these benefits will greatly impact the children and families served. With this contract, a fourth outcome measure has been added. The new outcome is a wellbeing measure centered on children receiving their Healthy Children and Youth (HCY) exam within 30 days of entering out-of-home care.

Recruitment and Retention Contract

In August 2013, Cornerstones of Care (COC) Healthy Families Program was awarded the state contract for Recruitment, Licensure, Training, and Retention of Resource Homes. In January 2014, the Northwest Region of Missouri, as well as Jackson County, came under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. This

two-year pilot project contract included responsibility for recruitment, training, and activities to support licensing/approval of resource homes in the counties of the Northwest Region and Jackson County. COC and their subcontractor manage the cases of resource families, completing activities of licensure and re-licensure as well as support services to retain foster and adoptive resource families. Additionally, the contractor is responsible for identifying placements for children from their pool of resources for placement of children managed by the Children's Division.

The contract was extended for 12 months while revisions were made to the contract and new contract was awarded to COC beginning January 1, 2018. The new contract no longer requires the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function has been absorbed by the Children's Division. The intent of this change is for the contractor to focus efforts on recruiting and licensing families who will be willing to accept older youth, youth with elevated needs which will include therapeutic or treatment resource homes, in an effort to reduce utilization of residential placements. However, this recruitment has continued to be a challenge for the contractor as it is for the Children's Division and private case management contractors. The contractor, like Children's Division, is more successful in approving and supporting relative providers identified by the case manager and retaining those placements to allow for timely permanency. The contractor participates in the Diligent Recruitment Committee, the Right Size Residential Recruitment subcommittee and the Recruitment and Retention Statewide workgroup. The contractor is also instrumental in the development team for therapeutic care, including relatives. In each of these groups, new recruitment ideas are shared, tried, and tested.

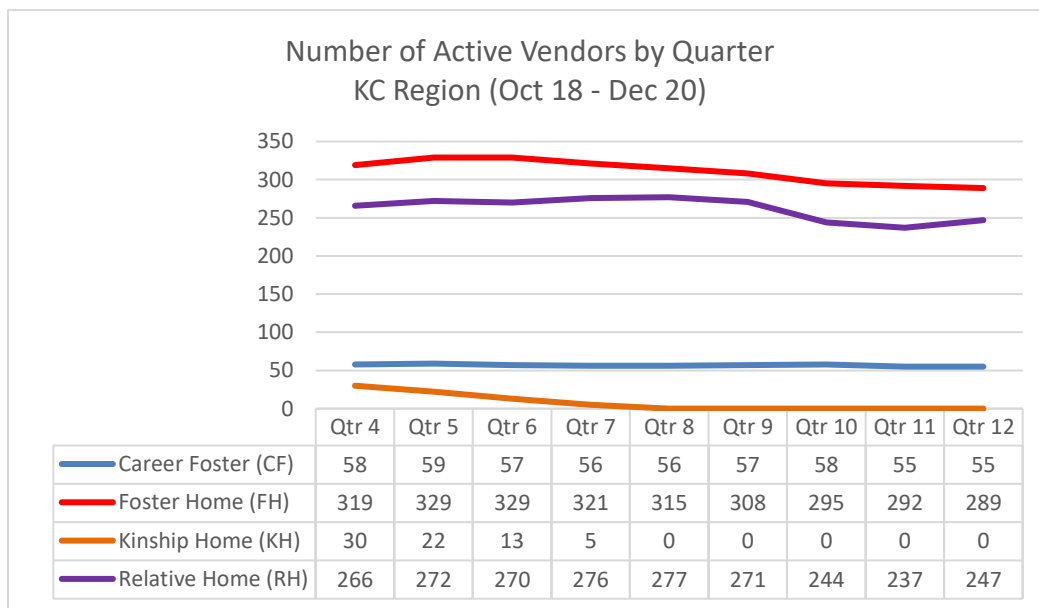
During this second year of the contract, the focus was on the assessment of the pilot and determination of the next step in the privatization of resource development in Missouri. The determination was made to maintain a contract for recruitment, licensure, and retention of foster and adoptive homes in the current regions and not expand to additional regions. Additionally, the Children's Division decided to exercise the option to extend the current contract for another 12 month period with the intent of assessing a full two years of the pilot and approach the new contract request for proposal informed by the assessment. In 2018 Cornerstones of Care was again awarded the Recruitment and Retention Contract. In 2018, the same measures continued to be tracked, but Cornerstones of Care was not held responsible for placements with relatives as those are not controlled by the vendor. In 2019 adoptive home strategies were re-evaluated as the Children's Division began an effort to enlist the assistance of Child Placing agencies to assist with identifying adoptive homes. Cornerstones of Care and their subcontractor continue to develop resource homes for every level of care and have continued to focus on the support needed to retain quality homes. The contractor also is heavily involved with the Children's Division in determining the appropriate services for relatives to be successful in caring for relative children entering the foster care system and has tested Treatment Foster Care during this period with these relatives achieving permanency for five children through adoption or

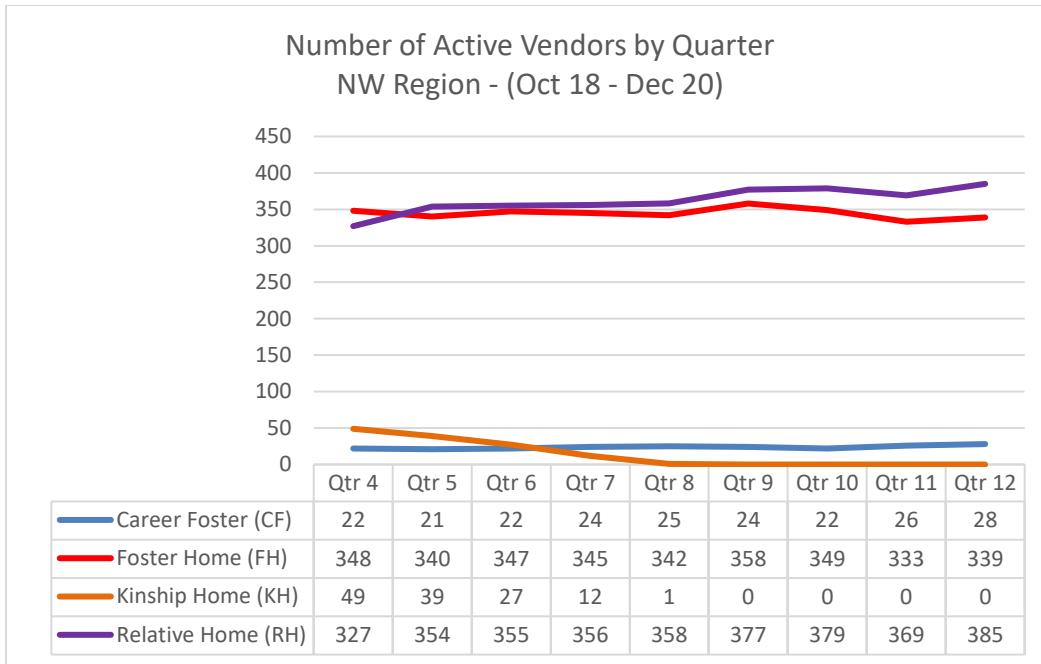
guardianship. The Missouri Family Focused Treatment Association (FFTA) chapter of which this contractor is a strong partner, has been testing relative treatment foster care to determine what services are necessary at time of placement from the removal home or time of placement from a higher level of care or even residential. The Children’s Division is currently working on a standalone Treatment Foster Care Contract and will use the learnings of this group as well as the recruitment and retention contractor to inform that work.

The number of Resource Homes has continued to be tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family-like setting for alternative care placement as well as determining the increased use of relative placements.

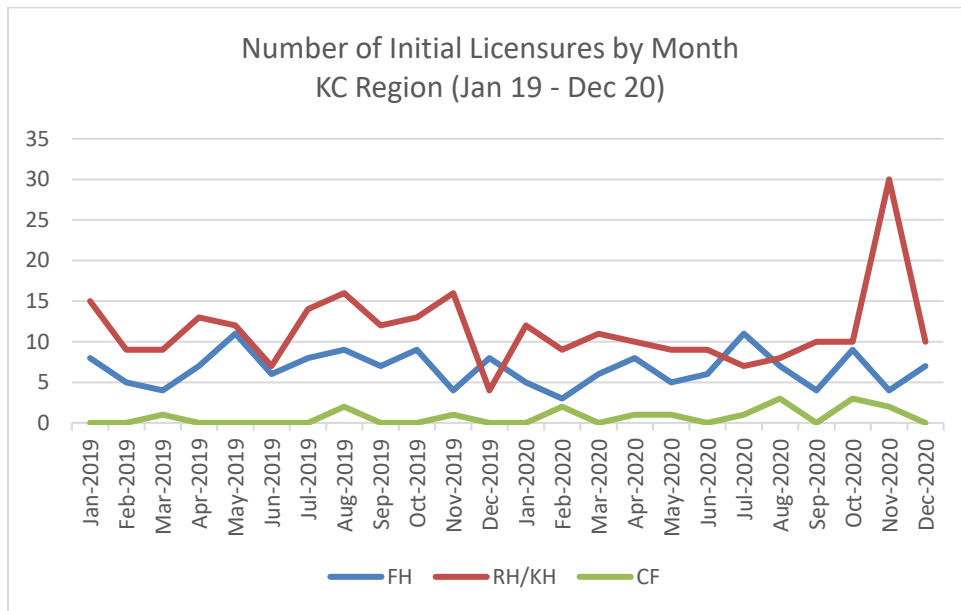
Beginning in January of 2021, the contract was amended to remove the requirement of placement identification by the contractor. The responsibility for identification of placements and knowledge of placements available returned to the Children’s Division. In 2021, the Division will be reviewing the efficacy of this approach and determining if additional contract amendments are necessary to adjust placement identification to assure for appropriate placements for waiting children.

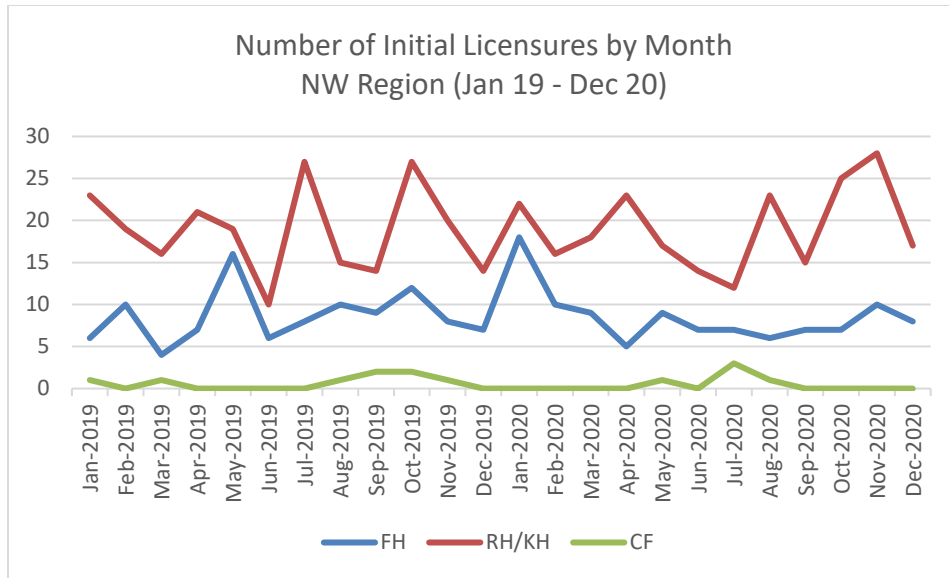
Following is comparison data between the KC region and the NW region for the number of active vendors by quarter of the most recent two years of the contract.



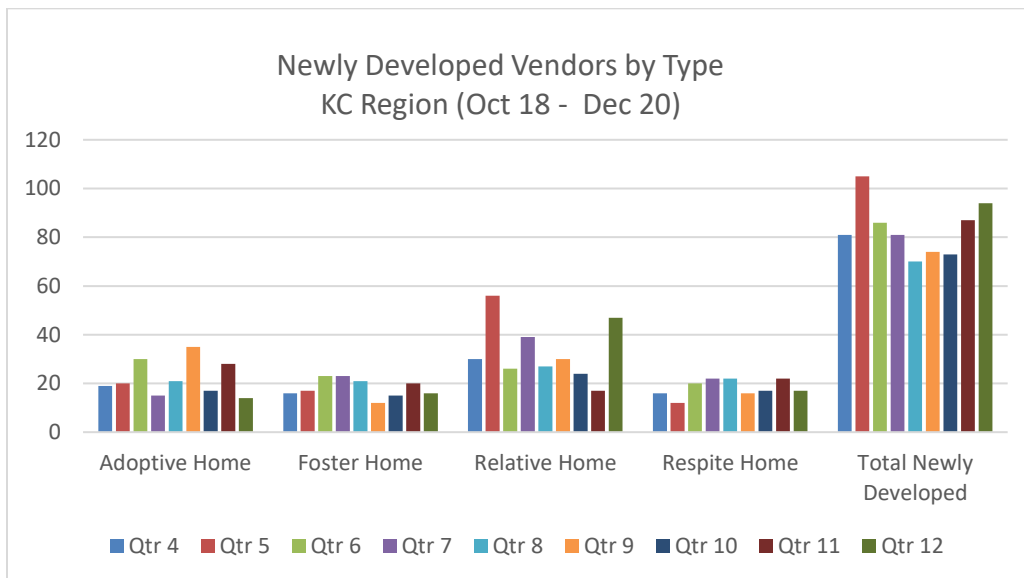


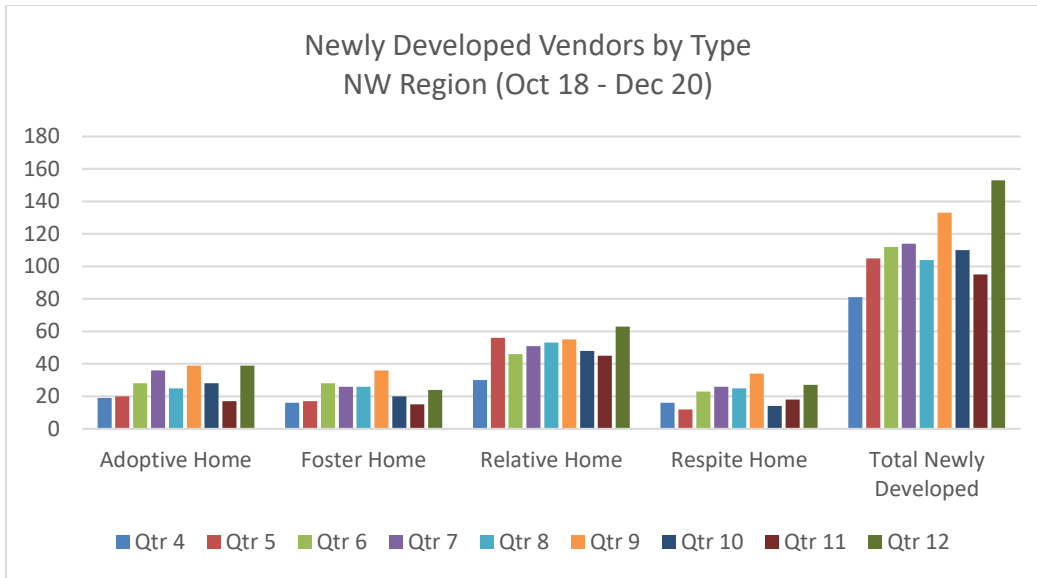
The next set of charts provides the number of newly licensed resource homes by month for each region.



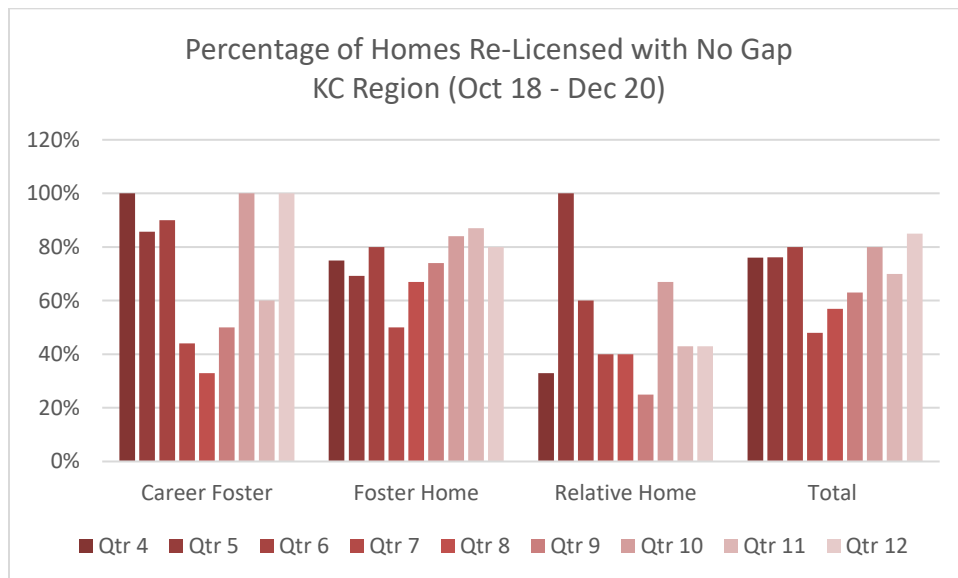


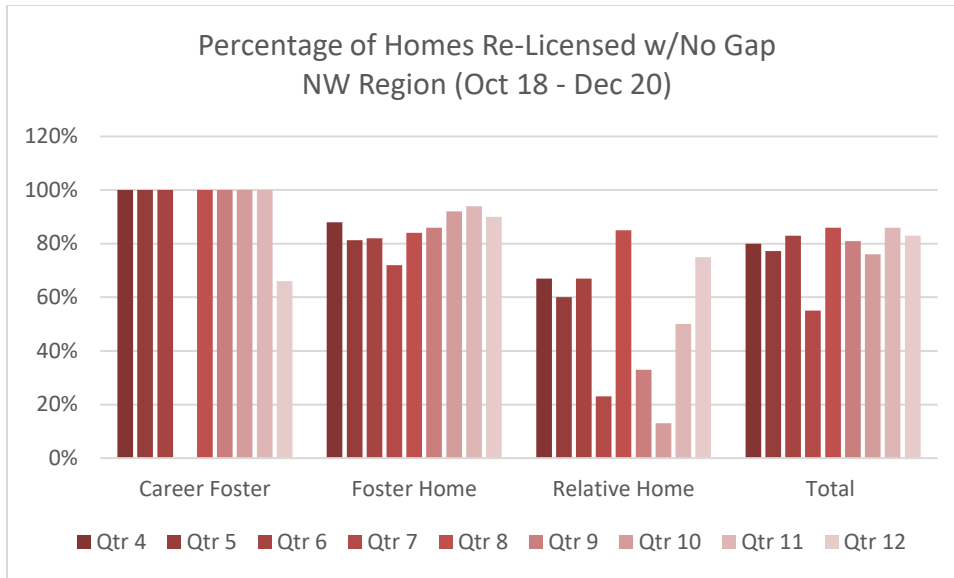
The next set of charts represents the number of newly developed resource homes by quarter during the most recent two years of the current contract.





The final set of charts notes the percentage of relicensures during the most recent eight quarters of the contract which were completed and approved in a timely manner.





Adoption Promotion and Support Services

Adoption Services

Missouri Law identifies the Children’s Division as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court required adoption assessments conducted regarding placement of a child in the prospective adoptive home. The court may direct any appropriate individual or agency, including the 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 Children’s Division offices; with the Foster Care Case Management contractors; or with the Recruitment, Retention and Licensing of Foster and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete the STARS and Spaulding training provided through the Division or its contractors. Children’s Division workers and/or contracted

providers, in coordination with the training, complete the family assessment and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Children are featured on the national AdoptUSKids website at www.adoptUSKids.org, Raise the Future website at www.raisethefuture.org, and the MO Adoption Heart Gallery website at <https://moheartgallery.org>.

Each year youth are featured on the Missouri Adoption Traveling Heart Gallery, including photo presentation in venues around the state and through the Heart Gallery website <https://moheartgallery.org>. Raise the Future, formally named The Adoption Exchange, partners with the Division to arrange for the photography and photo preparation for the gallery.

Adoption Recruitment Training Support

The Adoption Recruitment Training Support (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes and informing the state recruitment plan.

ARTS serves as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD and provide necessary support to staff responsible for identifying and supporting permanent homes for children.

The continued focus in 2020 was for the ARTS team to partner with Faith Base partners in helping recruit adoptive homes for children seeking a forever home. Faith Base partners have the passion, capability, and resources to collaborate with Children's Division in this direction. This partnership has successfully moved forward as more Faith Base partners have joined efforts to help recruit adoptive homes for children, attended the ARTS Statewide meetings, shared the MO Adoption Traveling Heart Gallery displays, and participated in National Adoption Awareness month activities.

Another 2020 focus for the ARTS team has been to increase the number of children being featured on the three adoption websites, Raise the Future, AdoptUSKids, and the MO Adoption Heart Gallery. Children's Division has been able to double the amount of children featured on the websites in the past year.

The ARTS group is a central meeting place for statewide diligent recruitment planning. It continues to review the streamlined approach via Raise the Future, AdoptUSKids, and The Missouri Heart Gallery. The ARTS team will continue to be a sounding board for developing policy, training or any support necessary to field staff.

Heart Gallery

The Missouri Heart Gallery began in 2006 and continues strong today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. Over the past few years, registrations had declined. As a result, the Division took a closer look at the Heart Gallery process and partnered with Raise the Future and the ARTS team to revise and update the registration process and practice. In 2020, the number of children that are featured on the sites increased significantly. To date, the number has more than doubled with child registrations continuing to be added weekly.

Staff can register the child for Raise the Future, the AdoptUSKids and the Missouri Adoption Heart Gallery website with one Child Registration form. This will also give the opportunity to recruit for the child through the DSS Facebook page and DSS Twitter account. Raise the Future now writes the media profiles and continues to assign the photographers. As with previous years, photographs will continue to be printed for the traveling Gallery. Each region will receive 8 x10 images of children who are featured in the Heart Gallery for display at regional events. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e. churches, school functions, and community events. Regions also receive extra images of children from other regions and have the flexibility to exchange with other regions. The Children's Division also has the ability to hold focused grassroots efforts at events such as PTA functions, fairs, and church events. In 2020, the COVID-19 pandemic has impacted the number of opportunities for staff to use the Traveling MO Adoption Heart Gallery as locations have closed its doors to the public. Locations such as libraries, community centers, shopping malls, and health facilities have not allowed staff to utilize these locations as they have in the past. Prospective adoptive families should be directed to the online MO Adoption Heart Gallery for a complete list of children featured.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and the Adoption Exchange.

In 2019, the Division enhanced the MO Adoption Heart Gallery website to include additional topics, updated graphics, and more volunteer opportunities.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a

special needs child. The basic subsidy package includes maintenance, childcare for children up to age 13, MO HealthNet, and respite. Additional services may be added as needed and approved. In SFY20 adoption and guardianship expenditures were \$101,589,952.99, compared to SFY19’s expenditure of \$93,681,931. As of June 30, 2020 there were 16,328 children receiving adoption subsidy and 7,602 children receiving guardianship subsidy, per DSS Research and Evaluation.

FY	Adoptions Finalized
2016	1,536
2017	1,601
2018	1,747
2019	1,819
2020	1,740

Child Placing Agencies

The Children’s Division is the licensing body for Missouri child placing agencies pursuant to Chapter 73 of the Children’s Division - Child Placing Agency rules in the Missouri Code of State Regulations. Child placing agencies may be licensed to provide “recommendation of foster homes for licensure,” “placement of children in foster family home,” “foster care services” and “adoption services,” which includes international placements.

In CY 2020 Missouri Children’s Division had 62 licensed Child Placing Agencies. Many of the agencies have multiple operating sites resulting in a total of 98 licensed sites in Missouri. Of the 62 licensed child placing agencies, 36 of these are accredited by a nationally recognized accrediting body (Council on Accreditation, Joint Commission on Accreditation, IAMME or Hague Accreditation). The licensed child placing agencies facilitated placements of 144 Domestic and 28 International children for adoption. Licensed child placing agencies provided post placement or post finalization adoption services to families. Several of the licensed children placing agencies also are contracted for foster care case management and specialized care contracted services previously described in this report.

Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families Program

As noted in Program Instruction 21-04, Title IV-B grantees are required to include information on their planned use of the supplemental PSSF funding.

The Children’s Division plans to allocate the full amount of the supplemental PSSF funding to support the Permanency Attorney Initiative described in the Implementation and Program Support section of this report. The monies will be used to contract for legal services related to permanency for children. The primary goal of the Permanency Attorney Initiative (PAI) program is to reduce the number of children placed in foster care. When a child is removed from

the home, the goal of the program is to reduce the length of time a child remains in foster care, thereby reducing the trauma to the child. The program has successfully assisted in closing 1,230 children's cases overall since its inception in September 2018. The program has been successful in reducing a child's time in care on average by six (6) months statewide. In areas in which there is additional PAI support, the program has reduced the time in care for children by approximately ten (10) months. In addition to the statistical data, the presence of PAI attorneys representing the Children's Division has resulted in an increase in morale of front line staff and an increase in the cooperation and communication with Court and Juvenile Office partners.

Service Decision-Making Process for Family Support Services

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

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

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

The CTS contract was last revised in November 2019. The following services have been added to facilitate better outcomes for children and families: Specialized Clinical Assessment (Psychosexual Evaluation), transportation, and transportation behavioral. The contract revisions were a result of multiple requests from the courts to provide a specialized clinical assessment, and as a result of monitoring, to expand services to families. The CTS explanations of services were also updated to reflect more evidence based curriculums be used when providing parent aide and parent education to the families and children.

Populations at Greatest Risk of Maltreatment

The primary concern of the Children's Division throughout the continuum of care is always child safety and well-being. The Children's Division utilizes protocols built upon Structured Decision Making (SDM) 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 SDM protocols are utilized to assess risk for CA/N reports and applies to assessments, investigations, Newborn Crisis Assessments and Juvenile Assessments. The risk assessment occurs within 72 hours of a hotline being reported. The Chief Investigator must document how the worker assessed the safety and risk of the child(ren) by completing the Family Risk Assessment Tool during the supervisor consult.

The Family Risk Assessment Tool should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future maltreatment to a child. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood of child maltreatment in the next 18 to 24 months. Key factors that are discussed while utilizing the Family Risk Assessment Tool:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family?
- Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

The Family Risk Assessment Tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children.

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

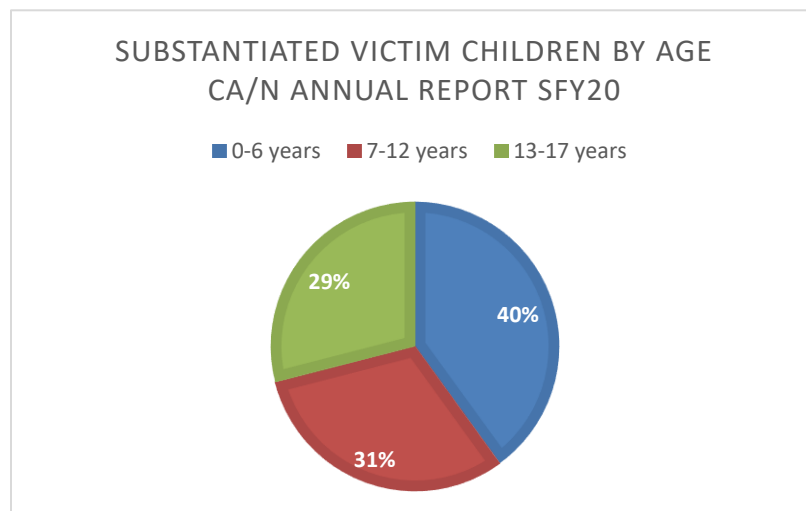
child is in the foster care system, whether there is enough safety for the child to return home. Full implementation of Signs of Safety was completed in CY17.

Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is simple and stresses getting the answers to three important questions: what are we worried about, what is working well, and what needs to happen. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

The Children’s Division recognizes the importance of obtaining the child’s voice. One important facet of the Signs of Safety approach involves children, and as a result, specific tools and processes have been developed to actively engage children in assessment and safety planning. These tools include the 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 greatest risk of maltreatment have been identified since the development of Missouri’s Child and Family Services Plan. Young children lack the ability to protect themselves from abuse or neglect. They lack speech capacity and important social, cognitive, and physical skills, which are developed in early childhood. They may also have limited contact with entities outside their immediate families.



Based on the chart, children birth through age six constituted 40% of all substantiated victims in SFY20.

Of all the children found in need of services after completion of a family assessment, approximately 40% were children birth through age six.

It is also important to note the most recent Missouri child fatality data indicates that in FY20, the majority (72%) were two years old or younger.

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

- Children in families with a prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency, had a developmental disability, or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern
- Children whose primary parent/caretaker had a history of abuse/neglect as a child

Services Targeted to this Population

Missouri's early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state's lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to eligible children and their families consistent with the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). Pursuant to the federal mandate of Child Abuse Prevention and Treatment Act (CAPTA), staff are required to make a referral to First Steps for any child under the age of three who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) established a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

The Comprehensive Addiction and Recovery Act (CARA) requires statewide laws, policies, and/or procedures requiring healthcare providers involved in the delivery, or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder to notify state child protective services for the occurrence of such conditions of infants.

New legislation regarding CARA was introduced during the 2018 Missouri legislative session. Then current law indicated a health care provider may refer a family to the Department of Health and Senior Services (DHSS) when a child may have been exposed to a controlled substance and DHSS was required to offer service coordination services, upon referral, to the family. In August 2018, Senate Bill 819 changed that health care providers may refer to the Children's Division within the Department of Social Services and removed the requirement that the DHSS offer coordination services to the family.

The language of SB 819 did not **require** health care providers involved in the delivery or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the Children’s Division of the occurrence of such conditions of infants. Rather the language stated that the providers “may” refer to the Children’s Division.

Though Missouri has mandated reporter laws, there could be infants that could potentially be missed due to the permissive wording of “may” within the statute. To gain compliance for CAPTA and assure that practitioners specifically “shall” report infants that are affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or “a Fetal Alcohol Spectrum Disorder”, in 2019, Senate Bill 514 added the following to Section 191.737 RSMo.:

2. Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or “a Fetal Alcohol Spectrum Disorder” as evidenced by:
 - (1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
 - (2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.

The statute change went into effect on August 28, 2019. Missouri notified external parties of the statute change as well as internal staff. A letter explaining the statute change and Plans of Safe Care was disseminated to all of the birthing hospitals in Missouri.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term “illegal” as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements relating to data collection and monitoring. Additions to the Children’s Division’s policy manual included guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also included things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

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

- Infant tests positive at birth for a substance but is not exhibiting withdrawal symptoms. After assessment by a physician and/or a Children’s Division staff, it is determined that

this exposure will have a probable adverse effect on infant's physical, mental, or general well-being.

- Infant is displaying withdrawal symptoms due to exposure to substances as determined by a physician.
- Infant is exhibiting Fetal Alcohol Spectrum Disorder symptoms as determined by a physician.
- Infant's safety could be jeopardized by the continued use of substances by parent/caretaker or other household member.
- Infant tested positive for a substance at birth and did not exhibit withdrawal symptoms, but the parent/caretaker's continued use may adversely affect the safety and well-being of the infant or other children in the home.
- Infant did not test positive for a substance at birth nor did they exhibit withdrawal symptoms, but parent/caretaker's continued substance use may adversely affect the safety and well-being of the infant or other children in the home. This could include parent/caretaker's inability to make coherent decisions in regards to feeding, caring, or transporting the infant or other children in the home.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in documentation of the record.

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

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services

In March 2018, changes to FACES were implemented to reflect if a Plan of Safe Care was developed. The three data reporting criteria that are now captured in FACES are as follows:

- Number of infants identified under the law

- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

In May 2018 Missouri Department of Social Services Children’s Division (CD) and Department of Mental Health’s Division of Behavioral Health (DBH) identified mutual interest in collaborating to identify a potential SUD intervention for pregnant and post-partum women with the goal of providing access to treatment and services in their own home and community. DMH-DBH offered their Assertive Community Treatment team (ACT) model for consideration; ACT teams are already planted in 20 sites within Missouri. The ACT team model could provide the foundation for a new community-based SUD treatment project. The ACT model is a nationally recognized evidence-based model supported by SAMHSA that focuses on serving people with serious mental illness within their own homes. The ACT has vetted fidelity tools that help ACT providers follow the model to attain the highest chance of success with clients. ACT teams have rigorous reporting requirements to SAMHSA and DMH in order to receive funding. SUD is not a requirement to participate in the traditional ACT program, although ACT provides SUD services when needed. A decision was made to name the team a Coordinated Specialty Care (CSC) team instead of ACT because a few changes were made in service delivery of the program. There are a few key differences between the ACT and the CSC team. ACT team’s primary focus is on Mental Illness; SUD is not a requirement to participate in the ACT program. Clients who participate in ACT do not have to be pregnant or parenting. The CSC pilot’s primary focus is treatment and services for pregnant and post-partum mothers of children under three, who have SUD and a co-occurring Mental illness, or they are at risk of mental illness. The CSC’s team has more knowledge and competence around SUD treatment and recovery, prenatal care, NAS, MAT during pregnancy, breastfeeding, post-partum depression, parenting, child development, etc. Because the CSC team’s services look a bit different than the traditional ACT, it is not assumed this model is evidence-based even though its foundation was built upon the highly regarded ACT model. This is the reason for the name change to Coordinated Specialty Care Team. This is primary and secondary prevention work, as mothers can be referred who are not involved with the Children’s Division and of course, the Children’s Division can make referrals as well. This pilot if fully funded by DMH-DBH. The program’s title was adopted as IMPART (Infants, Mothers, and Prenatal Assessment Recovery Team).

The IMPART program has now been serving clients for approximately two years. A Memorandum of Understanding (MOU) was completed in 2020 so that Burrell and the Children’s Division can share data to get a better understanding and demographic of those served and success rate.

Burrell has reported that they have completed internal assessments of progress of clientele by using the General Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire (PHQ-9), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the Daily Living

Activities Functional Assessment (DLA-20). They found that overall, with the aid of IMPART, clients experienced improvements in their symptoms related to anxiety and depression, as well as reductions in substance use. Additional data indicated progress in community functioning, as related to employment, independence in housing, regaining or keeping custody of children, and personal care. These conclusions are evidenced by improvements in the GAD-7 and PHQ-9 scores indicating improvements in symptoms of both anxiety and depression, as well as reductions in ASSIST scores that are indicative of decreases in substance use among the client population. Finally, the increases in DLA-20 scores show improvements in housing stability, overall communication, alcohol and drug use, leisure and self-care, access to community resources, productivity at work and school, and coping skills. All taken together, there is significant evidence of improved client outcomes through the participation in IMPART over time.

The Children's Division, in conjunction with the Department of Mental Health, will continue to monitor progress with the IMPART pilot program to see if efforts can be replicated throughout other areas of the state in the future.

Kinship Navigator Funding

The Missouri Children's Division was awarded funding in the amount of \$344,838 for fiscal year 2020, \$347,032 in 2019, and \$372,618 in 2018 to be used to support the Kinship Navigator programs. Missouri Children's Division is continuing its partnership with ParentLink/Grand Families program at the University of Missouri and other essential partners to further develop the Kinship Navigator program. The last three years of funding has been spent by ParentLink to establish and enhance the Missouri Kinship Navigator Program. The Missouri program assists relative/kinship caregivers in identifying, locating, and accessing programs and services to meet the physical and emotional needs of the children they are raising as well as any needs of the relative/kinship caregiver. Missouri is accomplishing the work of assisting relative/kinship providers with experiencing successful parenting of relative/kinship children by promoting partnerships to ensure relative/kinship caregivers and the children living in their families are supported in every way possible. This ensures the stability of families when a formal court relationship is necessary as well as when foster care is not warranted, but family crisis requires relative/kinship providers to care for children temporarily to assure child and family well-being.

Missouri Children's Division and ParentLink, as contractor, collaborate with a number of private and public partners, including: Missouri Family Resource Centers, Missouri Community Partnerships, and faith partners, such as the Care Portal. This collaboration allows access to services by relative/kinship caregivers utilizing the toll-free number (1-833-KIN-4-KID, 833-546-4543) answered by knowledgeable and equipped ParentLink staff to identify and assist with the immediate needs of relative/kinship caregiver resources in real-time. The toll-free KIN-4-KID line is connected on the 2-1-1 network and allows for maximization of the services currently offered by 2-1-1 throughout the state of Missouri. ParentLink is continuing to work

with 2-1-1 and have completed an MOU with Missouri's 2-1-1 to share resource data bases. A notable recent success was achieved in November 2020, when ParentLink reached out to the originator and curator of the national 2-1-1 taxonomy in LA and was able to get the term "Kinship Navigator Program" created, defined, and added to the national 2-1-1 taxonomy to allow for kinship caregivers and professionals to search for kinship navigator services.

ParentLink staff ensure kinship families are screened promptly and responsively to assess their needs and inform them of services available through identified programs resulting in a referral or connection to appropriate resources. Kinship families with emergency situations are instructed to call 911, law enforcement, Child Protective Services, or a Crisis Hotline as appropriate. When a caregiver reaches the Missouri Kinship Navigator Program, ParentLink staff are able to provide immediate assistance and refer them to relevant service providers such as senior housing representatives, Family Support Division, Community Action Agencies, Community Mental Health providers and other service providers of durable goods for the care of children. Navigators also have the capacity to connect kinship and relative caregivers to other caregivers through support groups. These groups allow relatives/kin to establish relationships and supportive connections with other relative/kinship families.

The target population for these services include relative/kinship providers caring for children in both formal and informal arrangements, i.e., individuals who are caring for children in and outside of the formal foster care system. The geographic service area for Missouri's Kinship Navigator Program is statewide through its statewide referral system. ParentLink is providing full navigator services in twelve-counties that include four counties in Missouri's central region (Boone, Cole, Cooper, and Randolph) and eight counties in the southeast region of the state (Pemiscot, Dunklin, Ripley, Scott, Stoddard, Butler, Mississippi, and New Madrid). ParentLink is also responsible for working with the Missouri Children's Division to coordinate efforts between programs providing similar services including the Missouri Family Resource Centers and other community agencies across the state to reach families outside their 12-county area. The Family Resource Centers and navigators in those centers are providing services in the five regions currently served by these centers which include Northwest, Kansas City, Southwest, Central, and St. Louis greater metro in Missouri.

The Missouri Family Resource Centers currently provide direct one-on-one services to relative/kinship providers in a majority of the state through their resource center contracts. Resource center partners are also continuing to expand their capacity for serving this population by increasing the kinship navigator positions at the centers. These additions will be accomplished by accessing funding through various grants and private funding programs from the local communities they serve.

ParentLink kinship navigators offered in-person support groups to relative/kinship caregivers in the counties they serve in southeast and central Missouri counties until late March 2020 when the COVID-19 Pandemic closed down offices across the state, which eliminated the ability to meet

in-person. ParentLink quickly developed a virtual support group with the assistance of University Extension staff and community partners to replace the in-person support groups while in-person gatherings are limited. Although the virtual support group began on April 30, 2020 with the target audience of central and southeast Missouri relative/kinship caregivers, it quickly opened up to offer the one-hour weekly support and training for relative/kinship caregivers throughout the state of Missouri. These weekly virtual support group meetings continue to grow in participation and provide opportunity for caregivers to learn and connect, as well as professionals serving relative/kinship caregivers.

In June 2020, renowned kinship care expert Dr. Joseph Crumbley, presented a four-week training and consultation series via the weekly zoom kinship support meeting. The presentations were recorded and shared on the ParentLink website with each separate video posted for a two-week period (per requirements of contract with Dr. Crumbley) to allow relative/kinship caregivers and others working with this population an opportunity to view the presentations. A social media campaign was held during the months of August and September 2020 promoting Dr. Crumbley's video series being available on ParentLink's website. This Facebook campaign targeted adults 18 and older throughout Missouri, with a layer of interest targeting grand parenting, early childhood, child care, child development or child development stages and job titles of childcare specialist, childcare provider, or child caregiver. This resulted in 12,214 total clicks, 1,372,928 total impressions that reached 232,912 unique users, and resulted in 355 total reactions, 117 shares, and 25 comments. As of December 17, 2021, there was an average weekly attendance of 12 kinship caregivers and 16 professionals for a total of 390 kinship caregivers and 519 professionals participating in the weekly kinship caregiver virtual support group trainings.

ParentLink continues to seed and support local relative/kinship support groups through partnerships with University Extension county offices, local county resource coalitions, and local county health departments across ParentLink's current 12-county southeast and central Missouri coverage area. This continued partnership between ParentLink navigators and local community agencies has increased the outreach activities and local support groups which have been able to hold both virtual support groups and some in-person (socially distanced) events in the communities that have lessened or lifted restrictions on in-person gatherings.

Missouri Children's Division and its partners are tasked with operating a steering committee under the leadership of the Missouri Children's Division's Relative First Program Specialist and ParentLink representatives. The committee includes the Family Resource Center representatives, relative/kinship caregivers, youth residing with relatives/kin, community-based organizations, and contracted foster care case management partners. The steering committee held the first meeting in April 2019, and has continued to have monthly/bimonthly scheduled meetings. In September 2019, representatives from the steering committee (ParentLink, Family Resource Centers, and Children's Division) promoted the Missouri Kinship Navigator Program to educators across the state through a formal presentation and promotional table at the Missouri Department of Secondary and Elementary Education (DESE) Federal Programs Conference. In

2020, ParentLink staff and kinship navigators from the Family Resource Centers continued to promote the Missouri Kinship Navigator Program through participating and presenting at local and statewide community meetings and conferences.

The steering committee will continue to be informed by participant's knowledge and experiences to identify service gaps, develop relevant training and supports for relative/kinship providers' success, and to assure access to those identified service needs. The steering committee members represent both public and private organizations serving kinship providers and children. This provides for collaboration between members in sharing information on their own resources and services as well as other resources available for kinship providers across the state. The steering committee has coordinated quarterly training opportunities for Kinship Navigators and committee members on selected training topics such as Missouri TANF, Medicaid, SNAP and child care eligibility for both formal and informal relative/kinship caregivers. These Kinship Navigator trainings also include time for the navigators and committee members to connect with each other, share information on resources and supports available for kinship providers as well as brainstorming possible solutions for identified challenges and service gaps.

In November 2020, ParentLink formed a Kinship Caregiver Advisory Committee made up of ParentLink Kinship staff and seven relative/kinship caregivers across Missouri. These committee members offer insight regarding their experience with ParentLink and the Kinship Navigator program. Specifically, the committee consults with ParentLink staff regarding how to shape the Kinship Caregiver programming by building on current strengths and identifying potential gaps in processes, services, and resources. Committee members meet every other Tuesday for one hour. Kinship Caregivers from this Advisory Committee also participate in the Kinship Navigator Steering Committee providing additional representation of current and former kinship caregivers.

In response to feedback received from the Kinship Caregiver Advisory Committee members, ParentLink began work during December 2020 to offer a new monthly virtual kinship peer support group meeting to connect kinship caregivers with other kinship caregivers across the state. The virtual peer support group meetings launched in February 2021. The meetings open with 15 minutes of introductions, announcements, mindfulness minutes, and an emphasis on self-care. The remainder of the hour is dedicated to open discussion of the topics the caregivers want to address. These monthly virtual kinship peer support group meetings are being held in addition to the weekly virtual kinship support group meetings ParentLink offers in partnership with University of Missouri Extension.

ParentLink and the collaborative partners are continuing to serve kinship caregivers through a program modeled after the Kinship Navigator Model – Family Connections Grantee along with researching and consulting with other established kinship navigator programs such as models used in New York, Utah, and the Children's Home, Inc. in Florida while embracing anticipated evidence-based models. Efforts continue to primarily focus on connecting kinship caregivers to

resources and services they need, but also include the continuing development and expansion of support groups and local and state partnerships, especially in the arena of legal assistance, housing, and government assistance including support systems in the realm of educational advocacy, healthcare, and accessible mental health resources. In September 2019, ParentLink held a Grand Families one-day conference bringing together public and private community partners from across the state to collaborate and gain knowledge about an array of supports for relative/kinship caretakers. The guest speakers included Bacall Hinks, Grand Families/Kinship Care Director of the Children's Service Society in Utah and Gerald Wallace, Senior Co-Director for New York State Kinship Navigator Program along with Alex Davis, a Missouri lawyer who contracted with ParentLink to develop legal factsheets for Missouri kinship caregivers.

ParentLink has an established relationship with this population having served kinship caregivers/Grand Families since 1992. Through this project and the work of the steering committee, Missouri is continuing to enhance its capacity to serve kinship providers. Missouri kinship navigator services offer relative/kinship providers with access to research-based information and resources pertaining to the challenges of raising relative children, the impact of trauma on children and caregivers, parenting strategies, child development information and early childhood developmental screenings through the toll-free 1-833-KID-4-KID line connecting directly with an equipped Master's-level professional, ParentLink kinship navigator website and ParentLink loan library. ParentLink has been able to continue to expand their lending library collection of adult and children's educational books, DVDs, and curricula specifically related to parenting and other needs relevant to kinship care providers, the children they are raising, and professionals working with kinship families.

The Kinship Navigator program has continued to develop and expand promotion and outreach through the media campaigns and outreach materials directing relative/kinship providers to the established toll-free 1-833-KIN-4-KID line. These materials are being widely distributed as this project expands their social media presence and each of the developed materials, as well as contact numbers and website address, are posted on the ParentLink kinship navigator webpage for ease of access along with relevant articles, videos, and training/support group listings. ParentLink's Kinship Navigator website, <https://education.missouri.edu/navigation/> is now fully developed providing several different options for relative/ kinship caregivers to directly contact a ParentLink trained staff member via the statewide referral line seven days a week or to get connected to kinship navigators in their area. There are also links to the two statewide virtual kinship support groups, two ParentLink Facebook pages along with information on state benefits, housing, legal, and numerous other resources available for kinship families across the state.

In recognition of Kinship Caregiver month (September 2020), ParentLink contracted with media companies to produce, air, and disseminate advertisements promoting the Missouri Kinship Navigator toll-free 1-833-KIN-4-KID line and kinship navigator staff through a targeted radio and social media advertisement campaign. The radio advertisement promotion consisted of a two-week campaign airing over 2,500 ads over a two-week period on the Missouri network of

radio stations, covering 107 of the 115 counties in Missouri. Another more localized campaign ran in southeast and central regions of the state through traditional radio stations, consisting of two-to-three radio stations in both markets that aired over 20 ads per week.

ParentLink's Facebook/Instagram advertisement campaign consisted of a two-week campaign, with a total of 2,646 messages targeting adults 40 and over throughout the state, with an emphasis on central and southeast Missouri area. The Facebook/Instagram ads targeted adults 40 and over statewide with a layer of interest targeting grand parenting, early childhood, grandparent, child care, child development or child development stages and job titles of childcare specialist, childcare provider or child caregiver. This campaign resonated highest with adults age 65 and older, particularly females with the following data results: 4,943 total clicks; 510,855 total impressions, reaching 109,795 unique users (4.65 frequency); eliciting 181 total reactions, 23 shares, and seven comments.

ParentLink has continued to promote the Missouri Kinship Navigator Program and the toll-free line through distribution of outreach and promotional materials throughout Missouri along with partnerships with several community groups, such as local health departments, schools, health care providers, and family counseling centers to help build capacity to support kinship providers. This includes the development of kinship corners, supporting local kinship caregiver support groups by providing training curriculum, facilitator guidebooks, and kinship support group trainings in the southeast and central Missouri regions. Even through COVID, outreach materials were provided through safe in-person pick-up of essential items, mail, email, participation in virtual meetings and conferences, and the virtual support group virtual forums.

The Missouri Kinship Navigator program is managed by the Relative First Program Development Specialist under the resource licensing and prevention services units in the Missouri Children's Division. The duties include oversight of the kinship navigator programming which includes co-facilitating the steering committee meetings, ensuring the implementation and continuation of media and outreach campaigns, establishing and monitoring the toll-free phone line and its connection to the Missouri 2-1-1 network, championing the continued collaboration and partnerships between ParentLink, the Family Resource Centers, University Extension county offices, and public and private community agencies that provide relevant services and resources, along with advocating for continued growth and expansion of direct kinship navigator services across Missouri. The Kinship Navigator program will measure its success by review of relative placements, data captured by the ParentLink database and the Family Resource Centers databases, and the stability rate of those placements as well as a survey of relative placement providers for satisfaction and support outcomes.

Missouri Children's Division is currently in the process of submitting a request for Title IV-E Kinship Navigator Program COVID-19 public health emergency funding covering April 1, 2020 to September 30, 2021. This funding will be used for short-term supports and resources for relative/kinship families, direct services and assistance, and providing reimbursements to

ParentLink and the three Family Resource Centers for kinship navigator services and supports to kinship families. Missouri Children’s Division will also use this special funding to start the evaluation process. Children’s Division is collaborating with ParentLink and the Institute for Public Policy (IPP) at the University of Missouri to evaluate the Missouri Kinship Navigator Program. The evaluation team is currently in discussion about the specific domains of child safety and target outcomes that are most valuable and feasible to evaluate in Missouri. Although the partnership and final evaluation plan is contingent on Missouri receiving this COVID-19 public health emergency funding along with the anticipated fourth year of IV-B Kinship Navigator Funding.

The Kinship Navigator program through ParentLink has a database to capture and track data to use for development and assessment needs. Missouri Kinship Navigator Program partners have been collaborating to collect and provide the same data elements to the Children’s Division in order to provide an accurate accounting and collection of relevant data to determine impact and continued service gaps. The majority of the data provided is directly from ParentLink, Children’s Division contractor, as recently there is a recently-developed shared reporting tool that includes the three Family Resource Centers. Foster & Adoptive Care Coalition (FACC) provides kinship services to formal relative/kinship providers in the St. Louis metro area who are raising children through the child welfare system, providing training, licensing, and wraparound support services. Central Missouri Foster Care & Adoption Association (CMFCAA) provides direct one-on-one kinship navigator services in 13 counties in Central Missouri serving both formal and informal relative/kinship caregivers. FosterAdopt Connect (FAC) provides direct one-on-one kinship navigator services to both formal and informal relative/kinship caregivers in the greater Kansas City area and Springfield area of Missouri.

ParentLink Contract Years: 2019-2021 # of Kinship Navigator Line Contacts*	Quarter 1 (10/1/19- 12/31/19)	Quarter 2 (1/1/20- 3/31/20)	Quarter 3 (4/1/20- 6/30/20)	Quarter 4 (7/1/20- 9/30/20)	Quarter 1 (10/1/20- 12/31/20)
Phone	45	18	7	36	25
Mail/Postal	7	6	0	6	3
E-Mail	6	6	33	8	8
In-Person	13	1	0	1	0
Text Message	3	3	0	2	1
Facebook	15	4	26	6	1
Contacts via Hard Copy Resources**	1	2	0	0	0
Contacts via Web Resources**	11	22	8	15	14
Total Contacts:	101	62	74	74	52
NOTES: *A contact is defined as the number of phone calls, emails, text conversations, face to face interactions, Facebook interactions, and mailings (incoming and outgoing) made on the caller's behalf. Each case (see below) will likely have several contacts. **For # of non-verbal contacts via hard copy resources, this includes: resource booklets, books, DVDs, curriculum books, etc. For # of non-verbal contacts via web resources, this includes: researching for information to send to a family/provider (on a					

particular topic) on a website, or researching for information regarding a resource/organization/place. Each website is counted as a contact.

ParentLink Contract Years: 2019-2021 # of Kinship Navigator Line Cases* by:	Quarter 1 (10/1/19- 12/31/19)	Quarter 2 (1/1/20- 3/31/20)	Quarter 3 (4/1/20- 6/30/20)	Quarter 4 (7/1/20- 9/30/20)	Quarter 1 (10/1/20- 12/31/20)
Phone	9	14	8	30	17
In-Person	9	0	1	0	0
Facebook	9	4	8	6	1
Total Cases	27	18	17	36	18
NOTES: *A case is defined as an instance of someone contacting the Kinship Navigator line and our staff working with the individual/family. There will likely be several contacts (see section above) for each case.					
Kinship Navigator Line Cases here include: 1) Intakes coming in on the Kinship Navigator Phone Line and 2) Cases coming in through Facebook from a kinship caregiver. Facebook cases coming into ParentLink may have come from WarmLine promotion or Kinship Navigator Ads on Facebook, so they are being co-counted for WarmLine and Kinship Navigator Line.					

Case Type	FACC	CMFCAA	FAC	ParentLink*	Total CY 2020
Number of Families Served	42	123	151	Not tracked	*
Number of Caregivers Served	72	171	199	2486	2928
Number of Kin/Relative Youth Served	63	250	298	102	713
*ParentLink only tracking by caregiver and these numbers include the number of kinship caregivers served through the 1-833-KIN-4-KID(Kinship line), Warm-line Grand Families work, Grand Families Facebook, virtual support groups, kinship care advisory committee, Central Region Kinship navigator, SE Region kinship navigator and SE Region ParentLink Generalist navigator and partnership tracking from University Extension in Central region counties, SE Bootheel County Health departments, Caring Council, school district partnerships, and statewide and local targeted outreach.					

Kinship Caregiver Families Served	FACC**	CMFCAA	FAC	ParentLink*	Total CY 2020
Formal - (<i>Children in State Custody; Legal Guardianship/Adoption Subsidy</i>)	42	81	74	16	213
Informal - (<i>No State Custody/Subsidy; CD Safety Plan/Diversion</i>)	0	42	73	33	148
Unknown	0	0	0	18	18
*ParentLink data only includes kinship families served through the Kinship Navigator line. **FACC-Only serves Formal Relative/Kinship caregivers					

Kinship Youth Served by Age	FACC	CMFCAA	FAC	ParentLink*	Total CY 2020
0-5	33	89	94	41	257
6-10	10	71	98	27	206
11-15	13	67	66	22	168
16-18	6	23	38	7	74
Unknown	0	0	0	5	5

*ParentLink data only includes kinship families served through the Kinship Navigator line.

Reason for Referral	FACC*	CMFCAA	FAC	ParentLink	Total CY 2020
Academic/Educational Advocacy		2	0	0	2
Basic Resources		50	101	22	173
Caregiver Training and Education	72	0	2	73	75
Child Behaviors		5	2	6	13
Child Care		3	2	5	10
Child Welfare Navigation		14	25	21	60
Developmental Screening		0	0	7	7
Emergency Assistance		16	38	2	56
Employment		0	9	2	11
Financial		1	64	17	82
Future Concerns		2	3	0	5
Health Care		3	7	13	23
Housing		1	37	14	52
Legal		1	38	49	88
Parenting Information		0	0	13	13
Permanency Information		10	1	7	18
Physical/Mental Health		0	20	25	45
Resource Allocation		0	6	1	7
Self-Care/Leisure		0	2	7	9
Social Support		12	0	31	43
Transportation		3	9	2	14

*FACC data not available for the other areas at time of report

Monthly Caseworker Visit Formula Grants and Standards for Caseworker

The Children's Division reported FFY20 monthly caseworker visits as required. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

In FFY20, 97% of Missouri's children in care had monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in

ACYF-CB-PI-12-01. Additionally, 96% of the visits conducted during FFY20 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

- Number of Children: 17,986
- Total full months kids were in care during FFY20: 151,399
- Total months with visits: 146,841
- Percent Visited Every Month: 97%

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

- Total months with visits: 146,841
- Total number visit months where child was visited in the placement: 141,174
- Percent for Worker Visit Measure #2: 96%

Missouri's strong performance in this area is due to a priority focus by Children's Division leadership, Quality Assurance System team members, and field supervisors reinforcing the importance of this practice. Successful use of several reports created for monitoring and improving visits has been a key strategy.

Children's Service Workers are to have face-to-face contact, individually and jointly, with the child and resource provider, at the placement, the next business day following placement, when possible. The worker must meet face-to-face with the child and resource provider a minimum of one time per month thereafter. However, the staff is likely to visit with children more than once a month. The majority of the visits must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

Policy enhancements have been made to require supervisors to observe at least one worker/child interaction per worker each quarter, providing the supervisor the opportunity to offer feedback and coaching around the worker's ability to engage youth in quality interactions. This was listed as a key activity in the Program Improvement Plan to increase the quality of worker with child visits.

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit, and Frontline Worker Level, continue to be provided.

Continued use of the electronic FACES monthly worker visit report, which drills worker visit data down to the case level and is accessible by the case manager, supervisor, QAS team members and Managers. Contracted Case Management Agencies can also access this report

The monthly caseworker grant will continue to be used to address any barriers to visitation with children. In SFY20, the grant was used to fund the Mobility Project. This project provides all

frontline staff with iPads, allowing for data entry while in the field. The Children’s Division has rolled out WiFi in the offices, expanding where necessary. Data plans are purchased for the iPads. It is anticipated the caseworker grant will continue to be used in funding mobility options for staff.

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

Federal Fiscal Year 2021 caseworker visit data using the full population will be submitted by December 15, 2021, as required.

Adoption and Guardianship Incentive Funds

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

FY 2015 \$1,395,500

FY 2016 \$3,312,500

FY 2017 \$1,486,000

FY 2018 \$2,232,500

FY 2019 \$995,000 Representative of 61.65% of the Missouri allocation due for 2019

As cited from Earning History by State:

https://www.acf.hhs.gov/sites/default/files/cb/adoption_incentives_earning_history.pdf.

These funds have been utilized to support the Missouri Adoption Heart Gallery media site and financial support of the Missouri Family Resource Centers. Each year the Division has been able to expand support of the centers with this funding, and as a result, in September 2017 two additional centers were supported by the Children’s Division/Adoption and Guardianship Incentive Funding. Missouri currently has centers in Northwest Missouri in Chillicothe; Kansas City greater metro; Southwest Missouri in Springfield; Central Missouri in Jefferson City/Columbia, Rolla and Lake Ozark; St. Louis greater metro; and Southeast Missouri at Poplar Bluff. The number of families and children served and increased in services is referenced in the Adoption Resource Center section of this report (See Collaboration section). Payment has also been possible for funding of contracted termination of parental rights (TPR) attorneys to expedite timely TPR and Adoption. With Missouri’s robust Resource Center availability, there have been no challenges with spending the allocated funds. The only region in the state which currently lacks a designated regional adoption resource center is Northeast Missouri. Currently, families in the Northeast region are served by the Northwest, Central and St. Louis metro centers as well as their local support groups and advisory boards, addressing the void for those families of a

designated center. Foster Adopt Connect, the organization which mans the resource centers in Southwest, Southeast, Northwest and the Kansas City Metro, is working to open a center in the Northeast Region and will expend any available incentive funds to make that center a reality.

The Children’s Division will continue to fund the Adoption Resource Centers and their expansion as explained in the Adoption Resource Center section of this report including the three programs involved with Extreme Recruitment and 30 Days to Family, and Missouri Heart Gallery with the goal of increasing permanency for foster youth timely, as well as funding activities identified in the diligent recruitment plan (Attachment B).

Adoption Savings

Missouri plans to continue to use the Adoption Savings to provide Behavioral Interventionist (BI) programming for adoptive families in 2021 and 2022 as well as providing additional funding to the Family Resource Centers for their Adoption programming and funding Behavioral Personal Assistants for adopted children.

Behavioral Interventionist:

The Behavioral Interventionist program is an intensive, strength-based intervention that replaces the use of or needs for residential treatment. The program is provided in the child’s home and is a therapeutically designed program to meet the individual needs of a child with significant behaviors or mental health conditions. The need for residential placement is replaced with the ability to provide services in a family home with support from community-based resources.

After clinically assessing the child, a team including the behavioral interventionist (BI), in conjunction with a therapist and the parent(s), develop and execute a treatment plan aimed at addressing:

- Trauma
- Abuse and neglect
- Bonding and attachment
- Grief and loss
- Emotional and mental health functioning
- Disruptive, harmful, or unproductive behaviors
- Self-regulation on the part of the child
- Support system for the child and family

The goal of the treatment plan is to modify unproductive or challenging behaviors through positive interventions which rely on all members of the team to implement, monitor, and adjust. Services are provided by the BI but heavily supported by the parent(s) with oversight by the

licensed therapist. Ongoing assessments and analysis of the treatment plan by the therapist ensure that modifications are made as needed.

Timeframes for the BI program are dependent upon the improved functioning of the child and their support system and their ability for the child to be successful and safely remain in their home. The intensity of services is intended to diminish over time as the child or youth improves; however, the treatment plan and extent of services should be assessed and documented on a no less than quarterly basis.

Behavioral Personal Assistant:

Personal Assistants may provide services that include any activity of daily living. The Personal Assistant Service is provided to adoptive families when behavioral challenges of the child require additional supervision and redirection beyond what the adoptive parent can provide and not at a level of intensity or appropriateness for a BI service.

This service is intended to improve the quality of life for the adopted child through the development of and implementation of positive, proactive and preventative, client-centered, strengths-based strategies. A large part of the consultation will involve assisting the support system to develop a sustainable implementation plan and to insure a high fidelity of implementation and consistency of use of the strategies to assist and support the client and result in stability for the adoptive family.

Resource Centers Adoption Programming:

Missouri adoptive parents have had the benefit of having Resource Center services available since House Bill 11 (2007). Funding is currently being provided for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, Northwest, and Southeast. The Division intends to use adoption savings funding to further support the resource centers as well as support opening of a resource center in the Northeast which is the only remaining region without such service.

Adoption Savings Expenditures for Missouri is the following:

FFY	Cumulative Unexpended Balance of Calculated Adoption Savings
2015	33,755.00
2016	104,173.00
2017	242,204.00
2018	-
2019	653,946.00
2020	2,,950,000.00

The amount shown for each year is the accumulated total that has been carried forward.

The State of Missouri does not currently have any challenges spending the unused adoption savings due to the increase of youth determined to meet Title IV-E Adoption Assistance requirements.

FFPSA Transition Grants

Missouri has not yet used funds awarded through FFPSA Transition Grants, which provide financial assistance to states for FFPSA implementation costs for FFY 2020-2025. Missouri has completed an initial spend plan with targeted areas to support tasks for implementation. The spend plan identified ability to allow for the following:

- Systems Changes – Changes within the FACES system have been identified as necessary upon implementation of Family First Prevention Services Act to ensure Children’s Division has the mechanisms to track and document appropriate data components for federal reporting. These necessary changes are in relation to prevention-related services. Additionally, there are numerous legislative changes to residential treatment processes that will need to be tracked and documented for the federal reporting requirements. Changes in Qualified Residential Treatment Program requirements, Independent Assessor assessments, the number of days allowed to stay in residential, timely court reviews, and discharge services are changes to FACES that will need to be made.
- Financial Analysis – Federal law changes will affect the financial outlook upon implementation. Medicaid funding for residential services in Missouri could be significantly impacted. As such, a rate analysis of residential needs to be completed, assist with federal claiming changes related to administrative costs and prevention, and ensure coding and budget are reflected accurately. The financial analysis is a one-time request.
- Assist with Residential Facility Readiness– Many residential facilities will have to change their current operations to meet the new requirements of FFPSA. These include being trauma-informed, being licensed and accredited, providing discharge and aftercare planning, and providing registered or licensed nursing staff 24/7. Funding will be used to help assist facilities with transitioning their current practice to meet the new requirements. Focus areas for assistance will address agency accreditation, agency training (trauma specific), and program development/implementation associated with FFPSA implementation. Funding for this assistance will occur through a scholarship to providers based on an award process.
 - Preliminary Scholarship Process Considerations:
 - Application process - organizational summary, needs proposal, detail including specific programs, services, training, etc. to be utilized if awarded;

- Considerations - facilities pursuing QRTP or other exclusionary programs that serve Children's Division youth and meet FFPSA requirements

The aforementioned plans for FFPSA Transition Grant funding will not fully utilize the total amount awarded to Missouri. Additional planning for appropriate use of the funds will occur to address support of implementation needs in Missouri.

Family First Transition Act Funding Certainty Grants - The grants were only available to states that operated a title IV-E child welfare waiver demonstration project through the end of the waiver authority on September 30, 2019. Missouri did not apply for or receive any of this funding.

Chafee Foster Care Program for Successful Transition to Adulthood

Accomplishments achieved and planned activities for each of the purposes of the Chafee Foster Care Program for Successful Transition to Adulthood (CFCP) are included in this section. Organization of this section is based on the program purposes set forth in the 2020-2024 Child and Family Service Plan.

Staff –

- **Independent Living Coordinator:**

In SFY22, the CD will continue to use the CFCP funds to staff one state level Independent Living Coordinator (ILC). The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, Foster Youth Independence Program Initiative, and the State Youth Advisory Board. In SFY21, the ILC began direct supervision of the Older Youth Transition Specialist from the St. Louis Region. The ILC is a member of the Council for Adolescent School Health with the Department of Health and Senior Services, the Child and Family Services Review Advisory Committee, the Healthcare Coordination Committee, the Alternative Care workgroup, and the Workforce Investment Opportunities Act Committee.

- **Older Youth Transition Specialists:**

The Children's Division continues to use CFCP funds to staff four of the six Older Youth Transition Specialist (OYTS) positions. These four specialists cover the regions of St. Louis, Kansas City, Northeast, and the Southwest. There are two Older Youth Transition Specialist positions not funded through CFCP funds in the Northwest and Southeast Regions.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of their regions. OYTS are members of various community groups such as Alliance for Economic Inclusion, Missouri Interagency Transition Team, Teens in Transition and Coalition of Homeless Youth Provider Services. OYTS report many of the same challenges for SY21: Staff turnover, high caseloads of staff, decrease in youth participation due to virtual life skills teaching, difficulty in obtaining youth personal documents such as social security cards due to office closures, limited space in Transitional Living Programs due to COVID-19 and providers reluctance to place new youth in a group home setting.

However, providing services virtually allowed the OYTS to participate in more meetings for youth and services were adaptable.

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

CFCP Purpose #1:

The Children's Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher and Missouri Reach Program, and Independent Living Arrangements. In December 2020, there were 3,717 youth in the Chafee eligibility age range. Missouri's criteria are youth in the care, custody, and control of the Children's Division regardless of case plan; however, youth with extreme special needs are excluded from being referred for services upon consideration and agreement by the Family Support Team. Youth in detention and on run status are not referred for services until the circumstances change for the youth.

The CFCP is contracted to private agencies to administer and deliver services and funding to older youth in foster care, adopted youth, or youth who have obtained legal guardianship after the age of sixteen, as well as former foster youth. Services have been contracted since January 2008. In SFY19, the contract was rebid and awarded to three agencies to provide services in five regions of the state through a competitive bid process. Two providers are Community Partnership agencies and do not bid on the contract rather sign an agreement. This contract has the option of four annual renewals.

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).

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).

Children's Division continues to work to ensure youth are referred for Older Youth Program services. The referral status information for Chafee services will be added to the Older Youth Data Dashboard in SFY22. As of February 2021, 95% of eligible youth are referred for Chafee services. This has been the statewide goal since August 2019 and is the first time it has been achieved. In comparison, the statewide referral rate for February 2020 was 85%.

The Older Youth Program served youth in transitional and independent living placement settings. As of December 2020:

- 124 youth are in Independent Living Arrangements
- 5 youth are in the Transitional Living Advocate Program
- 94 youth are in Transitional Scattered Site Placements
- 78 youth are in Transitional Living Group Homes

- **Transitional Living Program:**

The Transitional Living Program contract was awarded in April 2017 to ten agencies in six regions. The final expiration date of the contract is June 30, 2021 (the original contract year through June 30, 2018 with three one-year renewal options). The rebid for this contract is currently being reviewed by Division of Legal Services and it is anticipated that an extension of the current contract will be required. Due to Families First requirements, it is anticipated that this contract will expand in service providers.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS. Annual statewide provider meetings are held as needed and topical presentations are provided. In SFY21 a presentation was given on the Foster Youth Independence Housing Voucher Program and workforce development opportunities through the Workforce Initiative Team with the Department of Social Services.

- **Independent Living Arrangement:**

Another placement option for youth in care is an Independent Living Arrangement (ILA). The Independent Living Arrangement Checklist, CD-282 and the Self-Developed Case Plan for Independent Living Arrangement, CD-283 are used to ensure youth readiness and eligibility. The ILA Checklist, CD-282, was developed for use with all youth being considered for an ILA placement and is completed each time the youth moves to a new ILA to ensure the living

environment is safe and meets ILA requirements. The checklist is reviewed quarterly by the case manager and the supervisor during case consultation. The Self-Developed Case Plan for Independent Living Arrangement, CD-283, is used to assist with preparation and budgeting for an initial ILA placement. Prior to placement being made, the Children's Service Worker sends the completed ILA Checklist and the Self-Developed Case Plan for Independent Living Arrangement to the Circuit Manager (CM)/Program Manager (PM) for review.

After reviewing, the CM/PM will indicate whether the placement constitutes an ILA per the criteria in the Child Welfare Policy Manual. A decision as to whether the placement meets ILA criteria is determined within 30 days after the checklist is initially received. This process ensures the placement is planned and evaluated. One of the Regional Older Youth Transition Specialists monitors ILA placements to ensure youth are receiving visits and contacts and notifies Regional Directors of any concerns.

- **Tools:**

There were no changes to the tools utilized in SFY21.

- **Transition Planning:**

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. To prepare youth for their exit from the foster care system, the Children's Service Worker meets with their youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the FST meeting with youth ages 14-21. A critical alert is received notifying the case manager a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from foster care. Exit packets contain information on ETV, MO Reach, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, options for re-entry, and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance for services which require eligibility verification.

An exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

There is an Exit Packet and Personal Documentation Checklist in E-forms and the exit packet is available on the intranet. Information on transition/exit planning is available as a PowerPoint presentation on the CD intranet and in the Child Welfare Manual. Documentation of youth receiving personal documents and exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide and Individualized Action Plan Goals. Chafee and TL providers are to attend the exit meeting (when invited) with youth who are aging out of care and

share information regarding the contractor's aftercare program with the youth. OYTS attend these meetings as well if they are able. In the St. Louis Region, a Team Decision Making (TDM) meeting is held one year prior to the youth exiting care and again at three months prior to exit to discuss transition planning.

- **National Youth in Transition Database:**

The Children's Division implemented the requirements of the National Youth in Transition Database (NYTD) in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children's Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys and an online tracking screen in the FACES system of survey completion has been provided to staff.

Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers continue to follow up with youth in care. A Children's Service Worker receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey. It is an ongoing challenge to locate youth formerly in care and engagement is critical.

In SFY21, a one page information sheet was included in the mailings with NYTD surveys as an outreach means to keep youth informed of services they are eligible for and information youth may find interesting. The sheet has information on how to access the Children's Division website, the Older Youth Program's Facebook page, and the "What's It All About?" guidebook for youth.

Missouri has been compliant with NYTD reporting for SFY21. Missouri is currently surveying the second cohort of 21 year olds and surveyed 69% of the 21 year olds in the first six months of the reporting year.

- **Royal's Unit Case Management Program:**

In SFY20, Missouri was awarded a grant through Youth Villages to implement the LifeSet model in a public/private partnership. However due to budgetary constraints as a result of the COVID-19 pandemic and a 50% match requirement, this was not implemented within Children's Division. Missouri Alliance, a private partner, did pursue this case management model in the SW Region. As staff had been hired to pilot this program, Children's Division implemented an intensive case management program specific to older youth in the SE Region of the state. The program has been successful and the team presented their model at Missouri's Show Me Challenge. The Show Me Challenge is a statewide competition in which all of Missouri's executive departments identify solutions that improve how Missouri citizens are served. The Royals Unit won this "competition" and this program will be implemented statewide in SFY21-22.

The ROYALS unit is a specialized, intensive case management service which prepares older youth in foster care for their transition to adulthood and independence. The ROYALS provide comprehensive support to older youth to ensure they have stable housing, employment, a support network, and other important life skills before they transition from Children's Division custody. The ROYALS outcome data focuses on youth enrolled in an educational program/trade school, percentage of youth employed full or part-time, percentage of youth who have bank accounts, percentage of youth with a Permanency Pact Agreement with, at least, one supportive adult, and percentage of youth with a permit or driver's license.

The Royal's Unit eligibility criteria includes youth ages 16-20. As services are limited due to the number of specialists, priority is given to pregnant and parenting youth, youth preparing to discharge from congregate care within 3 months, youth exiting care in the next 12 months, youth in independent and transitional living placements, and youth who have re-entered care under the re-entry legislation. The Royals Unit Case Managers are available to the young adults 24/7. Youth should be ready for intense case management services as the ROYALS Specialist meets with the youth 2-4 times each month. A youth's judicial situation should be post-permanency and they should not have a goal of reunification when referred. Youth must be ready to work intensely on independent living skills.

There is currently one supervisor for this program with five specialists. After statewide implementation there will be two units comprised of 10 specialists and two supervisors, with each region of the state having at least one specialist.

- **Older Youth Efforts:**

Youth continue to receive information about available Chafee services through their Children's Service Worker, OYTS, youth boards, CD website, and Facebook page. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan Goals are utilized by Children's Division Workers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

The use of technology as a means to stay connected to Older Youth will continue in SFY22 via a Facebook page entitled "Missouri's Older Youth Program." Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted to this page. This is also connected to other organization's webpages who serve youth. As of May 3, 2021, 483 people "like" the page. Several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey. 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 SYF22.

Quarterly Older Youth Executive Team meetings continued in SF21. These meetings are held with the OYTS Supervisors and the Regional Directors. The goal of the meetings is to improve services and outcomes for Older Youth through case management and regional efforts from the state lens.

The Northern Region implemented a competition to increase percentage rate of Older Youth referrals with updated Family Support Team Guides and Individualized Action Plan Goals.

In July 2020, a CD Placemat Initiative began specific to older youth. The purpose of the initiative was to identify local collaborations and strengthen support for older youth to successfully transition. A workgroup was formed and consisted of CD staff, Workforce Development, Chafee providers, Family Support Division staff and Older Youth Transition Specialists. The group focused on expanding the Foster Youth to Independence Housing Voucher Program, sharing information and on housing services and employment resources, creating a resource directory, and integrating a checklist for youth exiting care.

CFCP Purpose #2:

To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult; Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical.

Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

The Adolescent FST Guide assists CSW's and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool requires up to three adult supports be identified by the youth and this is an integral part of the NYTD requirements.

• **Permanency Pact:**

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

- **Other Supports:**

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. The SYAB's strategic plan states that local boards complete at least one community service activity a year and youth regularly report about community activities with which the local boards are involved such as passing out hot chocolate to participants in an annual community marathon.

Children's Division promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from 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. The adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody.

Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers, as a statewide organization, have assisted youth throughout the state in advocating for their needs and providing emotional support as well as teaching life skills in some areas of the state.

The Missouri Mentoring Partnership (MMP) will continue to be a resource and provide resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes promoting self-sufficiency and helping them become productive members of their communities.

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities.

Youth participating in ETV/Missouri Reach have a virtual mentor through Foster Care to Success (FC2S). The Academic Success Program partners the dedication of trained, supported volunteer coaches with the resources of FC2S's experienced staff to provide students with the encouragement and guidance they need to do well academically and personally. Coaches make a one-year commitment to support three to four students with at least weekly communication. Coaches generally dedicate from one to three hours a week to the Academic Success Program. Coaches can text, email, phone, Skype, or use postal mail to talk with their students. This is not a face-to-face communication program.

CFCP Purpose #3:

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

- **Supporting Healthy Development and Normalization for Foster Children**

Children's Division has policy, procedure and practice to ensure that young people have the opportunity for 'normal' life experience. In SFY21, there were no changes on Missouri's practice or policy on normalization supports for youth.

A tips sheet is available as a guide towards a shared understanding of normalcy. The sheet contains a summary of the legislation, definitions, implementation steps, and tips for teens, Children's Service Workers, resource parents, birth parents, and youth advisors and advocates. The sheet is to be shared at every Family Support Team Meeting and Permanency Planning Review. Reasonable and Prudent Parenting Standard online training is available for guidance on the CD internet and a version is available to Department of Mental Health employees working with youth in Independent Supported Living. The training is designed to be used with resource parents, residential care staff, youth and Children's Division staff to familiarize all with the intents, actions, limitations and outcomes of parenting foster youth in this way. Transitional Living Program contracts and Chafee contracts include the purpose. A "bill of rights" for youth is in state statute and policy.

CFCP Purpose #4:

To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and

retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention); and

CFCP Purpose #5:

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

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

• **Housing:**

In 2019, Children’s Division began collaboration with the Department of Mental Health, Housing Authority, and the Continuum of Care, to procure the Foster Youth to Independence Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development. These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16, or are preparing to exit care to independence and are facing homelessness. Applications for each Housing Authority require an MOU between the Housing Authority, Continuum of Care, Public Child Welfare Agency and Supportive Service Agency. As of April 2021, ten MOU’s inclusive of 32 counties and five cities have been fully executed. Children’s Division is actively engaged in implementing five additional agreements with Public Housing Authorities throughout the state. Information on these services has been placed on the Children’s Division intranet and shared via Gov Delivery to all staff. A brochure was added to the exit packet for youth leaving care, and policy will be revised in SFY21.

The Children’s Division maintains a representative on the Governor’s Committee to End Homelessness. During SFY 21, meetings were held virtually every other month with members across the state holding various roles within their agencies. Meeting topics included the review of legislation changes regarding qualified minors to receive one free copy of their birth record, the review of the Missouri CDC COVID-19 vaccine to ensure shelter staff and residents are a priority, and the modification of the annual point in time count of homeless youth and adults. Information was shared regarding the maximum benefits per household for child care to attend virtual school, shelter numbers from across the state, and warming shelters availability.

A new policy was introduced in May 2020 for Children’s Division staff to access the Coordinated Entry System (CES) for certain cases where families and older youth are homeless or where housing instability is a barrier to permanency. The CES is Missouri’s primary resource to connect people to housing services by providing access points across the state with the primary goal of providing services, no matter where or how people present. This resource allows staff to connect youth and families to Missouri’s array of housing services with one referral to an access point.

- **Employment:**

Children’s Division, Foster Care Case Management staff, and Chafee and TLP contracted providers continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state.

Contracted providers are required to assist youth in developing these skills.

CD staff continues to refer youth to Job Corps, AmeriCorps, and all branches of the military as well as utilize the Missouri Mentoring Partnership (MMP), Workforce Investment job opportunities, and vocational rehabilitation services.

In SFY21, the Workforce Development Unit of the Department of Social Services began contacting youth in foster care to discuss resources available to them. They have also been a resource in assisting specific youth if there is a need.

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 SFY22.

The Workforce Investment Opportunities Act (WIOA) Committee has developed a five week training series beginning in May 2021 where staff working with youth can learn about the services available for youth from agencies from the Department of Elementary and Secondary Education, Department of Higher Education and Workforce Development, Department of Mental Health, and Department of Social Services. The final webinar will include an example of a cross-agency collaborative developed in St. Louis County and review of a Local Collaboration Guide created by the WIOA Youth Committee.

- **Education:**

The Children’s Division utilizes the Adolescent FST Guide and Individualized Action Plan to assess and plan for positive educational outcomes. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services. These include, but are not limited to advocating, planning, and coordinating for education needs, goals, and aspirations; assisting youth in assessing financial aid

opportunities; ensuring the development of technology skills; and preparing the youth to make the transition from high school to post-secondary education or employment.

As a result of state legislation, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or exiting from foster care. The visit includes an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. In SFY21, group campus tours were minimal due to the COVID-19 pandemic.

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. This information will be added to the Older Youth Data Dashboard in SFY22. The Children's Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff who work with older youth.

- **Health:**

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the CD on implementing Missouri's Personal Responsibility Education Program (PREP) in some capacity. DHSS re-bid the contract in 2019 after the award of the Chafee contract to align providers and this service is available in all six regions via the seven Chafee providers. The services are still viewed as an extension of the Chafee services as the program is for youth in foster care and the training is provided by Chafee providers. However, the agreement is directly between DHSS and the Chafee agencies with invoicing and reporting going to a DHSS staff person. This greatly expanded these services for youth in foster care in Missouri.

Youth in the providers' referral base who receive the service are reported for life skills services in CD's database. "Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce the risk of becoming infected with HIV and other STDs, and significantly decrease their chances of unintended pregnancies. The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration of Children and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. DHSS was named as the designated state agency to administer and coordinate PREP, including DHSS and DSS collaborative efforts to serve youth in and aging out of foster care.

- **Financial Capacity/Trust Fund Program:**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. However, to encourage financial responsibility and capacity among youth, the Chafee and Transitional Living Providers are to work to establish Individual

Development Accounts (IDA) for youth. Some of the Transitional Living Providers and Chafee Providers have been able to initiate Individual Development Accounts within their regions through their own funds, private donors and the United Way.

Transitional Living Providers are required contractually to help youth transition to independence including financial. Per the TL contract, each contractor shall have a savings account for each youth. When the contractor requires the youth to be independent and pay bills that the contractor is receiving funding for, the monies the contractor is receiving for these bills from the state agency shall be deposited in the youth's savings account for future use for the youth. The funds shall be used for the youth to use for other means such as aging out expenses, transportation expenses, or other needed services specifically for the youth. This is usually done by developing a savings account to be used when the youth exits care, with the agency and youth both contributing.

- **KIDS Account:**

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

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

- **Credit Reports:**

Per the provisions of the Child and Family Services Improvement and Innovation Act the Preventing Sex Trafficking and Strengthening Families Act, each child age 14 and older in foster care receives a copy of their consumer credit report each year until discharged from foster care and the youth is assisted in interpreting the credit report and resolving any inconsistencies. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a

need to further educate youth regarding credit, Children's Service Workers are to document this on the Adolescent Family Support Team Guide in the credit report section on an annual basis and on the Individualized Action Plan Goals, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. All documentation pertaining to the credit checks is filed in the Older Youth Section of the youth's case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations. 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.

Missouri has an agreement with TransUnion to use a web based portal for 14-17 year olds in a batch process. Central Office personnel run the process and send information via email to staff regarding the credit checks. TransUnion will assist with children under the age of 14 if there is a reason to believe that the child's identity may have been compromised. This has been a request of staff and allows for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980. In SFY21, the running of the checks was reassigned to an Older Youth Transition Specialist due to staff changes and has improved the timing of the report. It is run within days of receipt of the spreadsheet now and distributed to the regions for entry.

Information on credit report documentation will be added to the Older Youth Data Dashboard in SFY22. The discussion of these checks and increased documentation is discussed quarterly with the Regional Directors and Foster Care Case Management Program Manager on the quarterly Older Youth calls.

- **Aftercare:**

Missouri will continue to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, and former foster care youth between 18 and 23 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education, and training.

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care,

clothing, and other expenses as needed. Missouri Reach is also available to youth no longer in care or who were adopted after the age of 14.

As of March 31, 2021, there are 46 youth in the aftercare service population. This is an increase of 19 youth from SFY20. With the additional funding provided through the Consolidated Appropriations Act, 2021, Public Law 116-260 it is anticipated this number will increase.

- **Re-Entry:**

Missouri has had re-entry legislation since 2013. Youth who left care and are over age 18 but are not yet 21 may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer regardless of where the youth lives or which Circuit originally had jurisdiction. Youth are expected to participate in the case plan; meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider; and go to school and/or work to demonstrate his or her own efforts towards independence. A discrepancy between policy and legislation was discovered in SFY21 and consequently policy and documents will be revised on this. Legislation was passed in SFY16 that changed the language of this law to be more inclusive of youth who left care for adoption and guardianship. Moving forward if these youth have a need to return to care, this will be allowed.

Frequently Asked Questions are on the CD internet and a re-entry brochure is incorporated in the exit packet.

As of April 30, 2021, point in time, there are five youth in care who have come back into care under this legislation from the Southeast, Kansas City, and St. Louis Regions.

- **Community Connections Youth Program:**

The Missouri Department of Social Services contracts with Kansas City Local Investment Commission to implement the Community Connections Youth Program run by the non-profit Foster Adopt Connect in both Kansas City and Springfield. Services are provided in Missouri's Central Region through a contract with Kansas City's Local Investment Commission and is run by the Missouri Foster Care and Adoption Association.

This program addresses the physical and mental health needs of young people transitioning from foster care by providing case management services that: connect program participants to community-based care providers, assist participants in navigating barriers to accessing services, and connect or reconnect participants to a natural support network made up of family members or significant previous relationships who are identified using family finding techniques. Case management program staff will also assist program participants to identify and pursue academic and employment goals. This project offers peer-to-peer strengths-based case management for former foster youth, with case management staff hired exclusively from the population of former foster youth.

To be eligible, participants must be in foster care or exited the foster care system in the past seven years, ages 17-26.

- **Extended Medicaid:**

Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who are “in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

- Are under 26 years of age;
- Are not eligible for coverage under another mandatory coverage group; and
- Were covered by Medicaid while they were in foster care.

Youth who are “not eligible under another mandatory coverage group” are those who are disabled, receiving Supplemental Security Income (SSI), or receiving Medicare.

Coverage is provided for youth who were in foster care under the responsibility of another state for at least six months, are currently residing in Missouri, are at least eighteen years of age, are not eligible for coverage under another mandatory coverage group, and were covered by Medicaid when they were in foster care to also be eligible to receive MO HealthNet benefits up to age 26.

If a youth moves out of the state of Missouri, coverage can still be provided in another state if a provider is willing to participate in the MHD program but this is not typically the case as most providers have not been willing to do this. The Children’s Division website contains the Mo HealthNet Exit Pamphlet (revised in SFY20) and Mo HealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth.

One barrier to Mo Healthnet services that Missouri has is that youth who return to care under re-entry legislation are not eligible for this service if the last time they exited care was prior to 30 days before their 18th birthday. While in “re-entry” status youth are eligible for Mo HealthNet services but do not have this service upon exit from care up to age 26. However, Mo HealthNet remained open for all participants during the COVID-19 pandemic.

- **Consolidated Appropriations Act**

Missouri is in the process of appropriating 1.7 million dollars of the funds for SFY21 from the Consolidated Appropriations Act. Once these funds are approved for spending, the Chafee contracts will be revised to include the additional funding, age increase, and flexibilities in funding. Chafee funds will be used to serve youth exiting care due to age of 21 from January 27, 2020 through September 30, 2021. Youth will be provided \$2000 for housing, food, Clothing and parenting costs if the youth has a child (ren). Youth must be willing to meet with the Chafee

advisor and work on a transition plan to receive this funding. A referral application and identification for funds has been developed for use by the youth to request the funds and the Chafee advisor to document in part receipt of funds. Children’s Division will send a letter to all “re-entry” youth with the Referral Application and Identification for Funds form. For other eligible youth, assistance will be provided on a first come, first serve basis up to \$2000 for items such as room and board (rental assistance, basic furniture, security deposits, utility deposits, start-up kits) and support services (driver’s education, medical expenses, extracurricular activities, technology, parenting supplies). Missouri will follow all of the requirements of the Program Instruction from March 9, 2021 regarding programmatic flexibilities, reporting and spending of the funds.

Additional funding will not be appropriated for SYF21 for the Educational Training Voucher Program. The additional funding and flexibilities will be in the renewal of this contract which begins July 1, 2021. Foster Care to Success, the provider for The Educational Training Voucher Program will provide outreach to youth and track expenditures separately from the annual allotment.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process:

(See State Youth Advisory Board Section for more information)

Local Youth Advisory Boards contribute to efforts at the community level and this information can be provided if requested.

Education and Training Vouchers

For review of data and service information reported by the contracted provider on the Missouri State Education and Training Voucher Program, please refer to: ETV Annual Report for Academic Year 2019-2020 (Attachment C).

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. 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. Missouri’s ETV program is implemented through the contracted provider, Foster Care 2 Success. Children’s Division has contracted with Foster Care to Success since 2006 to provide ETV services, allowing consistency and familiarity. Foster Care to Success’ current contract was awarded on July 1, 2018 through June 30, 2019 with the option to renew for three additional one-year periods.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has many different types of post-secondary, accredited institutions which provide education and/or training beyond the high school level.

The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care to Success to provide these services. Missouri has utilized all of its ETV funds for the past 14 years contractually. The contracting out of services has allowed for a central application method as well as provided a database and access to evaluative reports on services. As part of the contract, Foster Care to Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care to Success provides promotional brochures and posters and has a website.

There were no changes in SFY21 regarding youth eligibility requirements and the youth application process.

Missouri will continue to monitor any fluctuation in numbers of funded youth. If there is a significant change, Children's Division will evaluate with service providers.

As long as Foster Care 2 Success is able to contact them, they continue to reach out to youth who do not start school after application and eligibility determination to offer suggestions about how they can develop a plan for on-going education. Foster Care to Success continues to send e-mails, and texts to youth who correspond with them, even when no longer receiving assistance.

In SFY22, the state will utilize additional funding and flexibility in requirements due to the Consolidated Appropriations Act of 2021, (P.L. 116-260). As the additional funding had to be approved through the appropriation's process, funding was not available to be utilized in SFY21. Children's Division recognizes the intent of the legislation is to support older youth transitioning from care during the COVID-19 pandemic and that youth in the eligible population have many needs. Children's Division plans to utilize the funding to address immediate short term safety needs through the current provider, Foster Care to Success, to expedite services to youth, assist with outreach, and ensure adequate housing, food and basic needs are met.

This contract is due for renewal June 30, 2021 and the additional funds will be added to the existing Educational Training Voucher contract with Foster Care to Success. Children's Division staff will continue to determine eligibility should any new youth apply. Prior approvals will be "grandfathered" in to expedite the process for getting assistance into the hands of youth. The service provider currently maintains a portal and has preliminarily stated they could keep the information from the additional funds separate from the current ETV funding. Foster Care to Success maintains addresses for youth and can conduct outreach to current youth and those in the new eligibility criteria when the funding is available. Funds will be used to support current youth or youth who experienced displacement or financial difficulties due to the pandemic. Youth

requesting assistance will be required to complete a budget plan with Foster Care to Success. As Children’s Division still has adequate funds to support youth through the ETV program, the assistance provided will be to offset needs youth have towards housing and education. Foster Care to Success will provide a report to Children’s Division with the youth names and disbursements on a monthly basis. Foster Care to Success will document services and expenditures in FACES for required federal NYTD reporting. Additional supports to be provided include emergency/crisis interventions, room and board, support services such as transportation, childcare, medical care and items necessary to meet educational needs. Input was received from Foster Care to Success, the State Youth Advisory Board, Chafee providers, Transitional Living Providers, and Older Youth Transition Specialists on the utilization of these funds.

During the enactment period of this legislation (October 1, 2020 to September 30, 2022), in addition to funds in the amount of \$1,485,593, the following program guidelines are waived:

- Youth eligibility is extended up to the youth’s 27th birthday.
- Youth do not have to be enrolled in a post-secondary education or training program or making satisfactory progress toward completing that program if a youth is unable to do so due to the COVID-19 public health emergency.
- The minimum award amount may not exceed \$12,000, an increase from \$5000, per the legislation. However, this will be based on need and ensure eligible youth in need receive assistance.

With the issuance of Program Instructions dated March 9, 2021, Missouri became aware that Educational Training Vouchers could be used for advanced degrees to assist young people in attending law school, a Master’s Degree, Ph.D., or other doctoral programs. Missouri will develop plans to ensure youth are eligible for the extension of funds to support an advanced degree. As Children’s Division is not expending Credential Completion and Employment money (see below), this will allow better utilization of these funds and provide additional support to improve educational outcomes.

In addition to ETV, there are two components to MO Reach which are distinct but complementary:

- 1) The Reach Tuition Waiver, which is a full tuition waiver program available since 2011-12, and
- 2) Credential Completion and Employment (CCE), launched in fall 2016, which is a short-term, targeted assistance program to help youth earn a recognized certificate and/or specialized training that leads to employment.

Missouri Reach Tuition Waiver:

For review of data and service information reported by the contracted provider on the Missouri Reach Tuition Waiver Program, please refer to: Missouri Reach Tuition Waiver Annual Report for Academic Year 2018-2019 (Attachment D).

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning with the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program in the amount of \$188,000. Implementation of the program fully began in fall of 2011.

Missouri has utilized the funding since the inception of the program and will continue to do so. It is anticipated that the number of students funded will remain relatively the same. There were no changes to this program in SFY21. This program will continue in SFY22.

Missouri Reach CCE:

In SFY17, additional funding was provided as a line item in the budget to assist youth in obtaining post-secondary education. With the additional funding of \$450,000, the Missouri Reach Credential Completion and Employment Financial Assistance Program (CCE) was developed and implemented. The program was designed in coordination with the expertise of Foster Care to Success. Based on national statistics, and through monitoring, 16-20% of youth who receive funding from the ETV Program or MO Reach Tuition Waiver will earn a degree.

The program complements but does not duplicate existing education and training funding and assistance. The funding fills the gap between the more traditional funding available for youth enrolling in higher education after high school and the reality that many young people are not on a linear path and do not earn a credential within the traditional college experience.

The CCE is a program to help youth successfully pursue an education or training pathway that leads to a recognized credential and entry into the workforce.

Missouri Reach CCE Requirements:

The requirements for CCE did not change in SFY21, however this program was not fully utilized due to complications arising from COVID-19. After further analysis of the program, changes to the contract will be implemented. Changes include: ensuring services are not duplicated with ETV or Missouri Reach programs, the age of eligibility will be lowered from 19 to 18, and funding for post-secondary supports will be broader in scope. In addition, post-secondary expenses, such as tuition, books, fees, and room and board will qualify unless covered by the Missouri Education Training Voucher Program or the Missouri Reach Tuition Waiver Program.

Outreach:

A brochure and description of the ETV/Missouri Reach programing is on the CD internet and intranet. The brochures have also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information is included in “What’s It All About? A Guide for Youth in Out-of-Home Care”. Information regarding FAFSA, PowerPoint presentations on ETV/Missouri Reach, and other educational resources are on the website as well. Information regarding ETV 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 via “Missouri’s Older Youth Program” page. 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. Missouri CD has a scholarship listing for youth and this handout is shared with all inquirers as well as other resources available to asset youth.

Information on the CCE was shared with staff via memorandum. Information is on the Children’s Division website and has been posted on the Older Youth Program’s Facebook page. Policy includes information on the CCE as part of the exit packet information. “What’s It All About – A Guidebook for Youth in Care” includes information on the program. Foster Care to Success has a postcard for distribution and has information on their website. The CCE has been slow to take hold, particularly with moving from the inquiry stage to enrollment. Foster Care to Success has been working diligently to reach out to youth for participation.

In addition to financial assistance, Foster Care to Success has been able to offer academic success coaching and two care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care to Success. Although Foster Care to Success is not headquartered in Missouri and the work with students is completed through technology, the employees have established good working relationships with foster care case management staff and youth.

Foster Care to Success has developed a portal for Missouri Public Colleges and Universities to make the process for school reporting on financial aid for ETV and MO Reach students easier. The process allows for reporting online versus faxing paperwork, as soon as the student applies. The student's digital signature meets the FERPA requirement that the student authorizes the school to release data to Foster Care to Success and then the financial aid office is able to print a PDF copy of the digital signature for school records. The financial aid office is able to download a single report for the semester, listing all students and award amounts for both programs. Foster Care to Success continually trains/retrains the colleges on the technicalities such as updating records when youth declines/accepts a student loan or drops to part-time. Prior to the start of new semesters, registered users are invited to a brief discussion on trends. It is

reiterated that the timely entering of correct information is critical to students' success. Foster Care to Success answers any questions and asks for feedback on form recommendations, etc.

Children's Division will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program. Missouri will continue to use different formats such as focus groups, webinars, and summits to share information and train staff on educational resources to improve outcomes for older youth.

For SFY22, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts to youth and stakeholders regarding the program. The program structure will be revised to incorporate increased flexibility due to the Consolidated Appropriations Act of 2020 and revisions of the CCE program to utilize the funds.

Chafee Training

All new Children's Division employees are trained on a statewide curriculum which provides information on working with older youth.

The Older Youth Program training includes information on the tools used in working with older youth such as the Adolescent FST Guide and Individualized Action Plan Goals. Other topics include positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration. Training staff have on-going processes for adjusting training as needed to meet current policy. They seek input from the ILC and Older Youth Transition Specialists to ensure it is meeting the needs of the local agency. In addition to the formal training provided, the Older Youth Transition Specialists provide coaching on the use of the tools and forms to Children's Division workers, contracted staff, and supervisors in their respective regions as concerns are identified or requested.

The Casey Family Programs "Ready, Set, Fly" curriculum is an in-service training for foster parents. It provides foster parents and youth with hands on activities to develop independent living skills. Foster parents licensed for older youth are required to receive the training, as are Transitional Living Advocates. The training is conducted by Children's Division training staff.

Children's Division and its private partners also have on-going opportunities to receive no cost training on adolescent sexual health issues through relationships with the Department of Health and Senior Services.

Since 2011, 4-H and the University of Missouri Extension have offered the "Youth Development Academy". The program's goal is to provide youth development professionals with the knowledge and skill necessary for work with youth in public, private, or civic sectors. Topics include enhancing diversity, relationships in youth development, youth/adult partnerships,

experiential learning, engaging volunteers, community partnerships, ages and stages, managing risk, and evaluation. Although there is a cost associated with this academy, it is a training resource available to those working with older youth in Missouri. Participants may receive three hours of college credit.

The Fostering Futures Initiative is a specialized curriculum for CASA volunteers who specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. The curriculum is based on the possible selves' theory. It is available to all of the 21 Missouri CASA programs.

A financial capacity training video has been recorded in coordination with the Professional Development and Training Unit and the Attorney General's Office, Assistant Attorney General, Consumer Protection Division. This video has a series of topics staff can view via a YouTube link and addresses such issues as how to build and maintain good credit, how to interpret a credit score, and how to dispute a negative credit history. The training is generic and appropriate for anyone working with older youth.

In SFY 21, several informational sessions were provided on resources to community stakeholders:

The Independent Living Coordinator recorded a presentation on post-secondary supports available for foster youth as part of the Journey to College Program. The Journey to College Program is sponsored by the Missouri Department of Higher Education and Workforce Development and provides information about college options to thousands of students every year through publications, social media, and events such as Apply Missouri, FAFSA Frenzy and Decision Day.

Staff from the Missouri Department of Higher Education and Workforce Development Unit provided two informational sessions to Chafee and Transitional Living Providers on resources available for assisting youth with employment services in September 2020. This presentation was provided to Regional Directors, Older Youth Transition Specialists Supervisors, and Foster Care Case Management Program Managers in September 2020.

Several informational sessions were held in SFY21 on the Foster Youth to Independence Housing Vouchers with stakeholders including Chafee, Transitional Living, Children's Division and Foster Care Case Management staff, Court staff, and other entities who work with transition age youth.

A five part weekly series for transitional age youth services through state agencies will be presented in SFY21. This is through a collaboration with Workforce Innovation and Opportunities Act (WIOA) committee and its member agencies: Department of Elementary and Secondary Education, Department of Social Services, Department of Higher Education/Workforce Development, Department of Mental Health and Partnership in Action.

WIOA provides opportunities for collaboration and service braiding to benefit mutual customers with a special emphasis on students and youth with disabilities. Agencies across the State of Missouri departments offer an array of services specific to or available for youth ages 14-24. This weekly webinar series will familiarize state employees across those departments with the services available to students and youth with and without disabilities, with the final webinar providing an example of how multiple agencies have partnered to provide localized training and net-working opportunities to program staff. The series will be recorded and available on a shared site for future reference for staff.

Chafee – Consultation with Tribes

All benefits and services under the Older Youth Program which includes Chafee and ETV services 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 December 31, 2020, there were 42 older youth with AI/AN heritage. Of these 42 youth, one youth is designated as incapacitated and will not be referred for services. Of the remaining 40, 38 youth had been referred for Chafee/Transitional Living Program Services and two youth had not been in care long enough or recently turned 14 so were not in the required timeframes to be referred per policy (less than 60 days). These youth have since been referred. For additional information, please refer to the Chafee Foster Care Program for Successful Transition to Adulthood section of this report.

Consultation and Coordination between States and Tribes

As of January 1, 2021, there were 85 foster children in Missouri who have been identified as American Indian/Alaska Native or who have AI/AN heritage, per DSS Research and Evaluation. This information comes from the Case Member screen in FACES, which requires the case manager to select whether or not 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 the 85 children mentioned above, 33 of them are from the Southwest Region, 21 of them are from the Southeast Region, 11 are from the Northeast Region, and 12 are from the Northwest Region. Five of the children are from Kansas City and 3 children are from the St. Louis area. As of the July 1, 2019 Quick Facts Missouri (United States Census Bureau), the population estimate was 6,137,428 with 0.6% being AI/AN. The website had not been updated with 2020

census information. The Southwest Missouri region continues to have the highest documented population of AI/AN children.

Although there are currently no federally recognized tribes in the state of Missouri, staff report working with tribes in Kansas, Arizona, Oklahoma, Alaska, and South Dakota.

The Children's Division is fortunate to have American Indian foster parents who are willing to help facilitate communication between the CD and Tribes. They also have developed partnerships in the community with other native people. The Children's Division uses the Southwest Missouri Indian Center, located in Springfield, the Kansas City Indian Center and the American Indian Council, both located in Kansas City, for consultation and mediation services. Coordination and consultation continues to be maintained with WebEx meetings, phone and email conversations. Another partnership the Division has is with Dr. Bob Prue through UMKC, School of Social Work. He assists with partnerships with other universities and professional Native Americans that can work with Children's Division and provide resources for families.

To more thoroughly capture the AI/AN population who are served by the Child Welfare system, beginning in 2018, the Child Abuse and Neglect Hotline Unit added the question in the intake process to ask the reporter if a child identified as an American Indian/Alaska Native or who has AI/AN heritage. Early identification allows culturally competent services to be provided throughout CD involvement and aides in ICWA compliance.

When a referral for protective custody occurs for a child, contact is made with the parent or custodian of the child by the Children's Division to inquire if the child and/or family is enrolled or eligible to be enrolled in a Tribe, as well as if they have any American Indian/Alaska Native (AI/AN) heritage. This inquiry is made again when the child is placed in out-of-home care by the Social Service Specialist at the 24 hour meeting with the family. During this meeting, the Social Service Specialist gives the family the Indian Ancestry Questionnaire, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

Per policy, phone contact to the appropriate ICWA representative of the Tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's heritage.

Children's Division ensures notification is provided to the parents, custodian, Tribe and Bureau of Indian Affairs (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 received Technical Assistance from the Capacity Building Center for States to work on enhancing the Division's identification of ICWA eligible youth as well as coordination with

Tribes. Through their website, Missouri began working with them to link some of their on line training modules to Missouri's Employee Learning Center so staff will be able to receive training credit and supervisors will be able to track this training for their staff. In the interim, staff has been encouraged to complete these training modules through the Capacity Building Center for States website. The Department of Legal Services developed an ICWA Legal Aspects training for staff to complete within their first 12 months of employment.

Missouri has partnered with the Research Project Director from The University of Kansas School of Social Welfare to provide families with free virtual Strengthening Families Program training through the Kansas Services Native American Families initiative. This opportunity will serve the Jackson County area children and families.

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

In November 2017, the Capacity Building Center for States provided an ICWA Learning Experience starting in Joplin, MO. Additional Learning Experiences continued in Jackson County in 2018 and was rolled-out in the Southeast Region in 2019. This two day training provides child welfare staff with knowledge to help them understand, engage with, and support children and families who are AI/AN through their work. The training provides a historical view of State-Tribal relations, history of ICWA, and discusses the historical trauma experienced by AI/AN people. The training helps staff understand the importance of culturally responsive engagement with AI/AN children, youth, families and Tribes. Discussions are held on establishing a State-Tribal partnership protocol, how to work effectively with Tribal government and principles that guide good working relationships. This training provides resources for staff to help when questions arise regarding ICWA or Tribal law policy.

One of many goals of this experience is to develop at least one staff from every region of the state as a trainer in the ICWA Learning Experience. Using the same curriculum and materials, staff, with help from an AI/AN co-trainer, would be able to present to field staff on an as-needed basis. Training objectives include:

- Expand the knowledge on AI/AN children and families
- Know the requirements for serving AI/AN
- Help community partners understand their role in serving AI/AN
- Ensure staff understand the importance of AI/AN and ICWA
- Engage the courts and provide knowledge to courts
- Locate and provide resources to AI/AN families

- Remove the “fear” staff sometimes have when they hear ICWA

Other goals from the work already underway include:

- As best practice, ask grandparents and any family historian if the family has any Indian heritage when the child is first removed from the home
- Strengthen relationships with Native American partners and Tribes by engaging with them during quarterly Roundtable meetings
- Plan ICWA training for all staff across the state to encompass the culture of AI/AN, the history of ICWA and the importance of this work
- Have foster/adoptive parent recruitment events in combination with Tribal events
- Identify AI/AN homes among existing resource homes

The case review tool housed in FACES captures the following information, consistent with Item 9 of the federal On-Site Review Instrument (OSRI):

- Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?
- If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?
- If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act’s placement preferences?

Practice improvements are also addressed through on-going CQI processes at the local circuit level.

Missouri’s APSR is posted on the Children’s Division website and available to all Tribes. Additionally, the CFSR Advisory Committee has a standing member representing the Kansas City Native American Indian Center. The annual APSR is reviewed by this committee each year.

Targeted Plans

As specified in ACYF-CB-PI-20-02, the following plans are being submitted as discreet sections:

- Health Care Oversight and Coordination Plan (Attachment A)
- Foster and Adoptive Parent Diligent Recruitment Plan (Attachment B)
- Disaster Plans
 - CD Emergency Operations Plan (Attachment E)
 - CAN Emergency Plan (Attachment F)
 - Out-of-Home Care Emergency Plan (Attachment G)
- Training Plan (Attachment H) and Training Plan Matrix (Attachment I)

Disaster Planning

When disaster or emergency events occur in Missouri, such as tornadoes, damaging winds, flooding and power outages, and local assistance such as shelters and feeding operations or Multi Agency Resource Centers (MARCs) need to be opened, Department of Social Services (DSS) Central Office Emergency Management staff report to the Missouri State Emergency Management Agency (SEMA) State Emergency Operations Center (SEOC). At the SEOC, they staff the Emergency Support Function (ESF) desk along with SEMA Emergency Human Services staff and partner organizations. If the scope of the event does not require SEOC activation, Central Office staff responds to the event remotely. DSS staff working in a response role, whether at the SEOC or remotely, provides information to Children’s Division staff regarding mass care activities, including situational information throughout the event. This allows Children’s Division staff to be aware of the area(s) of the state affected and the seriousness of the event.

Children’s Division staff follow pre-established disaster response procedures, pursuant to the Division’s Emergency Plans, to begin assessing the well-being and potential needs of children, families, and resource providers. Activities include making contact with all resource providers caring for children in Children’s Division custody to assess needs and provide assistance. Initiating contact with resource providers to ensure that they, along with the child(ren) in their care, are safe and do not have unmet needs related to the disaster is an expectation of field staff for all disaster and emergency events.

Resource providers and residential care facilities that serve children under state care or supervision are required to have an emergency plan. Resource providers’ plans are to address various disasters and include a plan for what will happen if disaster strikes when the resource provider is away from the child. The plan is to display contact telephone numbers, including a number for local and regional Children’s Division staff and a toll free number to contact Children’s Division administration if other communication channels are not available. The family disaster plan, which is documented in the resource provider’s record, is to be reviewed with foster youth in the home every six months.

The Children’s Division has a statewide Emergency Operations Plan. The Children’s Division Emergency Operations Plan includes direction and considerations in the accounting for, and

responding to the needs, of children under state care or supervision. In addition, plans to continue essential agency functions, such as responding to new reports of child abuse or neglect and providing services, are incorporated into the statewide plan. During Calendar Year 2020, there were no disasters that required implementation of the Children's Division's Emergency Operations Plan. There are no known required changes or additions to the plan.

The Children's Division Emergency Operations Plan recognizes that following a disaster, it is likely children under the care or supervision of the agency may be relocated out of state. If the child remains out of state longer than 28 days, Interstate Compact for the Placement of Children (ICPC) protocols should be followed. Missouri Children's Division ICPC staff members have an established relationship with ICPC staff in other states throughout the country.

Each Children's Division office is required to have a local emergency plan that is regularly reviewed with staff and can be shared with stakeholders. The local emergency plan is an all-hazards plan that describes the local response with considerations for agency and community resources. Practice and Quality Improvement staff review the plan annually with each circuit to ensure the plan is updated and to make appropriate changes. Each circuit maintains emergency contact information for staff and managers, so essential Children's Division personnel are able to be located following a disaster. The Child Abuse and Neglect Hotline Unit also maintains contact information for staff and managers.

Essential program records are maintained electronically in Missouri's Family and Children Electronic System (FACES.) The records are accessible to Children's Division staff throughout the state. The records are backed up and efforts are made to ensure they would continue to be accessible immediately following a disaster. The Information and Technology Services Division (ITSD) maintains and provides technical support for FACES and has an established disaster recovery plan. In addition, ITSD staff members are to have a presence at the State Emergency Management Agency if needed following a disaster to help maintain essential operations.

An alert in FACES is available for Children's Division central office staff to be notified of disaster-related reports or calls made to the Child Abuse and Neglect Hotline. This notification system can be used as needed following a disaster. It provides a systematic way of sharing disaster information, and tracking disaster-related calls, received by the Child Abuse and Neglect Hotline Unit. During Calendar Year 2020, the alert system was used 233 times as a means of emergency preparedness for COVID-19 related calls and possible exposure.

On May 14, 2020, Missouri Governor Mike Parsons requested federal disaster assistance for Missouri in response to severe storms and tornadoes that swept across the state on May 3 and 4, 2020. Governor Parsons requested a federal major disaster declaration, and President Donald Trump approved Missouri's request for a major disaster on July 10, 2020. The counties included in the disaster declaration are **Bates, Butler, Carter, Dallas, Douglas, Dunklin, Henry,**

Hickory, Howell, Laclede, New Madrid, Oregon, Pemiscot, Polk, Ripley, Shannon, Stoddard, Wayne, and Wright.

On March 25, 2020, Missouri Governor Mike Parsons declared a state of emergency in Missouri due to the COVID-19 pandemic. Governor Parsons requested a federal declaration, and President Donald Trump approved Missouri's request for a major disaster on March 26, 2020.

During the COVID-19 pandemic the Children's Division implemented a COVID 19 Pandemic Temporary Policy. The temporary policy addresses procedures on:

- Working remotely
- Staffing offices
- Personal protection equipment
- Children's Division facilities and state office buildings
- Out of state travel
- Children's Division investigative and assessment unit
- Family centered services unit
- Intensive in home and family reunification services
- Alternative care services
 - Children engaging in visits with parent/guardian/relative
 - Resource parent and licensing

Each Children's Division office developed office-reopening plans in June 2020. However, the pandemic lasted longer than anticipated and the implementation was not active. Remote work was encourage throughout the year with minimal in-office work.

Preparedness Activities

Throughout 2020, trainings and exercises within the Department of Social Services and the Children's Division were limited due to COVID-19 response taking priority. There were two statewide drills held in 2020. The Statewide Tornado Drill was held on March 2, 2020, during Severe Weather Awareness Week. The Great Central U.S. "Shake Out" was held on October 15, 2020. Preparedness information was distributed to Children's Division staff prior to both events. In April 2020, information was distributed to Children's Division staff regarding storm safety and to increase awareness of flash flooding, which included the National Weather Service "Turn Around, Don't Drown PSA."

Supplemental Appropriations for Disaster Relief Act

In FY2020, the Children's Division received \$170,393.00 grant dollars for disaster funding. At this time there have been \$0 in expenditures for FY2020 or FY2021.

Statistical and Supporting Information

CAPTA Data Items – Please refer to the Annual CAPTA Report Update

Education and Training Voucher Statistical Information

In 2018-2019, there were 248 youth funded from ETV. Of those 248, 120 (48%) were first time recipients.

In 2019-2020, there were 249 youth funded from ETV. Of those 118, (47%) were first time recipients.

Final information for 2020-2021 is not available at this time. As of March 18, 2021, Missouri's totals based on the information available at Foster Care to Success's web portal are:

Total Applications	Applications In Progress	Total Funded Students	Total Funding	Unable to Fund
383	15	230	\$ 890, 715	138

- Applications in Progress:
 - Within 14 days of applying, every student is contacted three times to discuss the program; each time they are encouraged to complete their ETV paperwork.
 - Every 21 days, a list is sent to the appropriate State/IL/County-Regional liaison updating them on the status of new applicants and asking them to contact students who are missing ETV paperwork.
- Unable to Fund:

These are students who:

 - Are ineligible according to state eligibility criteria, or
 - Do not submit the required paperwork within five weeks of applying.

In most cases, "unable to fund" are those who do not enroll in school or who have adequate funding from other sources and choose not to participate in ETV.

Other reasons included in this number are applicants who do not meet the age eligibility requirement or foster care status requirement.

Missouri will continue to monitor for fluctuations in youth receiving these funds. If there is a significant change, CD will evaluate with service providers. There is little change in numbers from SFY20 to SFY21.

Inter-Country Adoptions

The Children’s Division is the licensing body for all child-placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child-placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child’s adjustment into the home, and support services. Adoption disruptions are also assessed by the child-placing agency. For the calendar year 2020, the Missouri Child Placing agencies reported no international adoption dissolutions or disruptions that resulted in children adopted internationally entering state custody.

Monthly Caseworker Visit Data – Please refer to the Caseworker Visit Formula Grants and Standards for Caseworker Visits section of this report for details of the FFY20 submission. Data for FFY21 will be submitted by December 15, 2021.

Financial Information

Please see the following attachments:

Attachment J - FY22 Financial Information

Attachment K - Missouri FY22 CFS-101