



**Child and Family Services Plan-
2008
Annual Progress and Services
Report - 2007**

June 2007

**Consolidated Child and Family Services Plan
FY 2008
Annual Progress and Services Report
FY 2007**

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ORGANIZATIONAL OVERVIEW

Missouri's state-supervised child welfare system is administered at the local level by 45 judicial circuits through five regional directors. Each of the circuits is governed by a circuit manager. While there are challenges inherent in the complexity of this type of system, its central strength lies in the flexibility afforded each circuit to determine how best to meet the needs of children and families. Each circuit and other service providers, such as contractors and community-based organizations, provide a wide variety of services to children and families. These services include programs designed to strengthen families, reduce the risk of child abuse and neglect, and support and preserve families.

The Department of Social Services, Children's Division (CD) is the agency authorized by state statute to promulgate regulations, policies and procedures necessary to implement the state's child welfare services system and to ensure the safety, permanency and well-being for Missouri's children and families. The CD is responsible for the Title IV-B Subpart I (Child Welfare Services), IV-B Subpart II (Promoting Safe and Stable Families), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP) and Education Training Vouchers (ETV).

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These efforts are achieved within a framework of collaboration with stakeholders.

Mission and Principles

The mission of the CD has been affirmed as follows:

To partner with families, communities, and government to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.

The guiding principles for the CD are:

Partnership: Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

Practice: The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

Prevention: Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

Protection: Children have a right to be safe and live free from abuse and neglect.

Permanency: Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

Professionalism: Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Organizational Structure

The CD organizational structure is designed to focus on responsiveness, support and enhancing practice. The CD seeks to honor and respect the children and families served by strengthening the supervisory support available, increase the number of frontline workers, increase our ability to respond, improve our communication flow and strengthen our quality improvement and assurance activities. The model focuses on creating strong personnel, communication, strategic planning, training, practice improvement, field support and intended outcomes for child welfare services. Additionally, the structure places increased emphasis on building partnerships with communities.

The Division Director is responsible for the overall administration of the division with support from an Assistant Director, Designated Principal Assistant and four Deputy Directors. A number of specific child welfare programs and initiatives are managed within the division. In addition, there are other offices within the division that provide an infrastructure to support the overall child welfare mission.

The Assistant Director for Administration serves as the "Acting Director" in the absence of the Division Director and works in conjunction with the Designated Principal Assistant on communication and field oversight matters. In addition the Assistant Director oversees Human Resources, the Out-of-Home Investigations Unit and has primary responsibilities in disaster response coordination.

The Designated Principal Assistant (DPA) has oversight for field operations, constituent services, legislative affairs, media and communication. Proactive communication both internally and externally is the focus of the DPA. The DPA also offers additional support to the Director in issues requiring overall leadership and management across the division.

The Deputy Director of the Planning and Performance Section places a strong emphasis in strategic planning and the use of data to manage performance improvement. The federal Child and Family Services Review Program Improvement Plan, and Accreditation planning are coordinated through strategic planning function. Additional functions included in this section are Policy and Contract Development, Information System Development (including SACWIS), Performance-Based Foster Care Contract oversight, Quality Assurance, Interdepartmental Initiatives, Specialized Care

Contract, Residential and Child Placing Agency Licensing, and Interstate Compact on the Placement of Children.

The Practice and Professional Development section is led by a Deputy Director. This section provides consultation and technical assistance to field staff around policy and practice. This section also houses the Professional Development and Training Unit which provides the Child Welfare Practice Basic Training, Clinical Skills Supervisory Training, STARS and Spaulding training for foster/adopt parents and other supportive trainings as needed. In addition, this section also contains the 24 hour Child Abuse and Neglect (CA/N) call center and the Background Screening unit.

The Deputy Director of the Early Childhood & Prevention Services Section has four critical functions:

- Administration of the federal Child Care and Development Fund (CCDF) which encompasses enhancement activities. The purpose of the program is to assist families with the cost of child care services while they pursue activities that promote self-sufficiency and family stability.
- Administration of the Early Childhood Development Education and Care Fund (ECDECF) which is dedicated funding from the riverboat casino entrance fees. The ECDECF funds four early childhood programs targeting children from birth to age three.
- Oversight of prevention initiatives to reduce the risk of child abuse and neglect through early intervention and other activities.
- Administration of the Child Care Provider Relations Unit (CCPRU). This unit is a team of dedicated staff that provides intensive customer service and technical assistance to childcare providers requesting to participate in childcare subsidy reimbursements.

The Financial Management and Operational Services (FMOS) Section, led by a Deputy Director, is a shared function of the Family Support Division (FSD) and CD. FMOS provides support for budget related functions, purchasing, contracting, payment processing, and facilities management.

Five Regional Directors serve on the executive team and report to the Division Director. The Northern, Southern, Jackson County, St. Louis County and St. Louis City Regional Directors with assistance from the field support managers oversee and administer CD activities in their various geographic locations.

Accreditation in Missouri

The CD continues with intent and goals to meet standards of best practice established by the Council on Accreditation (COA). Each year, a wave of judicial circuits will undergo reviews by COA. When COA deems all of Missouri's 45 circuits to be in compliance with COA standards, Missouri's child welfare system, as a whole, achieves accreditation. The pace at which Missouri sends circuits through the accreditation process is contingent upon available resources.

The CD has demonstrated, through its multi-volume Self Study that the agency's policies, procedure, and programs are consistent with over 800 organizational, management, and service standards established by COA. During site visits, reviewers, through case record reviews and staff and community interviews, further verify and clarify that the practice in each circuit reflects the policies and programs presented in the Self Study.

Four circuits (32, 33, 34, and 11), along with Central Office and the Hotline, were selected to receive COA site visits in the first wave State Fiscal Year (SFY) 06 based on their overall readiness to meet accreditation standards as determined by the circuit self assessments. COA deemed all circuits reviewed in the first wave to be in compliance with accreditation standards.

Ten additional circuits (4, 35, 21, 6, 8, 18, 19, 23, 29, and 44) were selected to undergo site visits in the second wave (FY07). Reviews of second wave sites have been completed in all but two circuits (29, and 44). The remaining two reviews are scheduled to take place later in spring 2007. The CD is awaiting reports from COA regarding the compliance status of each second wave site that has been reviewed.

Undergoing the accreditation process speaks loudly to consumers and stakeholders that the CD is aggressively advocating for its service population and striving to do its very best to fulfill its mission to assure safety, permanency, and well-being for all of Missouri's children.

Throughout the accreditation process, staff members have developed methods to improve documentation of not only case records but of all activities that take place within the CD. Quality Assurance Specialists throughout the state have organized case record reviews and provided documentation training to staff when areas of weaknesses are identified. A record-keeping system to ensure all new and revised policies are reviewed and implemented by staff was instituted. Through better documentation, CD is able to better demonstrate accountability for its decisions and actions.

The accreditation process is driving Continuous Quality Improvement (CQI) efforts across the state. Staff are examining child welfare outcomes in their circuits and then using data to devise CQI plans.

Annual adoption training is being provided to adoption specialists in sites that have undergone and are undergoing accreditation reviews. CPR and Basic First Aid Training for foster and kinship care providers is being rolled out across the state as sites present for accreditation to ensure providers are equipped to handle medical emergencies that arise with children in their care.

Policies addressing clients' rights, communication with special needs clients, and safety of personnel were developed or strengthened to meet accreditation standards. New employees continue to be hired (as funding permits) and private case management

contracts are being expanded, allowing the division to keep caseload sizes and supervisor/staff ratios reduced to meet accreditation standards.

Job specifications were revised to upgrade educational requirements to help ensure that Missouri's child welfare workers are adequately qualified to perform their jobs. The Personnel Advisory Board approved the revisions on March 14, 2006. Effective April 1, 2006, new hires must meet more stringent requirements to qualify for positions. Professionalizing the field of child welfare increases the likelihood of better overall practice.

Relationship to the Child and Family Services Review and Program Improvement Plan

Missouri underwent the federal Child and Family Services Review (CFSR) during December 2003. To address the issues identified in the CFSR, Missouri developed a two-year Program Improvement Plan (PIP) which was approved on February 1, 2005 and covered the period from February 1, 2005 through January 31, 2007.

During the PIP development process, CD worked with internal and external stakeholders to identify strengths, challenges and opportunities for improving the effectiveness of child welfare services. The PIP consisted of 600+ process steps, which were completed timely. Along with completion of the process step, CD also met the agreed upon goals for the six national data indicators. In order for Missouri to successfully exit the PIP, the CD must also meet the agreed upon goals for the proxy measures associated with the national standards.

Legislation Impacting Child Welfare

During the 2006 legislative session only two bills were passed that had a major impact on child welfare services. House Bill 1698 and Senate Bill (SB) 614 were signed into law by Governor Blunt and the changes became effective on August 28, 2006. House Bill 1698 changes the reporting requirements of sexual offenders. The length of time sexual offenders is required to stay on the Sexual Offender Registry and the penalties for certain sexual crimes.

SB 614 transfers oversight of the contributions to centers for victims of domestic violence tax credit program from the Department of Public Safety to the DSS. The act creates an income tax credit in an amount equal to fifty percent of the amount of an eligible monetary donation made, on or after January 1, 2007, to a qualifying residential treatment agency. The tax credit may not be applied against withholding taxes. The tax credit is non-refundable, but may be carried forward four years. The tax credit is fully transferable. An agency may apply to the Department of Revenue for the tax credits in an aggregate amount that does not exceed 40 percent of the payments made by the DSS to the agency in the preceding twelve months. The provisions of this act shall automatically sunset six years after the effective date of the act unless reauthorized.

During the 2007 legislative session three bills were passed which will have an impact on child welfare services. To date, only one of these bills, Senate Bill 84 has been signed into law and will take effect on August 28, 2007. SB 84 modifies various provisions relating to child placements.

Criminal background checks – Changes from 15 business to 15 calendar days to get the criminal background checks when there has been an emergency placement of a child in a private home, including checks for grandparents who were previously exempted. The requirement for the fingerprint background check for a foster care applicant is waived when recertifying the foster home.

Interstate compact for the placement of children and for juveniles – The revised compact makes Missouri a member of the Interstate Commission for the Placement of Children and would require the state to establish a central state compact office to be responsible for state compliance with the compact and rules of the commission. It requires the state to select a compact administrator to manage the state's transfer of juveniles subject to the compact.

Termination of Parental Rights – A family support team (FST) meeting or juvenile court proceeding regarding the termination of parental rights will be a closed meeting if the parent has terminated, in writing, his or her parental rights regarding a placement in a licensed child placing agency and allows a licensed agency to file a petition for the transfer of custody. The act requires a juvenile officer or the juvenile division to file a petition for TPR within 60 days of the judicial determination. Filing a petition after 60 days does not prohibit the court's jurisdiction to adjudicate a petition for TPR.

Educational Needs of Children in Residential Care Facilities

This will require the Department of Elementary and Secondary Education and the Department of Social Services to conduct a study on the educational needs of children in the custody of the juvenile or family court. The report will be due to the governor and the general assembly on or before November 1, 2007.

SB 25 modifies provisions in 210.145 and 210.183 RSMo. relating to the death of a child in a pending child abuse/neglect investigation. Section 210.145 is amended to prohibit CD from closing a child abuse or neglect investigation if a child subject to the investigation dies during the course of the investigation, until the investigation surrounding the death is completed. In Section 210.183, current law requires CD to make every reasonable attempt to complete a child abuse/neglect investigation in 30 days. It is amended to include the exception that if a child involved in a pending investigation dies, the investigation shall remain open until the Division's investigation surrounding the death is completed. Section 210.566 revises the Foster Parent Bill of Rights.

SB577 – This act establishes the Missouri Continuing Health Improvement Act of 2007, modifying various provisions relating to the state medical assistance program and changing the name of the program to MO HealthNet. Specifically, this act extends

Medicaid coverage for foster care youth from the age of 18 to 21, if the youth was in foster care on his/her 18th birthday.

1. DESCRIPTION OF CHILD WELFARE SERVICES

a. The following section describes an array of child welfare services including abuse prevention, intervention, and treatment services; foster care, kinship care and other permanent living arrangements. It also reports on the specific accomplishments and progress achieved toward meeting the goals and objectives.

Child Abuse and Neglect Prevention, Intervention, and Treatment Services

Child Protective Services (CPS) is a mandated program for the protection of all children in the state alleged to be abused and neglected. The CPS receives, screens and investigates allegation of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and to preserve the family by reducing safety and risk factors. This program provides an array of prevention, intervention and treatment services including:

- operating a single, statewide toll-free telephone number for receiving child abuse/neglect (CA/N) reports;
- conducting CA/N investigation, family assessment and preventive services screenings;
- providing newborn crisis assessment and services;
- providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
- Healthy Children and Youth Program;
- preventive and protective child care services; and
- Family Centered Services.

Child Abuse and Neglect Hotline

During SFY 2006, the Child Abuse/Neglect Hotline Unit (CANHU) received over 123,000 calls. This is an increase from the 107,000 calls from SFY 2005 due to the new Family and Children Electronic System (FACES) automation implemented at the hotline on June 28, 2005. This implementation date affected the entire 2006 fiscal year. Calls counted in the new FACES automation but were not counted in previous years included: calls from people wanting numbers to their local CD offices, callers wanting other states' hotline numbers, wrong numbers and calls for prior CA/N checks.

These calls are taken by Children's Service Workers, who meet the same job qualifications as CD field investigators. Hotline workers use a protocol screening tool for conducting interviews that is designed to assure greater consistency in the assessment, classification, and prioritization of calls. This screening tool incorporates decision trees for assessing child safety and establishing response times.

The Hotline uses Call Management System technology to manage calls effectively and provide optimum service. This system provides real-time call data for workers and supervisors. Since implementation of this call system in 2004, the Hotline has, on average; answered 94% of calls offered and has given fewer than 300 busy signals per month.

As required in the PIP, the CANHU in conjunction with the QA Unit developed a peer review system at the hotline unit. Ten percent of all calls classified as child abuse/neglect reports are sampled for peer review and automatically forwarded to a hotline worker for review. In October 2005, a Peer Record Review (PRR) tool was added for CANHU. In January 2006, CD began collecting and analyzing results for improved outcomes. The analysis revealed that the tool seemed to achieve the goal of being a quick-to-complete instrument for reviewing calls. Dual reviews (each case being reviewed by two staff) were completed in mid-2006 to measure conformity among hotline reviewers and to assure that the PRR results were reliable to use for quality improvement. The review agreement rate would be at least 90 percent for each question before the review data could be used to properly inform the agency on strengths or needs in practice at the hotline.

In August 2006, the conformity level had reached an average of 95% on the six items being reviewed. Dual reviews were concluded during the 4th quarter of 2006. Beginning in November 2006, all peer review cases failing any one of the six items being reviewed were forwarded to the original call taker's supervisor for practice improvement. The hotline PRR process has been a learning experience for both the workers completing peer reviews as well as for workers whose errors were identified. Additionally, it has been an effective tool for hotline supervisors and trainers for identifying individual and group training needs. The outcomes for calendar year 2006 confirmed the hotline staff are making consistent and accurate call decisions and classifications. The accuracy level on the six questions reviewed was 98%, 96%, 97%, 97%, 95%, and 100% respectively.

Child Abuse/Neglect Reports

There were 51,396 CA/N incident reports made involving 74,545 children in Calendar Year (CY) 2006. Victims were found to have been neglected in almost 50 percent. Physical abuse was determined in about 25 percent. Sexual maltreatment was determined in less than 24 percent. This is a relatively small difference in the type of reports from CY 2005 where there were 54,108 CA/N reports made involving 80,577 children. Victims were found to have been neglected in 47.8 percent. Physical abuse was determined in 25.3 percent. Sexual maltreatment was determined in 24.1 percent.

In CY 2006, 57 percent of children in substantiated CA/N reports were abused and or neglected by one or both (biological/adoptive) parents. Stepparent, grandparent, sibling, or other relatives were responsible for 17 percent of these cases. Approximately 5.5 percent of these cases, the perpetrators were of an unknown relationship to the child. In CY 2005, 60.5 percent of children in substantiated CA/N

reports were abused and or neglected by one or both (biological/adoptive) parents. Stepparent, grandparent, sibling or other relatives were responsible in 15.3 percent of these cases. In 5.3 percent of these cases the perpetrators were of an unknown relationship to the child.

The National Standard for CA/N recidivism is 6.1 percent or less. Missouri's performance at the time of the CSFR was 8.3 percent. The CD had developed several strategies to improve performance for this measure. According to the Outcomes Report, the division has consistently met national standard for all eight PIP quarters for this measure.

The National Standard for incidences of CA/N in foster care is .57 percent or less. The CD passed this data measure during the CFSSR and has continuously maintained the goal of reduced incidence of CA/N in foster care.

CA/N Investigations/Family Assessments

An Investigation is a classification of response by the CD to a report of abuse or neglect, based upon structured decision making protocols, and based upon the reported risk and injury to the child, where the acts of the alleged perpetrator, if confirmed, are criminal violations and/or where the action/inaction of the alleged perpetrator may not be criminal, but which if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations are completed jointly with all co-investigators to gather/obtain relevant data and evidence. In 2006, almost ten percent of CA/N reports were substantiated and about 25 percent were unsubstantiated. Preventive services were indicated in more than five percent of the unsubstantiated findings.

A Family Assessment is a classification of response to a child abuse or neglect report for allegations of mild, moderate, or first-time non-criminal allegations of abuse or neglect. These will include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. Families who are investigated and those who receive a Family Assessment are entitled to prompt and effective delivery of services in order to address their individual child/family needs. In 2006, just under 60 percent of the CA/N reports were screened as Family Assessments.

The above CA/N report or Family Assessment definitions are not applicable on some cases, including Unable to Locate; Inappropriate Report; Located out of State; and Home Schooling. These miscellaneous determinations account for approximately over six percent of the CA/N reports.

The nominal differences reported between 2005 and 2006 for the CA/N reports and Family Assessment referrals are due to no significant changes in legislation and the consistency in our practice.

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These calls are taken by Children's Service Workers, who meet the same job qualifications as CD field investigators. Hotline workers use a protocol screening tool for conducting interviews that is designed to assure greater consistency in the assessment, classification, and prioritization of calls. This screening tool incorporates decision trees for assessing child safety and establishing response times.

The Hotline uses Call Management System technology to manage calls effectively and provide optimum service. This system provides real-time call data for workers and supervisors. Since implementation of this call system in 2004, the Hotline has, on average; answered 94% of calls offered and has given fewer than 300 busy signals per month.

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The above CA/N report or Family Assessment definitions are not applicable on some cases, including Unable to Locate; Inappropriate Report; Located out of State; and Home Schooling. These miscellaneous determinations account for approximately over six percent of the CA/N reports.

The nominal differences reported between 2005 and 2006 for the CA/N reports and Family Assessment referrals are due to no significant changes in legislation and the consistency in our practice.

Preventive Services/Non-CA/N Referrals

While about 50 percent of the child abuse/neglect reports received met statutory requirements for child abuse and neglect, approximately 30 percent of the calls did not meet the criteria and were accepted as non-CA/N referrals including Mandated Reporter Referrals, Non-Caretaker Referrals, Newborn Crisis Assessment Referrals, Preventive Services Referrals and Non-CA/N Fatalities. Approximately one-fourth of these referrals were forwarded for Preventive Services. The decrease in the percentage of ca/n reports and non ca/n referral figures is due to the implementation of SACWIS in Missouri. The Research and Evaluation Unit is noting difficulties accessing all of the relevant fields to provide as accurate data as previously submitted. Additionally, some field staff are reporting improved ability to identify reports and referrals as duplicates. Both of these factors are potentially impacting data submissions.

The CD continues to focus attention and resources on its core functions. Investigations and assessments for CA/N remain a top priority for the division. The CD has increased its efforts in this area by providing additional field support to staff from its Central Office to ensure and increase efforts of timely completion of child abuse and neglect reports. Additionally, technical assistance has focused on identified staff and supervisory training needs to improve performance in the timely completion of child abuse and neglect reports that adhere to CD policy and best practice. Timely completion of CA/N reports supports the efforts of providing identified services in a timely manner to children and families.

The CD continues to discuss the non-caretaker referrals practice change and its impact on local communities with the CD Administration, the Office of State Court Administrators, the Missouri Juvenile Justice Association and its Task Force on Children's Justice (formally CJA). Presently, no policy or practice changes have been implemented.

Newborn Crisis Assessment and Services

Pursuant to Chapter 191 RSMo, the division must respond to calls to the child abuse/neglect hotline in which a home assessment is requested by a physician or other medical personnel when they have serious reservations about releasing an infant from the hospital who may be sent home to a potentially dangerous situation. There may also be other non-drug related situations in which a physician/health care provider is concerned about releasing a newborn infant from the hospital. Non-drug involved referrals are accepted until the child is one year of age.

The process of how the family is contacted, assessed, and referred for services to the local DHSS/Special Health Care Needs (SHCN) Regional Office remains unchanged. Therefore, the 2,347 assessments the CD responded in CY 2006 was very similar to the 2,341 assessments in CY 2005.

Out of Home Investigations

The Out of Home Investigations Unit (OHI) is a special investigations unit administered from the CD Central Office. OHI is responsible for investigating referrals alleging child

abuse and neglect in licensed and unlicensed residential facilities, licensed and licensed exempt day care facilities, public and private schools, and agency and contract agency foster homes. OHI has no direct responsibility or administrative authority over any of the entities investigated. OHI gathers information, makes investigative conclusions and shares the information with those responsible for regulating the particular child caring facility being investigated. Below are examples:

- When there is an investigation of a licensed residential facility, information is shared with the state Residential Program unit that licenses and regulates residential treatment centers.
- During an investigation in a school, information is shared with the superintendent of schools and the school board.
- During an investigation of a licensed day care facility information is shared with the Bureau of Child Care who licenses and regulates day care facilities.
- During an investigation of a foster home, information is shared with CD or contract agency staff who license and regulate that home.

The OHI investigation is a collaborative effort between the OHI staff and other agencies. OHI attempts to utilize a multi-disciplinary approach to each investigation. Examples of this are:

- Law enforcement is invited to co investigate each hotline report with OHI.
- Bureau of Child care usually assigns a licensing worker to co investigate referrals with OHI staff in licensed day care facilities.
- OHI staff involves facility administrators in the information gathering and investigation process at their facility.

The OHI Unit investigates approximately 2,200 reports annually. These reports are spread roughly evenly across the program areas we investigate. Of the four broad program areas where OHI investigations occur, approximately 25 percent of the investigations are in foster homes, 25 percent in day care facilities, 25 percent in schools and 25 percent in residential treatment facilities. This distribution of reports has remained relatively consistent over time. The percentage of Preponderance of Evidence (POE) findings for investigations in each program area tends to be lower than that rate in family investigations. The difference may be attributed to the fact that alleged perpetrators investigated by the OHI Unit are professional, trained staff who have been screened prior to employment and then supervised in the performance of their jobs.

In the past an alleged perpetrators name was entered in the central registry when an investigation was concluded with a finding of child abuse or neglect. The central registry is a registry of persons where the CD has found a POE to believe abuse or neglect has occurred or a court has substantiated through court adjudication that the individual has committed child abuse or neglect.

There are on going policy discussions regarding the POE issue. A recent policy change is that POE findings are now preliminary until the individual has had an opportunity to appeal this decision. As these policy discussions progress, this may affect the manner and timing of information sharing with other agencies.

Background Screening and Investigation Unit

The Background Screening and Investigation Unit (BSIU) conducts checks through the CA/N Central Registry. These background checks are requested by employers on current or prospective employees/volunteers who have responsibility for child care/supervision (day care providers, residential care providers, schools, mental health providers, Boy/Girl Scouts, etc.) for assessing if the employee is appropriate to be caring for children. The checks may also be requested by parents/legal guardians for prospective childcare providers for their children.

During 2006, BSIU processed 110,389 screenings. This is a substantial decrease from the 139,744 processed in 2005. This difference is attributed to the adult and child care providers and in home caregivers becoming more compliant in using the Family Care Safety Registry established through the Department of Health and Senior Services, especially the child care contracted providers used by the Early Childhood Section of CD.

Healthy Children and Youth Program

The Healthy Children and Youth Program (HCY) renamed from the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) continues to provide services for eligible children and youth, ages 0-20 years.

Previously treatment services were limited to those covered under the Medicaid/MC+ state plan. The expansion of HCY provides that all medically necessary services identified as a result of a HCY screen must be covered by the state. As a result, services have been enhanced and several new provider groups have been added.

HCY program:

- Counseling/social worker services
- Case management
- Private duty nurse
- Speech, occupational and physical therapy
- Environmental assessments for lead

Additional benefits have been added for children in the following programs:

- Personal care
- Home health
- Orthodontic care
- Durable medical equipment

During Federal Fiscal Year (FFY) 2006, 28 percent of children screened were referred for corrective medical treatment and 26 percent were referred for dental services.

Child Care

The CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both the CD and the FSD. Recently the Governor announced due to \$19.5 million in projected savings from reducing waste, fraud, and abuse,

Missouri will be increasing its income eligibility limits from 110% of the federal poverty level (FPL) for low income families to 126% of the FPL, and increasing child care subsidy rates to licensed and inspected (faith-based) child care providers by five percent. This is the first child care subsidy rate increase child care providers serving preschoolers and school-age children have received since 1991.

This savings was the result of several cost containment and improper payment/fraud prevention activities instituted by DSS. These include the establishment of a Monitoring and Compliance Unit within the DSS Budget and Finance Division. To date, this unit has completed on-site monitoring of 1,600 of the approximately 5,200 child care providers that receive payment on a monthly basis. As a result 140 contracts have been closed. The Early Childhood and Prevention Services Section has also instituted a variety of new systems edits and reports targeted at identifying and preventing improper payments.

While child care subsidy provides a necessary service to families within the child welfare system, it is also essential in ensuring that children in low income families are not left in dangerous or inappropriate child care situations that may ultimately result in reports of abuse or neglect. Maximizing funding for child care subsidy ensures that DSS is able to serve the greatest number of families in need. Timely and accurate payment ensures that higher quality providers are willing to accept DSS subsidized children.

Building Healthy Families (BHF)

In 2006 the pilot counties of Jasper, Newton and McDonald changed the name of the pilot from Chronic Neglect to *Building Healthy Families (BHF)*. The new name would be more family-friendly, descriptive, and marketable to potential community partners, believing that the key to success in working with this population was to provide services and supports that would promote healthier family functioning.

The success of BHF program efforts will be measured by the ability of the family, state agency, and community to protect children from harm. The division will look at the number of substantiated child abuse/neglect findings during the first three, six and twelve months following the BHF initial intervention.

BHF services are intended to achieve safety for children by strengthening family and child functioning. These goals are better met by keeping families intact. When decisions need to be made to remove a child from the home, the BHF case manager will facilitate this decision-making process in a timely and respectful manner that supports the best interest of the child. The division will look at the number of children removed from the home during the first three, six and twelve months following initial intervention.

Bolstering family empowerment is a key element to improving and sustaining healthy family functioning. Families need to feel that they have the strength, capability and resources available to meet every obstacle that comes their way. A Family Self

Assessment will provide a good measure of how the family rates their own capabilities, family functioning and perceived available resources. The division will look at how the family rates themselves after 30 days of intervention and after 60 days on the families perception of 1) relationship with community; 2) problem solving; 3) relationships and support from family and friends; 4) sense of accomplishment and task completion; and 5) parenting and parent child relationships.

McDonald and Newton Counties began screening families for the BHF pilot on September 11, 2006, and accepted the first family on September 20, 2006. Between September 11, 2006 and January 11, 2007, 18 families were screened for the BHF program and seven were accepted for BHF case management. Jasper County screened the first family on November 20, 2006 and accepted the first BHF case on November 27, 2006. Between November 20, 2006 and January 25, 2007, 11 families were screened and five families were accepted for BHF case management.

In total, there were 29 families screened in the pilot sites and 12 accepted for BHF case management. One family accepted into BHF case management, transferred to another county. Of the 12 families accepted, four were opened from a family assessment, six from an investigation and two were opened as a result of a newborn crisis assessment. Fifty percent of the families accepted in to BHF had abuse allegations in the initiating hotline and 67 percent had allegations of neglect. Thirty-three percent of BHF families had some history of a newborn crisis assessment. BHF families averaged seven prior child abuse/neglect reports per family in comparison to an average of 4.2 priors from families not accepted into the program.

From the time of initial implementation there have been five subsequent hotlines. Only one of these was from families involved in BHF case management. Of the 29 families, three families had children removed from the home during this time. None of those families were involved in the BHF case management.

Newton and McDonald Counties report a donation of food by a community organization for the purposes of this BHF program and anticipate being able to continue this monthly. Early Head Start has donated cleaning supplies. Another community partner donated bug spray. A new community doctor participated in a staffing of one of his clients. He was very supportive of this program and intends to promote it. Another community source donated a storage unit. There has also been excitement and support from the school systems as well. Jasper County also reports strong buy-in from the school system, which has been active in making referrals and requests to staff families.

Family-Centered Services

Families entering the child welfare system due to reports of child abuse or neglect receive case management services that are referred to as Family-Centered Services (FCS). FCS may also be provided if the family requests preventive treatment services. Services are available to families, including expecting parents, who request services that might prevent child maltreatment or family dysfunction. FCS seeks to empower the family and minimize its dependence upon the social service system. During SFY 06

there were 19,408 active FCS cases compared to 20,685 during SFY 05. There were 8,975 new cases opened and 10,296 cases closed during SFY06. These include service cases with intact families and families with child(ren) in out of home care. Approximately 29.8 percent of FCS families served were the result of substantiated child abuse/neglect reports and 19.1 percent were the results of Family Assessments. Family requests for preventive services were 36.5 percent.

It appears that quality and timely services to children and families are occurring based on the slight increase in desired goals achieved and the increase in the number of cases being closed.

Foster Care Services

Children enter foster care primarily through child protective services as a result of abuse or neglect where removal of children from the home is necessary to ensure safety. Services to promote permanency, stability and continuity of care are provided. Services build upon family strengths and community support. Services include, but are not limited to case management, permanency planning, safe and appropriate placements, family-centered services to families and assistance to young adults in transition from adolescence to adulthood.

Out-of-home resource placements include emergency shelter care, family foster homes, therapeutic foster homes, group homes, and residential treatment centers. All out-of-home resource providers are required to be licensed, contracted, pass a child abuse/neglect background screening and a criminal background check. The electronic fingerprint live scan systems are designed for ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information. The first time prints are submitted for processing to State and Federal AFIS systems. Staffs of group homes and residential treatment centers are also required to submit to the background screenings and checks.

Partnering with both formal and informal community organizations to support families involved in child welfare is necessary to build stronger families and stronger neighborhoods. The CD believes child welfare services can best be provided through public/private partnerships, including:

- St. Louis City based Family to Family Initiative provides the CD with an opportunity to develop culturally sensitive family foster homes which are located primarily in the communities in which the children live.
- An extensive array of purchased services from local public and private contractors.
- A comprehensive children's mental health services system to meet mental health needs of children and divert children from going into foster care based solely on the need to access clinically indicated mental health services.
- Funding streams such as psychiatric diversion to reduce barriers to obtaining needed services and preventing unnecessary psychiatric hospital placements.
- Community-Based Child Abuse Prevention (CBCAP) services.

- Performance based Specialized Care Management Contract to serve children with multiple placement disruptions and requiring more restrictive levels of care.
- Kinship Care to allow children to remain living within their extended family structure.
- Transitional Living Program to offers different living situations for older youth to allow for autonomy while still receiving the needed support, services and supervision.

During the past year, several policies were developed and disseminated to staff as required by the PIP. The new policies and practice enhancements addressed:

- preserving and improving familial, sibling and community connections;
- enhancing worker visits with children, parents and placement providers;
- scheduling and completing federally required Administrative Reviews;
- filing Termination of Paternal Rights (TPR) in a timely manner;
- enhanced diligent search for a biological parent, step parent, adoptive parent, legal guardian, or a relative of a child in the custody of the CD whose identity or location is unknown;
- designed a handbook for parents to understand what it means for them when their children are placed in out-of-home care; and,
- Revised the "Learning Guide for the Caregiver Who Knows the Child" training manual and Family Assessment Tool to better meet the needs of caregivers.

The CD has worked closely with the National Resource Center for Family-Centered Practice and Permanency Planning on improving recruitment and retention of foster parents and improving placement stability. The recommendations from the Recruitment and Retention Workgroup have been given to the CD director and the approved recommendations are beginning to be implemented. Refer to the Foster and Adoptive Parents Recruitment section under Additional Required Supporting Information for specific recommendations. The Placement Stability workgroup continues to meet to develop recommendations for policy and practice improvements to address placement disruptions.

The required 27 hours of pre-service Foster STARS (Specialized Training Assessment Resources and Support/Skills) and 12 hours of pre-service Adopt STARS training and curriculum used remain unchanged. However, CD is working on incorporating more discussion and information into the Foster STARS training regarding the relationship between the foster family and biological family. This was a recommendation of the recruitment and retention workgroup to improve the working relationship between the foster and birth family. This improved relationship will expedite reunification and safety of children.

AS a requirement of the PIP, the CD introduced the Professional Family Development Plan (PFDP) in April, 2006. After completing STARS training and becoming licensed, foster parents meet with their local licensing worker to complete the PFDP. The PFDP is the training plan for the family. It is designed to help strengthen skills already in place and develop those areas that families find challenging. This plan is developed within 30 days of the family becoming licensed and renewed every two years. The plan may be

updated at anytime during the two year licensing period as the needs and interests of the family change but it must be reviewed a minimum of once a year.

It is the goal of the CD to develop resource family skills to improve retention of resource homes and reduce moves for children in foster care. Staff have expressed concern the PFDP is not family-friendly or beneficial and they are not utilizing the PFDP as intended. Therefore, there have been discussions of revising the PFDP and providing additional trainings for licensing staff.

The CD promulgated new foster home licensing rules. Included in the new rules were requirements for CD staff to develop a foster family profile to be shared with the FST when making placement decisions. Implementation of this rule will assist in achieving better placement matches for children. The impact of the foster family profile is not yet known as policy is being introduced in regard to this change.

There are currently no major planned changes for respite services.

Purchased Services/Case Management

The CD administers an extensive array of purchased services. These are purchased from local public and private providers. Contracted providers play a major role in extending services to client families throughout the state.

Currently, approximately 2,200 children and their families are case managed by private providers through the Performance Based Contract (PBC). The case management contracts include performance measures related to safety, stability, and permanency. Seven consortiums provide case management services. During Year One of the contract (September 1, 2005-September 30, 2006) all contracted providers met the re-entry and stability targets. The permanency outcomes were achieved by the two contracted providers in the Kansas City region. Approximately 196 new resource homes were developed by the seven consortiums.

In September 2006, 105 cases were assigned in the Springfield Region to include two additional circuits, encompassing 5 counties (Barry/Lawrence/Stone and Christian/Taney). An additional 127 cases were assigned to the other regions as expansion cases and to help CD meet accreditation standards.

During March and April 2007, the CD plans to meet individually with each contracted provider to discuss the strengths and challenges encountered during the first contract period. Lessons learned to date have included: assigning cases to replace those children that do not achieve permanency, but leave the child welfare system through the court dropping jurisdiction due to age, etc; preparation of cases for return to the CD to continue adoption/guardianship subsidy; and logic associated with coding for the outcomes reporting is very complex and relies heavily on workers understanding the importance of data input.

Specialized Care Management Contract

This contract was implemented originally in 1999 and referred to as the Interdepartmental Initiative for Children with Several Needs. As this initiative ceased to be fully "interdepartmental" in nature, the CD developed a replacement contract. The "Specialized Care Management" contract awarded to Missouri Alliance for Children and Families (MACF) in April 2006 continues to reflect an individualized, comprehensive and family-focused approach to meeting the needs of youth from the child welfare system who present with complex behavioral health issues. The contract was created to address the specific needs of children and youth between the ages of 6 and 20 who have experience increasingly more restrictive levels of care and multiple placement disruptions. The contract is capped to serve a maximum of 350 youth in care and is to provide intensive wraparound services and supports by ensuring a maximum case management ratio of 1 to 10, although some caseloads are beneath this limit. The Specialized Care Management contract differs from the Interdepartmental Initiative in the following ways:

- There are no financial performance incentives or penalties built into the contract
- MACF is responsible for all case management functions, unless otherwise specified
- Enrolled children have access to Medicaid for services outside of what is provided through the comprehensive community support menu
- Stability measurements increased from 90 to 120 days, before disenrollment can occur.

Outcome objectives are outlined in the contract and relate to child well being, permanency and stability. Current performance indicates the MACF is meeting the outcome objectives in all areas except for the measure on unplanned moves and lowering the score on the Childhood Severity of Psychiatric Illness scale.

Comprehensive Children's Mental Health Services System

In 2004 the passage of Senate Bill 1003 (the Children's Mental Health Reform Act) directed the Department of Mental Health (DMH) to partner with other child service agencies, both public and private, in developing a plan for a "Comprehensive Children's Mental Health Services System." (Section 630.097 RSMo.)

Section 630.097 RSMo further called for the formation of a "Comprehensive System Management Team" (CSMT) to establish the system detailed by the plan. The existing state System of Care Team was deemed appropriate to fulfill such a function and has thus been so designated and re-named. The CSMT has formalized its structure with the adoption of by-laws and continues to meet once per month. A strategic planning meeting was held in March 2007 to further define the priorities of the team.

The statewide implementation of the Custody Diversion Protocol in partnership with the Department of Mental Health mandates timely response to any parent voicing the intention to surrender custody so that his/her child may receive clinically indicated mental health services. Circuit-specific training has occurred to address identified concerns, and the continued approach and recommendation are to leverage resources and problem solving at the local level. Regional Mental Health Coordinators have been

appointed in each geographic region of the state and meet on a quarterly basis with Department of Mental Health partners to help address local issues.

Likewise, utilization of the Voluntary Placement Agreement continues to increase throughout the state as efforts to serve e children in need of mental health services focus on a collaborative partnership with the juvenile court, the Department of Mental Health, and the CD. Combined, these initiatives have resulted to date in 50 children whose legal custody has been restored to the parent under the provisions of SB 1003.

Residential Treatment Services for Children

Residential treatment provides specialized treatment for children need 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 re-licensure for the Residential Child Care Agencies (RCCA) and Child Placing Agencies (CPA).

Throughout SFY 06, 3,855 children received residential treatment services. This is a decline from SFY 05 when 4,033 children received residential treatment services. This decline is attributed to the general decline in children and youth entering into CD custody. There has been a policy in effect to get younger children out of residential treatment and into a lesser restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings. This is a positive trend when fewer children are coming into CD custody and those who are coming into custody are being placed in lesser restrictive settings.

Residential 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. These children received services through 85 licensed residential agencies operating at 135 separate sites, and 77 CPAs providing foster care and/or adoption services at 94 separate sites. Twenty four RCCAs are dually licensed to provide child placing services. In 2006, there were three initial RCCA and one initial CPA licenses awarded. Thirty-one RCCAs and 37 CPAs renewed their licenses in 2006.

In 2006, of the 85 licensed RCCAs, 35 were accredited through nationally recognized accrediting bodies (Council on Accreditation, Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Thirty-three of the 77 CPAs are accredited. Three additional RCCAs and three CPAs 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 RCCA staff are required to have initial orientation and a minimum of 40 hours of on-going training per year while licensed CPA staff must have a minimum of 20 hours. RPU continues to encourage RCCAs and CPAs to use the "Strengthening the

Culture of Care” (COC). The goal of COC is to assist agencies in providing safer, more nurturing, child-centered practices that reduce the need for physical restraint and/or locked isolation.

While the initial COC “train-the-trainer” curriculum was developed in conjunction with the National Resource Center for Youth Services (NRCYS) and the sessions were conducted by NRCYS in 2004, it has gained momentum and support by the Child Welfare League of America (CWLA). At the encouragement of CWLA, Missouri and the NRCYS entered into a collaborative effort with agencies in Minnesota, Michigan, Massachusetts, Washington, and Indiana to field-test COC for three years. NRCYS is collecting data on the use of physical restraints and/or locked isolation, the incidence of injuries, child abuse/neglect reports, and results of client satisfaction surveys from the six agencies. NRCYS conducted three (3) “refresher” train-the-trainer programs in 2006 and included staff from the all of the field test agencies. CD believes that the COC initiative will improve safety and nurturance of children in a residential care setting. This improvement is measured quarterly through a reduction in the number of CA/N reports with a positive finding (Preponderance of Evidence) received by residential treatment facilities. RPU also conducts twice yearly meetings with administrative staff of RCCAs that focus on information sharing and performance enhancement.

Interstate Compact on the Placement of Children

The specific accomplishments and progress achieved in this fiscal year have included adopting timeframes for completing home assessment in a timely matter based on Public Law 109-239. Missouri has also developed new policy to inform CD staff and Performance Based Contractors of the guideline to successfully complete an assessment on homes for children who are removed from a caretaker. Developing clearer policy will strengthen the worker's ability to accomplish tasks within the 60-day timeframe and meet the established goals developed by P.L.109-239.

In SFY-06, 2953 children were served, which included 796 requests for services from other states for Missouri children, and 679 out-of-state requests for Missouri services on behalf of children from other states.

Missouri continues to honor border agreements with the states of Illinois and Kansas in coordination with the Interstate Placement Compact (ICPC).

Kinship Care

Kinship care in Missouri generally refers to children in foster care placed with a relative or suitable adult who has a kinship bond with the child. The CD provides specialized training to both relative and kinship providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the Foster STARS, is used with relatives and non relative persons who have a close emotional relationship with the child but do not want to become a licensed provider. It focuses on the same competencies but addresses issues of changing relationships with relatives and kin when providing out-of-home care as well as understanding permanency goals,

managing new responsibilities, managing stress, staying healthy, and the grievance process. Revisions were made to the curriculum to better address these areas and were introduced into training in September, 2006.

Other Permanent Living Arrangements

The FST may determine during an administrative review or at the permanency court hearing there is compelling reason the four most viable permanency options of reunification, adoption, guardianship or relative placement are not in the child's best interests. Children are placed in another planned permanent living arrangement (APPLA) only in cases where the division believes and has discussed with the FST and documented to the court this placement will endure until the youth becomes independent.

When a youth is in APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk and treatments, 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.

The PBC for case management services and the CD have formed a workgroup to identify youth in an APPLA within the PBC population and to develop outcomes which reflect the positive work being done with these youth. Outcomes include increasing positive adult connections, successful completion of academic and vocational goals, access to physical and mental health services and safe and stable living arrangements. This workgroup's first meeting occurred on April 16, 2007 and is developing outcomes to include in the FY 2008 contract.

The Independent Living Arrangement (ILA) is a living situation for older youth age 17 years and older who has been deemed suitable to live independently. There have been no changes to this service provision. The Transitional Living Program (TLP) offers another living situation for youth in APPLA. The CD has been developing and working towards issuing a new TLP contract in FY 2007. Within this new contract the CD has built in structure/placement requirements as well as Chafee service requirements and outcomes, congruent to what will be expected from National Youth in Transition Database.

The TLP contract was awarded on March 15, 2007, to 16 different agencies within the state of Missouri. These agencies will provide transitional living group home and/or transitional living scattered site apartment living for approximately 150 youth in the CD custody during the end of FY 2007 and FY 2008.

Progress towards meeting PIP goals and objectives

Many of the PIP activities relating to child safety were completed during the first PIP year and reported in 2006 APSR. The process steps and objectives for the remaining activities related to safety have been met:

- *S1.1.6 – Policy and practice related to non CA/N referrals and how the division can better address its core functions and statutory mandates.*

Missouri has, by policy, accepted calls to the CA/N Hotline Unit that do not rise to the statutory definition of child abuse and neglect. Calls that do not meet the statutory requirement of a CA/N report, fall mostly into the Non-CA/N Referral category. During the past year, CD considered a change in current practice regarding how these calls are handled. The change would redirect reporters to local resources if their concern does not meet statutory requirements. The change was proposed to CD Regional Directors, the Children's Justice Taskforce and other community stakeholders. The CD has made a decision to continue responding to these non CA/N referrals per the recommendation of community stakeholders. No additional policy changes will be made at this time, but the division will continue to explore with community partners other ways to address these referrals.

- *S1.2.3 - Strengthen policy regarding assessment of safety at and throughout placement.* The Visitation Workgroup completed their review of safety and visitation policies in the child welfare manual and submitted recommendations to the Executive staff for policy changes. A series of three memorandums were developed and disseminated to staff to address safety of children at and throughout placement and visitation. Central Office staff met with Staff Development and Training to discuss, policy implications, and how to incorporate this information into BASIC and In-Service trainings.
- *S1.2.5 – Strengthen policy and practice relating to chronic neglect and accumulation of harm.* Activities related to this action step are indicated above in the Building Healthy Families initiative.
- *S2.3.3 – Improve supervisory capacity to monitor enhanced practice relating to case planning.* During July 2006, the first sample of cases to be reviewed was sent out to each circuit manager for front line supervisors to begin completing monthly case reviews using the Supervisory Case Review Tool to a randomly selected sample of cases. The case review tool will assist staff support the mission and guiding principles of the CD, enhance clinical supervision, support the CQI environment, increase consistency of practice, provide worker accountability and improve outcomes for children and families.
- *P1.6.6 - The Stability Workgroup was convened during August 2006 and met with the National Resource Center for Family Centered Practice and Permanency Planning consultant to begin identifying barriers associated with placement stability.* The consultant provided the group with information on how to be successful in achieving placement stability through lessons learned from other states. Finally, the group identified areas to improve and developed subgroups to concentrate on the five problematic areas and the expected deliverable.

Targeted case reviews were scheduled with circuits falling short of their placement stability goal and needing additional supports for purposes of developing circuit specific action plan.

- *P1.6.7* – Based on input from relative/kinship providers, the *Caregiver Who Knows the Child* curriculum was updated and focused the improvements on *Understanding Permanency Goals; Managing New Responsibilities; Managing Stress & Staying Healthy; Information regarding the Grievance Process*.
- *P1.10.4* – To increase older youth involvement in service planning and delivery, policy and the Adolescent FST Guide and Individualized Action Plan protocol was developed. Field tests of the training and protocol were conducted. Staff in the test sites were surveyed for the protocol usability.
- *WB1.18.3* – A parent’s handbook was developed and made available to be distributed to parents at the point of their child’s removal to educate them on their rights, responsibilities, court procedures, etc.
- *WB1.19.1* – Policy for worker visits with children was updated requiring workers to meet face to face with children in foster care the next business day following placement when possible and a minimum of two times per month, no less than seven calendar days apart. The visit the next business day and at least one visit per month thereafter must occur in the placement setting.

b. The steps the agency will take to expand and strengthen the range of existing services and develop and implement services to improve child outcomes.

OHI Staff Expansion

The OHI Unit has added two additional field staff and one field supervisor this past year. This has allowed us to keep pace with increasing numbers of reports in a timely, efficient manner. This has strengthened the ability to make a quick response to referrals to develop plans to ensure child safety pending the completion of an investigation. The OHI Unit continues to dialogue with other agencies and other CD staff about how to ensure child safety when there have been allegations of abuse or neglect. Good communication among all the partners is key to this effort. OHI has begun utilizing e-mail as well as personal and telephone as a communication method. E-mail allows for a real time transfer of information, and at the same time documents information for all parties.

Child Care Efforts

The CD released an RFP in April, 2007, to develop an electronic time and attendance system for child care subsidy utilizing a biometrics application, specifically fingerprinting imaging of both the child and the parent. The child will be checked into and out of child care by placing a finger on a pad on a purchase of service (POS) device located at each child care facility. This device will capture a logarithm of the fingerprint to verify that the child is indeed in care and calculate the time the child is in care. This information will be

transmitted back to the DSS child care subsidy system which will calculate payment. Allowing for development and roll out time, we expect this system to be fully operational in late 2008.

Case Management Efforts

PBC expansion plans for FY 08 have not yet been finalized, but there is the possibility of providing approximately 105 cases to the Springfield region to help meet accreditation standards.

The CD contracted with the University of Missouri-Columbia (UMC) to perform an evaluation of the PBC process. In addition, the UMC assisted the CD in the equalization of caseload assignment during the implementation phase of contracting. The equalization process used variable such as age, race, sex and length of time in foster care which resulted in similar caseloads for each consortium. At the end of UMC's first year, an activities report described evaluation events, such as focus groups, interviews, evaluation of pilot units, and the case load equalization process. A second year report will provide outcome data analysis, PBC barriers and successes, as well as recommendations for improvement. This report is rescheduled to be completed in June 2007.

The evaluation process will continue for the next several years through the Southern Region Quality Improvement Center (QIC) Performance Based Contracting grant received on January 1, 2006. This grant will continue Missouri's current PBC assessment and expand to a cross-state evaluation. The continued grant efforts will explore collaboration, implementation and practice successes within the public-private partnerships.

Missouri's QIC study, entitled *Maintenance Needs in Performance-Based Contracting Success: The Missouri Project on Privatization of Out-of-Home Care for Children*, will examine the processes necessary for maintaining public and private partnerships in support of performance-based contracting of child welfare out-of-home beyond the initial contract implementation process. Using a mixed method design, the project expects to determine those public/private contracting and contract monitoring processes which provide a best-practice model for ongoing use of performance-based contracting in the delivery of out-of-home care that lead to the optimal positive outcomes for children needing such services. Both qualitative and quantitative data will be used in the development of this best practices model.

Specialized Care Management Contract

Negotiations were held with MACF to change the outcomes for the renewal of the Specialized Care Management contract in July 2007. Some outcomes will be changed (i.e. worded differently) and some targets will be raised.

Kinship Care

The Kinship Care program is a successful component of the CD's practice. The enhancement to the data system to allow for the 90 days to complete the licensure

process will assist in assuring that relative and kinship providers are able to meet the needs of the children and reduce the financial and emotional stress of the addition to the household. The number of children in relative and kinship care has steadily increased over the last five years and should continue to do so as CD continues to focus on locating these placements for children entering out-of-home care.

Older Youth Efforts

Within the Older Youth Program there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). During FY 08 the CFCIP will be contracted to private providers to administrate and deliver services and funding to youth in foster care and former foster care youth. Within this contract there is language about the Four Core Principles - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee contracted providers will engage the youth in their case planning, design life skills instruction specific to the youth's needs with youth input, offer a variety of methods in which youth can gain competency in each life skill. The Chafee contracted provider is expected to promote youth leadership, provide the opportunity or assist the youth in gaining this experience whether through school functions, community organizations or the development of local foster care youth advisory boards. The youth must have the opportunity to lead with their peers and advocate for issues that are important to them.

Accreditation Efforts

The CD is in the process of developing its accreditation implementation plan for FY08 and FY09. In September, 2006, the remaining 31 circuits provided updated self-assessments using the established readiness criteria. The updated information was used to determine the order and years in which the remaining 31 circuits will be visited by COA. Sixteen circuits will be reviewed in FY08, and 15 circuits will be reviewed in FY09, contingent upon appropriations and COA's ability to accommodate the division's desired time frame.

c. This section updates the goals and objectives to incorporate areas needing improvement identified in a CFSR, IV-E, AFCARS, SACWIS or other reviews and activities proposed and completed in subsequent PIPs.

At the onset of the two-year PIP process, CD identified eight key strategies to address areas needing improvement in order to achieve the core outcomes for the children and families who come into the child welfare system. Through targeted strategies and action steps, the division has addressed and completed the 600+ individual process steps and met the agreed upon data goals for the six national standards.

We have been working on increasing the integrity of the PRR data for nearly two years. During the refining process a decline in the PRR performance data was expected.

While the division is pleased with the improvements made, there are several measures we are strategically focusing on to improve to exit the PIP.

Timeliness of initial contact

Current Performance per the *Outcomes Report* = **75.2%** Goal = 80.4%

For all investigations and family assessments, Missouri statutes require the child(ren) to be seen immediately in emergency situations and within 24 hours for non-emergency cases. Immediately is defined per policy as within 3 hours. For educational neglect reports, the victim must be seen within 72 hours. The expectation for change requires Circuit Managers to review measure #1 of the FY 07 Outcomes Report and develop an action plan for improvement for any circuit performing below the state goal. A recent review of conclude CA/Ns indicated performance may be improved by additional policy clarification and training, as well as a system edit which will simplify initial contact reporting, whether, made by a multi-disciplinary team member or a CD staff person. CD has begun addressing these changes.

Family participated in the development and signed the service plan

Current Performance *per PRR Results* = **74.3%** Goal = 75.3%

The Family-Centered approach is the division's philosophical base of child welfare practice. Parents and children will be given the opportunity for full inclusion in all phases of the assessment and service planning process. When the parents sign the plan, they convey their agreement to the goals and requirements of the plan. The expectation for change requires staff to make every effort to involve the family in the assessment and planning process are essential in developing a therapeutic relationship and in empowering parents to make the necessary changes. Circuit Managers will work with staff to ensure that families are actively involved in the planning process. Service plans will be developed by focusing on the strengths and needs of the family and reviewed for signatures of family involvement.

Services being provided to the family are adequate to meet their needs as identified in the assessment

Current Performance *per PRR Results* = **86.8%** Goal = 89.9%

In Family-Centered techniques recognition is given that families are more likely to change when they are invested in a plan for change, rather than being asked to comply with the mandates of others. Family-Centered practice empowers the family and encourages self-sufficiency, while meeting the children's needs. Flexible funding is provided to facilitate meeting the needs of families, when they can not otherwise be obtained. Expectation for change necessitates the worker to initiate the family-centered practice by explaining the purpose of division's involvement, establishing rapport and treating the family with honesty and respect. Full inclusion will give parents and children an equal and active voice in identifying the issues and need for services. The supervisor is responsible for assuring the assessment is complete and discussing with the worker the best way to access needed resources.

Worker visits with the family and caretakers at least one time per month

Current Performance *per PRR Results* = **81.6%** Goal = 85.4%

CD policy expects staff to meet in the family's home one time per week during the first 30 days, but a minimum of one time per month. Ongoing case management after the initial 30 days requires a minimum of one home visit per month. This visit should not be included with any supervised visitation between parents and children that occur in the

home. Expectation for change – To ensure the safety of children in foster care, it is imperative for staff to conduct visits with parents and placement providers. Circuit Managers will review PRR results for current circuit performance and develop a plan for improvement if their performance is below the state goal. The improvement plan will include strategies within the next 90 days for worker visits with the family and caretaker to take place at least one time per month and documented in the case record via the worker.

Child placed in close proximity to family

Current Performance *per PRR Results* = **85.6%** Goal = 90.9%

CD strives to preserve and maintain family and community connections for all children and families served. For children in out-of-home care, diligent efforts are made to place the child and/or sibling group together with other relatives, maintain the child and/or sibling group in their own schools and communities and ensure close proximity to his/her parents when possible and appropriate. In an effort to improve this outcome, Family Centered Out-of-Home supervisors and Circuit Managers will conduct administrative reviews in the next 60 days to evaluate whether all viable placement options have been explored and exhausted in efforts to place the child in the same community and within close proximity of their parents.

Visitation plan in place to facilitate reunification

Current Performance *per PRR Results* = **84.8%** Goal = 86.8%

Child visits with parents and siblings should occur within the first week of placement, and then weekly thereafter, when possible. The Visitation Plan developed through the FST process should include the frequency of the visits. It is recommended that a visit between a parent and child occur weekly or as frequently as possible in efforts to preserve the bond between a parent and child. It is the worker's responsibility to assure that the child is present for the visits and that a location is secured. Visits should not be canceled or rescheduled because of unexpected problems with the worker's schedule; a backup plan should be in place. The expectation for change will require Circuit Managers to work with staff to ensure there is a visitation plan developed for each child or the visitation plan allows for visitation per policy.

An analysis of Outcomes data indicates children placed with relatives/kin have greater placement stability than children in foster care placements. However, data analyses also indicate children in these placements take longer to achieve reunification. The Stability Workgroup are reviewing policy to determine what may attribute to barriers to placement with kin/relatives and assess if practice is clear and enables workers to get to a permanency outcome?

The CD made a decision to revise and rename the Independent Living Program to the Older Youth Program. The new changes will better reflect the specific philosophy and services that are offered to youth, ages 14 and older, in the custody or previously in the custody of the CD. The changes will improve how services are provided to youth and will address:

- The philosophy of youth permanency and positive youth development

- The responsibilities of case managers of older youth, ILP Contractors,
- TLP Contractors, Older Youth Contract Coordinators;
- The role of the Older Youth Transition Action Teams
- procedures for using the Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan (formerly the CS-1 Attachment)
- Helpful resources to engage youth in their permanency and education planning

Within this policy change will be a revision to the current CS-1 Attachment. This form will become the Adolescent FST Guide & Individualized Action Plan. It will assist workers and youth in the planned transition of a youth becoming an adult and leaving the foster care system. It will detail the goals of the youth and facilitate the involvement of identified adults in the youth's life.

d. Describe the services to be provided in FY 2008, highlighting any changes or additions in services and program design.

CA/N Changes

There are no major changes or additions to CA/N Prevention, Intervention, and Treatment Services

Foster Care Strategies

A redesign of the Behavioral and Career Foster Care programs has been under discussion by a subcommittee of the Placement Stability Workgroup. This subcommittee is in the process of formulating a recommendation for a pilot project to begin during SFY 2008. The pilot is being proposed as research has shown children in these types of placements do not have better outcomes and may, in fact, have more placement disruptions than children in traditional foster homes. The pilot will look at ways to enhance the skills of the current placement providers to meet the needs of children with specialized need rather meeting their needs by moving them to a different placement.

Kinship Care

There are no planned changes or additions to the Kinship Care program for FY 2008.

Older Youth Efforts

Within the Older Youth Program there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). During FY 08 the CFCIP will be contracted to private providers to administrate and deliver services and funding to youth in foster care and former foster care youth. Within this contract there is language about the Four Core Principles - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee contracted providers will engage the youth in their case planning, design life skills instruction specific to the youth's needs with youth input, offer a variety of methods in which youth can gain competency in each life skill. The Chafee contracted provider is expected to promote youth leadership, provide the opportunity or assist the youth in gaining this experience whether through school functions, community organizations or

the development of local foster care youth advisory boards. The youth must have the opportunity to lead with their peers and advocate for issues that are important to them.

These contracts will need support and monitoring. Seven regionally based, CD worker positions, called Older Youth Contract Coordinators will perform this task and be the gatekeeper for Chafee and TLP services and determine ETV eligibility.

Upon the Governor's signature, Senate Bill 577 will establish the Missouri Health Improvement Act of 2007, which modifies various provisions relating to the state medical assistance program and changing the name of the program to MO HealthNet. This act extends Missouri HealthNet coverage for foster care children from the age of 18 to 21 without regard to income or assets. It offers transitional health care to youth aging out of foster care. Currently foster care youth, aged 18-21, who leave the custody of the CD are unable to access or may not qualify for Missouri Medicaid. These young adults may no longer have available health care services or medications necessary to maintain a successful level of functioning. Youth leaving foster care at age eighteen often need supports, including health care, to transition to a successful adulthood. Offering transitional coverage would impact approximately 970 young adults.

e. Report the population to be served, geographic areas where services will be available and the estimated number of individuals and or/families to be served.

The above CA/N services are available to all children and families statewide that come to the attention of the CD in need of child protective services.

When the removal of a child from the home is necessary to ensure safety, foster care services to promote permanency, stability and continuity of care are provided to the child and his/her family. The total number of children entering CD custody during SFY 06 was 16,470. It is anticipated the same approximate amount of children will be entering CD custody and receiving foster care services statewide during SFY 07.

Kinship care is preferred and given first consideration when court intervention is necessary to ensure the safety of the child. Preferably, the child's initial out-of-home placement will be with kin, unless the court has determined that relative placement is contrary to the best interest of the child. Approximately 27 percent of the children in CD custody during SFY 06 was placed with relatives/kin. This percentage or higher is anticipated for SFY 07.

Older Youth Program services will be made available to youth ages 14 years and older on a statewide basis. It is anticipated that at minimum 2,000 youth will be served during SFY 08.

f. Indicate if there are no planned changes to the program.

There are no planned changes to Child Abuse and Neglect Prevention, Intervention, and Treatment Services; foster care or kinship care services.

Systematic steps have been taken to revamp the Older Youth Program. See above sections.

DESCRIPTION OF PROMOTING SAFE AND STABLE FAMILIES SERVICES

a. The following section describes Promoting Safe and stable Families services. It also reports on the specific accomplishments and progress achieved toward meeting the goals and objectives.

Family Preservation/Intensive In-Home Services

Intensive In-Home Services (IIS) is a short-term, intensive, home-based, crisis intervention program that offers families in crisis an alternative to out-of-home placement.

CD staff provides intense, time-limited family preservation services to families in 25 percent of the cases and purchases services through contractors for 75 percent of the cases. Referrals are accepted 24 hours a day, seven days a week. An IIS Specialist will only carry two cases and visits the family within 24 hours of referral and begins services immediately. The services are provided in the family's home or natural environment that may include neighborhoods, school or work settings. The intervention is intensive – twenty hours a week or more are devoted to each family. An average of eight to ten hours per week of face-to-face or telephone contact with families is expected. Services are time limited – usually four to six weeks.

Family Support Services

Family Support services are community-based services that promote the safety, permanency and well-being of children and families and are designed to maintain and strengthen families.

Child Advocacy Centers (CAC):

Child Assessment Centers (CACs) are neutral, child-focused facilities where joint forensic interviews and a medical examination may be conducted with children in appropriate cases of suspected child sexual abuse and physical abuse.

Child Assessment Centers are located regionally and geographically to cover the entire state in: St. Louis City, St. Louis County, Jackson County, Buchanan County, Greene County, Boone County, Joplin, St. Charles, Jefferson County, Pettis County, Southeast Missouri (Cape Girardeau), Camden County, Clay-Platte County, Lake Area (Branson West), Ozark Foothills (Ripley County), and North Central Missouri (Trenton). Satellite centers have been developed in the following locations: Monett (Barry County), Nevada (Vernon County), Hannibal (Ralls County), Popular Bluff (Butler County), and St. Robert (Pulaski County).

During SFY '06, the CACs conducted 5,657 forensic interviews as reported to the National Children's Alliance. The use of a CAC does not lessen the work load of CD

staff but provides a facility and interviewers for children to obtain the most reliable information in the least stressful setting.

Sexual Assault Forensic Examination (SAFE)-Child Abuse Resource and Education (CARE) Network

In SFY 06, 3,161 SAFE-CARE exams were conducted with 93 participating SAFE-CARE providers. SAFE-CARE exams are at times conducted at the physician's medical office; however, they are also completed at CACs. This process allows for a one-time interview of the victim, with the opportunity for the physical examination to occur in the same location, preventing unnecessary stress and trauma to the child victim and their family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation process.

Crisis Care

Crisis care facilities provide short-term emergency shelter services for children, ages birth to 17 years, whose families are experiencing a crisis situation in which the children are at risk of abuse or neglect. Parents and guardians may bring their children to the facilities for care, where they are provided developmental screenings, counseling, and other ancillary services. This prevention service is of no cost to parents and is accessible based on program availability.

School Based Service Workers

The primary goals of the agreement with the school based workers include the prevention and early identification of children at risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting and early intervention and the provision of services to strengthen families by:

- Establishing intimate and trusting relationships with families
- Providing parents with encouragement and education
- Acting as an early warning and response system and intervening before abuse and neglect occur
- Promoting protective factors of parental resilience, building social connections for families, building child resilience through healthy social and emotional child development
- Providing concrete support in family's time of need, including access to necessary services, such as mental health services
- Reducing incidences of child abuse and neglect

At the beginning of the 2006-2007 school year, the CD had contracts with 42 school districts throughout the state with a total of 46 School-based workers (some school districts have more than one worker).

Services provided to families and children included referrals for child abuse/neglect, counseling, mental health, attendance or academic issues, classroom behavior, health/medical, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, vocational, dental, and housing.

Community Based Child Abuse Prevention (CBCAP) Program

The CBCAP program focuses on primary prevention to prevent child abuse and neglect. It seeks to increase community awareness of existing prevention services and to strengthen community and parental involvement in child abuse prevention efforts. In Missouri, the Children's Trust Fund (CTF) is the designated agency to administer the CBCAP funds.

The intent of the CBCAP in Missouri is to help communities develop a model integrated system for delivering health, family support, and social services to children and families in order to improve outcomes, reduce costs, and ultimately reduce the risks of child abuse and neglect. In fiscal year 2006, the CTF awarded four CBCAP grants to local organizations. Each CBCAP site works to develop a more efficient and coordinated way of working with families to reduce duplication of existing services and maximizes the resources of public and private providers.

Child Care and Development Fund

In addition to child care subsidies, additional mandatory set aside funding is earmarked through the federal CCDF regulation for:

- The Missouri Child Care Resource and Referral Network (MOCCRRN) provided child care referral service for approximately 23,172 families during fiscal year 2006. This was the first year on-line referral services were available statewide. Of the 23,172 families provided referral services, 9,290 accessed those services on-line. The MOCCRRN also serves as the primary training resource for child care providers. They coordinated and provided trainings statewide developed by the Department of Health and Senior Services, Section for Child Care Regulation. Those trainings are Basic Child Care Orientation Training (CCOT), Infant Toddler CCOT, and School Age CCOT. In fiscal year 2006, MOCCRRN offered 2,253 clock hours of training for 14,733 participants in 885 sessions.
- The OPEN (Opportunities in a Professional Education Network) initiative is Missouri's state early childhood professional development system and includes a Professional Achievement and Recognition System (PARS) and Trainer Registry. In SFY 2006 1,295 participants were added to the PARS registry which brought the total in the registry to 5,005 participants. This registry tracks child care providers and their staff's education and professional development. During the same timeframe 157 trainers were added to the Trainer Registry which made the total in the registry to 1,179. This registry tracks education and professional development of trainers who provide training to child care professionals. OPEN has been an intricate partner in the oversight of the Quality Rating System (QRS) pilot project. The QRS is an initiative that rates child care programs according to the quality of the program using a state approved rating tool. The data collected in the PARS registry along with the Trainer Registry is an important to making QRS work statewide. OPEN provides statewide leadership on mentoring and articulation on early childhood career development.

- The Missouri Educare program which provides training and technical assistance to child care programs who serve subsidized children. Educare is present in 74 of Missouri's 115 counties providing opportunities for providers to enhance their care giving skills. Educare also serves subsidized child care providers by training them on the child care subsidy payment system, many of whom are referred by the Division of Budget and Finance, Contract Compliance Review Team as needing technical assistance with subsidy requirements.

Early Childhood Development Education and Care Fund (ECDECF)

The ECDECF was created by setting aside a portion of the entrance fees to riverboat casinos. This funding is set aside for four programs specified in statute and administered by DSS.

1. Early Head Start (EHS)

State funding currently provides one quarter of the total EHS slots available in the state. Federal funding provides the other three-quarters. Approximately one quarter of EHS families are teen parents. In Fiscal Year 2006 ten Missouri EHS grantees served 1,158 children and continually provide 582 childcare slots for those eligible. It is anticipated that in Fiscal Year 2008 Head Start at the federal level will be re-authorized, it is unknown at this time how that will impact this program.

2. Start-Up Expansion

In Fiscal Year 2006 there were 35 competitive bid grantees that served 1,000 children and 466 licensed slots were added. There are eight Community Partnerships who also receive this funding. They served 1,523 children within 68 child care facilities. For Fiscal Year 2007 there were 103 applications for funding and 10 programs were able to be funded.

3. Stay at Home Parent

In Fiscal Year 2006, 34 contractors served 7,657 children in 6,075 families. Of those contractors 26 were awarded through a competitive bid process and eight were Community Partnerships. These contractors are required to screen the children for developmental delays and social emotional health by using the Ages and Stages Questionnaire and the Ages and Stages Questionnaire Social Emotional. Of the children screened 270 were referred for further assessment. The parental stress levels must be screened by using the Parental Stress Index. Of the parents screened, 156 were referred for other services. Contractors are also required to track how much time parents spent reading to the children and to provide developmentally appropriate books to the families. Fiscal Year 2007 is the third and final year of the current competitive bid contracts. There will be a re-bid for Fiscal Year 2008 with some changes to the requirements however the goals remain the same.

4. Accreditation Facilitation

Accreditation funding provides a 20 percent increase in child care subsidy base rates to accredited providers as an incentive for child care providers to become accredited and

to support the additional costs of being an accredited facility. Providers eligible for this base rate increase include providers accredited by NAEYC, NAFCC, NASCCA, COA, NECPA, CARF, and Missouri Accreditation. In order to maintain the integrity of the accreditation process, accrediting organizations must apply to DSS to be a recognized accrediting organization and submit extensive background information regarding the operation and quality of their program. Applications are reviewed by an impartial team of evaluators made up primarily from staff of universities and community colleges. In Fiscal Year 2006, 340 programs who served 12,737 children were provided these services.

Strengthening Families Through Early Care and Education

This initiative is supported by the Center for the Study of Social Policy and the National Alliance of Children's Trust Funds through funding by the Doris Duke Foundation.

Missouri has proceeded with the implementation of the Strengthening Families through Early Care and Education initiative. The goals are to incorporate five protective factors to the extent possible in CD's early childhood programs and to create better linkages with other child welfare systems through cross training and joint initiatives. The process began with selecting six pilot sites that will serve as exemplary sites with the hope that eventually they will mentor other sites in the Strengthening Families model.

The pilot sites were chosen in FY 2007 along with a contractor to provide technical assistance in embedding the protective factors into their programs. The five protective factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and the Social and Emotional Competence of Children have been woven through or embedded within a variety of major initiatives and programs including; training for frontline child welfare staff, the Parents as Teachers National curriculum, the Prevention module of basic child care orientation training for child care providers, the Children's Trust Fund discretionary grant program, the statewide strategic plan developed under the national MCFH Early Childhood Comprehensive Systems (ECCS) Plan grant that is intended to guide the work of the Early Childhood Coordinating Board appointed by the Governor, the state Quality Rating System, and a variety of grants and initiatives of the various state agencies engaged in early childhood activities. This work will continue on an ongoing basis. Several individual city, county and community initiatives are also beginning to utilize the Strengthening Families model in their infrastructure to support parent involvement and to embed the protective factors in their programs and initiatives. In conjunction with the ECCS plan, the SFI steering committee will be developing outcome measures and strategies as part of the ECCS strategic plan.

Time-Limited Reunification

Family Reunion Services

Family Reunion Services (FRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. The goals of FRS are

to assist a family in removing barriers for the return of their child(ren), assist in the transition of returning the child(ren) to the family, and to develop a plan with the family that will maintain the child(ren) safely in the home for at least one year following the intervention.

Families are eligible to receive FRS if at least one child (0-17years) under CD custody is in an out-of-home placement. Eight (8) new sites were added in 2006 (Sites #3 to #10 below) in primarily rural areas of the state. Family Reunion Services are currently provided in the following sites:

Site #1: Jackson County

Site #2: St. Louis City, St. Louis, St. Charles and Jefferson Counties

Site #3: Washington, Ste. Genevieve, St. Francois and Madison Counties

Site #4: Crawford, Dent, Iron, Reynolds and Wayne Counties

Site #5: Lawrence, Barry, Stone, Newton, McDonald Counties

Site #6: Camden, Laclede, Miller, Moniteau and Morgan Counties

Site #7: Cass and Johnson Counties

Site #8: Cole County

Site #9: Boone and Callaway Counties

Site #10: Franklin, Gasconade and Osage Counties

One Specialist was added for each new site for a total of eight new specialists. These allocations increased the capacity to serve an additional 104 families enabling a total of 494 families to be served during this year. There are no plans to expand or revise the Family Reunion Services program in FY 08.

The North Carolina Family Functioning Scale- Family Reunion was utilized for a pre and post functioning to measure changes in family functioning during an FRS intervention. This tool is currently being used by staff and contractors statewide and will continue to be used as the assessment tool for FRS. A new data collection system will be available with the implementation of SACWIS.

Adoption Services

Adoption is a permanent lifelong commitment to a child. 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 older child's desire to be placed in an adoptive home.

Persons who are interested in becoming adoptive parents must complete the STARS/Spaulding training provided through the Division. CD workers and/or contracted providers, in coordination with the training complete the family assessment and screen suitable families. The home studies are initiated within thirty (30) days of the receipt of

the application and completed within four months for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child.

The division maintains an Internet web site Adoption Photo Listing that is located at <http://www.dss.mo.gov/cd/adopt>. Children are also listed at the national AdoptUSKids site at www.adoptUSkids.org. In addition, Kansas City has a website for Jackson County children and can be accessed at www.kcchildren.org.

The CD enlists the assistance of community partners as well as the faith communities through publicity efforts that utilize newsletters, printed promotional material, public service announcements and local projects.

Subsidized Adoption Program

The vast majority of children placed for adoption by the CD have special needs. The agency has devoted a large portion of its resources and placed a priority on finding homes for these children. As of February 28, 2007, there were 14,450 children receiving adoption subsidies at an average monthly cost of \$325.00 per child. Total expenditures for the adoption subsidy program were \$68,885,308 for FY 06. It should be noted that case management expenses have been separated out of this appropriation and are no longer included in the subsidy expenditures.

We are currently in the process of revising the adoption subsidy contract to a more streamlined and efficient document for families as well as staff. The purpose of this revision is to provide the most services to adoptive families and children in the most fiscally responsible way.

Second Level Matching Team

The Second Level Matching Team (SLM) consisting of regional adoption representatives continues to meet four times per year to facilitate matches for the hardest to place children who are awaiting permanency. This statewide team was developed to match waiting families with children available for adoption. The focus of this group has expanded to include the utilization of a specialized recruitment tool. The SLM Team Goals have also expanded to include serving as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD, and completing quarterly adoption PRRs as part of the statewide CQI process.

Heart Gallery

Heart Gallery - During April 2006, the Adoption Exchange of St. Louis opened the premier of the first Missouri Heart Gallery in Jefferson City at the Capitol rotunda. The New Mexico Department of Children, Youth and Families founded the Heart Gallery in 2001 as a unique way to help children in foster care who are waiting for adoptive families step from the shadows into the light. Stirring portraits, which reveal the children's amazing spirits and individuality, have helped many find permanent, loving homes. The first Missouri exhibit traveled throughout Missouri appearing in St. Louis, Springfield, Kansas City and Joplin. The first gallery featured 63 photos, as a result of the first gallery 27 children were placed, 44 children were inquired about and The

Adoption Exchange processed 308 general and child specific inquiries that identified the Heart Gallery as the referral source. This is a 226% increase from the inquiry calls that were processed during the same period in 2005.

CAPTA, Chafee and Education Training Vouchers

Program or service descriptions and report on the specific accomplishments and progress for the CAPTA State Grant, Chafee Foster Care Independence and Education Training Vouchers will be provided in their individual sections.

b. The steps the agency will take to expand and strengthen the range of existing Promoting Safe and Stable Families services and develop and implement services to improve child outcomes.

IIS

The current IIS contract is scheduled to expire June 30, 2007. Presently, the CD is conducting community stakeholders meeting to solicit feedback from the local communities and contractors about the IIS program in efforts to better serve Missouri children's and families. Based on current funding, there are no plans to enhance or expand services.

CAC

During the past year the Missouri Network of Child Advocacy Centers, now known as Missouri KidsFirst, voted to reorganize its operating structure and by-laws and is in the process of establishing a new Board of Directors. The new board will consist of diverse professionals from across the State which will include business and community leaders as well as professionals with financial and legal backgrounds. The new board will oversee the management and development of Missouri KidsFirst as a not for profit organization.

In addition, two new planning structures will be developed under the new board. A state level Advisory Counsel will be convened and consist of representatives from partnering agencies and state organizations. The Advisory Counsel will oversee the integration of the CAC Model into all the appropriate partnering agencies and organizations. It will also coordinate interagency training and planning activities. The second planning structure, a Program Counsel will consist of directors from 15 regional CACs. The Program Counsel will continue to work together to address on-going issues relating to training, coordination and program development with in the CAC Network.

SAFE-CARE

The big task currently underway for the SAFE-CARE network is restructuring the Network into a tiered system of care. The following are the goals of that project, developed by the Advisory Council Strategic Planning Group:

Strategic Planning Group Goals

1. Phase out present system of training “all comers” to be SAFE-CARE providers
2. Develop a tiered system of providers based on:
 - Qualifications and selection
 - Participation in initial and update training
 - Number of evaluations performed
 - Access to supportive services
3. Develop a system of quality assurance
4. Facilitate mentoring between experienced providers and less experienced providers
5. Provide general education for other medical providers

The Advisory Council members meet routinely with the Director of the CACs in developing the new protocol for restructuring to the tiered system.

Existing services were strengthened with the attendance by Network Physicians at a Sexual Assault Prevention Conference held on July 11, 2006. The conference served as in-service training to current providers, as well as introduction and training for new providers.

Crisis Care

The CD requested and was granted an amendment to the Crisis Care contract from the Office of Administration (OA) through June 30, 2007. Thirteen sites agreed to the contract amendment for SFY'07. The maximum number days a parent or guardian can utilize this crisis service for their child is 12 days per rolling calendar year, a change from 30 days in previous years. Providers may request an extension for those children who need additional days beyond the allowed maximum.

In September and October of 2006, CD staff visited several providers throughout the state. Staff was provided an opportunity to experience first hand, the services provided to children and families, and receive feedback from parents about their experiences at the crisis care. The feedback was positive for the crisis care program.

In SFY 06, 2,487 children were served by crisis care facilities, which is about a 10 percent decrease from SFY 05. While the number of children for SFY 06 has decreased, it remains a vital service for children and families and continues to receive support from local communities. The General Assembly passed a \$1,750,000 appropriation specifically for crisis care programs in SFY 06.

School Based Service Workers Efforts

Restrictions under the Family Educational Rights and Privacy Act (FERPA) of 1974 continue to prohibit identifying information from being obtained from the schools, however, new expectations for the schools to internally monitor outcomes is being considered. It is expected that new contract requirements and a revised reporting process will begin with the 2007-08 school year, as last year's contract was extended to allow better planning for a more effective (outcomes based) reporting process.

Child Care and Development Fund

In SFY 2007 Family Home CCOT was added in addition to another set of trainings called Providers Advancing through Continuing Education (PACE). The PACE trainings include sessions on Safety Issues, Developmentally Appropriate Practice, and Preventing CA/N.

In SFY 2007 Educare began utilizing the Supporting Care Providers through Home Visits curriculum that was developed by the Parent's As Teachers National Center for training family, friend, and neighbor child care providers.

Time-Limited Reunification - Family Reunion Services

There has been no evaluation or data collection of FRS in Missouri. In January 2007, we began collecting data manually and will be incorporating it in the new FACES database. However this timeframe has not been established.

Adoption

Prospective applicants may call the toll-free Foster/Adoptline at 1-800-554-2222 for information about adoption. The CD is currently re-vamping the contract for the 800 number in conjunction with changes to the recruitment materials. As a second part to increased utilization of the 800 number, we will be utilizing a webfront database. This database will allow information regarding interested callers to be captured as each activity in the licensing/approval process is completed. It designed to provide alerts to workers and supervisors on necessary actions in relation to training and home assessment timeframes, to prevent families from becoming disengaged in the process and the division losing a potential viable resource family. Capturing this information will allow the division to fully evaluate the current process and determine any areas of need for improvement to maximize recruitment outcomes for the children who are waiting for resource families.

Recruitment materials have been revised and made available for use by staff and contract agencies in recruitment of resource families. Foster care and adoption staff in Central Office have been working with a local advertising agency to develop a new recruitment ad campaign. This campaign is ready for use during foster care month in May but will continue developing it throughout the remainder of the year to include new recruitment materials in November for National Adoption Month.

c. This section updates the goals and objectives to incorporate areas needing improvement identified in a CFSR, IV-E, AFCARS, SACWIS or other reviews and activities proposed and completed in subsequent PIPs.

IIS

The indicators of success for safety and permanency remain the same as previous years. The most recent outcomes data available for FY 2004 show that the percent of children in IIS program without confirmed CA/N:

- Families will not have confirmed child abuse/neglect during IIS intervention 90 percent of the time. Exceeded goal at 98 percent.
- Families who have received IIS intervention will not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention 85 percent of the time. Exceeded goal at 94 percent.
- Families who have received IIS intervention will not have confirmed child abuse/neglect within the first 12 months following the completion of IIS intervention 80 percent of the time. Met goal at 90 percent.

Outcomes related to permanency for FY 2004:

- Families will not have a child placed out of their home during IIS 90 percent of the time. Exceeded goal at 95 percent.
- Families having received IIS will not have a child placed out of their home within three months following IIS intervention at 85 percent of the time. Exceeded at 89 percent.
- Families having received IIS will not have a child placed out of their home within twelve months following IIS intervention at 80 percent of the time. Exceeded at 84 percent.

Adoption

The CD has devised several strategies in an effort to continue meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meeting were initiated with Juvenile courts to address procedures for filing of Termination of Parental Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The CD finalized adoption for 1,264 children during SFY 06, a slight increase of 1233 in SFY 05.

As of February 28, 2007 there were 908 children who were available for adoption and awaiting adoptive placement, as the termination of parental rights process had been completed. There were an additional 934 children for whom a goal of adoption had been established, but TPR had not yet been completed.

d. Describe the services to be provided in FY 2008, highlighting any changes or additions in services or program design and how the services will achieve program purposes.

IIS

The Missouri Family Functioning Assessment Scale (MFFAS) is continuing to be used by IIS staff. The MFFAS will not be incorporated into the FACES case management system. Instead the North Carolina Family Assessment Scale (NCFAS) will be used as a part of the FACES case management system. The NCFAS is a researched based pre and post assessment designed to measure change in family functioning. This analysis will provide information regarding improvement in family functioning after the intervention and help identify resource and training needs.

The IIS curriculum is being revised to offer a more competency based training for IIS staff and contractors. The current curriculum presents a comprehensive and intensive 4½ days training program. The modified curriculum will break up the training into three separate modules.

Crisis Care

In July 2006, the CD held several community stakeholders' meetings to gather feedback from crisis care providers and other community stakeholders. Through these forums, it was determined the crisis care program served two distinct populations; children (ages birth-12) and youth (ages 13-17). This has resulted in the development of two separate contracts for SFY'08. Outcomes were developed as a result of those meetings for the SFY 08 contracts.

- Youth will be provided a safe and stable environment during stay at the crisis care facility – CD will capture data to determine if CA/N reports concerning the contractor's crisis care facility have occurred.
- Reduction in parental stress levels – CD will capture data to determine if services provided by the contractor reduce the level of stress for parents and/or creates a positive change in parenting skills, thereby resulting in decrease in youth maltreatment.
- Average number of days accessing crisis care – CD will capture data to determine the crisis care services provided by the contractor do not exceed the average thirteen (13) days per youth per state agency fiscal year.

Importantly, the implementation of the SFY 08 contract will provide the CD with following opportunity:

- To streamline the crisis care contract, which was last amended in 1993;
- To establish clear outcomes, which were developed with providers input;
- To meet bi-annually with providers about program components and issues; and
- To allow providers to serve children and families based on needs.

Child Care and Development Fund

In SFY 2008 it is anticipated that MOCCRRN will be able to offer a statewide training calendar available to the public through the internet.

Educational Services

Simplification of records transfers and access to wrap around educational services to ensure foster children don't fall behind in school during placement moves is critical. Section 211.032.7(1) RSMo requires a child's school records be transferred within two business days of notification in the event the placement of the child in the custody of the CD results in the child attending a school other than the school the child was attending. This information was provided to staff in a policy memorandum and an amendment to the Residential Facility-Based Rehabilitative Treatment Services (REHAB-RT) contract was sent to contractors. During FY 2008, a new Residential Facility Services Contract including this language will be offered to residential treatment providers. Additional contract service requirements include:

- The contractor shall not admit children to their program unless an education program appropriate to the child's needs can be obtained. Contractors for Severe and Intensive Need REHAB Services shall have the capability of providing on-grounds or alternative schooling, if necessary, for the child(ren).
- The contractor shall be responsible for ensuring compliance with Missouri statutes pertaining to children's education and shall not admit a child unless an educational program appropriate to the child's needs can be obtained.
- The contractor shall cooperate with the local education authority to facilitate the timely transfer of school records, consistent with the policy established by the local education authority.

e. For each service, report the population to be served, geographic areas where services will be available, and the estimated number of individuals and/or families to be served.

Services for the above Safe and Stable Families program areas are available to children and families statewide.

f. Indicate if there are no planned changes to the program.

There are no planned changes to Time-Limited Reunification and Adoption services.

COLLABORATION

a) Describe activities in the ongoing process of coordination and collaboration efforts conducted across entire spectrum of child and family service delivery system

Outreach efforts

The CD is active in education and outreach activities through various forums. The division makes every effort to ensure that contact with the public, elected officials and consumers helps to educate them about the child welfare system.

For the last two years, division leadership has encouraged its circuit managers to initiate contacts with their legislators. The CD wants to ensure that legislators know who their local managers are and feel comfortable contacting them with questions – regarding both legislative issues and constituent inquiries.

In addition, the CD Director testifies annually to the General Assembly about the positive outcomes achieved by the division's programs. This often occurs during the legislative budgeting process.

CD staff at the local level interacts regularly with their community members in a number of forums. In addition, the media across the state are an excellent conduit for informing the public about the work of the division. The department's Communications Office regularly asks the division for positive stories to share with the media. In addition, the division and department issue news releases on positive initiatives like the Missouri Heart Gallery, Foster Care Month and Adoption Month. These same initiatives are touted in public access radio and television programs in the state's metro areas. The CD participates in these programs about four times each year.

These initiatives and other events often provide opportunities for the division to share outcome data with the public. The division receives numerous requests from the media each year for child welfare data. This provides a chance to showcase successes.

Public/Private Partnership for Case Management Services

The Division director and other key staff from the CD meet with the CEO's of the contracted case management agencies and their program managers every other month. This meeting previously occurred one time per month and it was decided by all parties that monthly meeting were no longer necessary. This forum has been and continues to be utilized to resolve issues which pose a barrier to the successful implementation of the public-private partnership. An example of an issue that was addressed early is generalized complaints from community stakeholders regarding adoption services. While the provision of adoption services was optional in previous case management contracts, it is a mandatory component of the current contracts. The CD responded to the concern by making an offer for contracted staff to shadow state agency adoption

specialists. In addition, some of the contractors decided to hire their own adoption specialists.

The every other month CEO meetings have also been utilized to examine the support contractors receive from CD contracted case management oversight specialists at the local level. Each county assigning cases to the contractors has designated staff to oversee the contracts and provide technical support to the contracted staff. It was decided that a CQI process would be implemented at the local and regional levels where meetings occur on a monthly basis. This type of process emphasizes issue resolution at the local level and ongoing planning for improved service delivery and collaboration.

The Division director and CD staff met individually with each contracted provider to discuss lessons learned from the first year of the contract, specifically any strategies they utilized to achieve outcomes and any barriers they were still experiencing. Information from these meetings will be reported back in an aggregate format, to help strengthen the range of existing services.

Community Quality Assurance Committee – April 2007

The membership of the CQAC consists of professionals from child welfare or related disciplines to encompass a broad spectrum of professions so as to create a multi-disciplinary perspective within Jackson County.

During the past year, two subcommittees within the CQAC have continued to meet and work on projects identified by the team members.

- Congregate Care Pilot Project – This will focus on treatment for children ages thirteen and under in a residential treatment facility; specifically how to move them more quickly to a lesser restrictive placement setting.
- Education Subcommittee – This group meets to discuss education issues regarding children in foster care. The group is working to bring an educational collaboration program to the Jackson County area that will involve cross-training staff from the CD, resource providers, Guardian Ad-Litem's, and local educators on the needs of foster and adoptive children while in the school setting.

State Technical Assistance Team

Our collaborating partners through the Department of Social Services, 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 the 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 of prevention strategies.

STAT is supervised by the Director of the DSS and available 24-hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During 2006, STAT investigated 178 cases, which was

up from 152 cases in 2005. Of those, almost 75 percent are sexual abuse or exploitation related. Because of the tremendous growth of consumer availability to inexpensive, high-tech electronic imaging equipment, there has been a significant growth in the number of “cross over” cases (sexual abuse cases that also involve cameras, computers and other digital media). These complex cases require an ever-increasing amount of time and resources. STAT reports 186 felony charges were filed by prosecutors.

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

State Youth Advisory Board

In FY 2007 the strategic goals of the SYAB consisted of developing a peer-to-peer network, advocating for car insurance and driver’s license for foster care youth, promoting Medicaid extension for youth no longer in care, ages 18-21, and hosting a youth and adult conference. The SYAB also wanted to be involved in training workers in the new Adolescent FST Guide and Individualized Action Plan and help to increase Native American SYAB membership.

Unfortunately, none of the goals of the SYAB were met in FY 2007. They are still striving to meet these goals, but for most, it will take longer than one year for SYAB to see these goals to fruition.

The SYAB continue to discuss and develop a concept behind how they would like a peer mentoring network to look. There has been discussion of involvement of foster care alumni to help make this happen.

The SYAB members drafted a letter about the need for foster youth to have car insurance and their idea of a group policy for foster youth. They are now currently working on developing a relationship with one of the major insurance carriers in Missouri to have a corporate partner/sponsor of this idea. This relationship is being developed through a SYAB member’s employment.

Every year the SYAB attends Child Advocacy Day. This is a day that youth advocates have a chance to talk with their state legislators about issues important to youth. For the past couple of years the SYAB members make it a point to specifically discuss Medicaid extension for youth no longer in care, ages 18-21. This year there has been legislation proposed that provides Medicaid for foster care youth between the ages of 18 to 21.

The youth and adult conference was not able to be held this year; however the SYAB have been very active in participating in speaking engagements and workgroups to promote foster care youth needs. SYAB members have presented at the Court Appointed Special Advocates state conference, the Missouri Juvenile Justice Association state conference, and the Federal Region 7 IL Coordinators’ Meeting. Also individual SYAB members have been active on various workgroups, including the Quality Assurance in Psychological/Clinical Services for Kids Advisory Committee and

the Department of Mental Health Advisory Board. The SYAB has had individual members that have been participating at the national level in an internship in Washington D.C., through the Orphan Foundation of America (OFA) and with the FosterClub All-Stars. The SYAB plans to continue this national involvement as another SYAB has just been selected to participate in summer 2007 OFA Internship in Washington D.C., and the selection of a new FosterClub All-Star is to be announced by May 1, 2007.

As the training for the Older Youth Program for case managers has not begun yet, the SYAB members have not had a chance to participate. However training is planned to begin May 2007 and SYAB members will be participating in the training when it is given in their region. It is the plan for SYAB members to help in the presentation of this training, to infuse the youth perspective.

The intent to increase Native American membership on the SYAB has not occurred in FY 2007. This is mainly due to the changes within the Chafee Foster Care Independence Program. During this year we have discontinued the role of the Independent Living Specialists which has temporarily disrupted local area youth advisory boards which help to generate membership to the State Youth Advisory Board. Although CD central office staff has had conversations with representatives from the Indian Centers about this interest in SYAB membership, we have not been able to get the logistical variables figured out. With the advent of the Older Youth Program and contracted Chafee service providers, the CD and the SYAB still intend to recruit Native American youth for SYAB membership in FY 2008, at that point in time the ability to recruit and transport at the local level will be more effective.

PIP Advisory Committee

The PIP Advisory Committee has consisted of approximately 13 active members throughout the year. There are representatives from various public/private partnerships including a youth and foster parent, Department of Mental Health, Division of Medical Services, Department of Elementary and Secondary Education, Office of State Courts Administrator, Court Appointed Special Advocates, UMC- School of Social Work, Heart of America Indian Center, PBC contractors – Cornerstones of Care and Catholic Services for Children, Children's Trust Fund and CD. In addition, a representative from the Administration for Children and Families is a regular participant.

This advisory group met on a quarterly basis and continues to assist the CD with identifying areas of improvement in policy enhancements, practice and data outcomes. The work of the Advisory group included but was not limited to identifying practice implications related to data, provided input in increasing placement stability for foster children, improving services to older youth and improving foster parent recruitment and retention. All members of the committee received a copy of the 2007 Annual Progress and Services Report for review and input.

b) Update the State's description of substantial, ongoing and meaningful collaboration between the State child welfare agency and the courts in the development of the APSR and any CFSR or Title IV-E program improvement plans

Multidisciplinary Training

OSCA awarded local multi-disciplinary training grants to 12 circuits in November, 2006. This training is to address local issues. The training is to be provided to juvenile court and state agency staff. CD provided funding for OSCA to arrange for training in the following areas: court room skills, collaboration training, and roles and responsibilities. CD has discontinued their funding. OSCA will continue to fund the court room skills training and collaboration training through their court improvement grant.

- Six court rooms skills training sessions have been provided from November 2006-April, 2007 in Kansas City, St. Louis, Springfield and Kirksville. This training is open to juvenile court and state agency staff. However, the majority of the training participants are CD staff.
- Collaboration training was scheduled for February 2007 for 5 circuits. This was cancelled due to inclement weather. The training was rescheduled for May, 2007 but only three circuits could attend. Circuits brought their local team, which included juvenile court and state agency staff, to the three day training. This training was geared toward improving the collaboration among team members to resolve local issues and ultimately improve outcomes for children in out-of-home placements.

Four circuits received training on the Dependency Caseflow Management in October 2006. Circuits brought their team which included their juvenile judge, juvenile court staff, and CD staff. In addition some circuits brought attorneys, guardian ad litem, court appointed special advocates, and circuit clerks. This training placed an emphasis on collaboration at the local level to resolve issues and is focused on improving outcomes through data collection. Training dates for 2007 has been scheduled for September 18-20th.

Five multi disciplinary regional trainings on sibling bonding and placements are scheduled for July 2007.

Five regional trainings on issues related to older youth are being planned for the fall 2007. This training will be provided to judges, other juvenile court staff, guardian ad litem and court appointed special advocates. CD is planning to train their staff this summer with regards to changes in their older youth program, special needs of this population and available services. Information from this training will be incorporated in the training arranged by OSCA.

Fostering Court Improvement Project

The division and QA staff have been engaging and collaborating with the courts through Juvenile Court Improvement Project (JCIP) and the Fostering Court Improvement (FCI) initiative.

In October 2006, the Office of State Courts Administrator (OSCA) and CD kicked off the FCI initiative. Initially involving only four circuits (13th, 22nd, 31st, 35th), FCI combines the use of existing AFCARS data and training on caseload management into a comprehensive circuit specific collaboration between the court and CD staff. Using the AFCARS system as a platform, the court has the unprecedented benefit of access to court performance measures. This allows the court and the division to track performance on common measures thereby enabling improved outcomes for children by addressing areas in need of improvement.

FCI teams in the initial sites continue to meet on a regular basis to discuss outcomes and to develop strategies for improvement where needed. FCI is scheduled to expand to an additional four to five sites in 2007. Caseload management training is scheduled for September 18-20, 2007. Three circuits have confirmed they will attend the training. Two additional circuits have been approached but not yet committed.

Juvenile Court Improvement Project

Missouri's JCIP strategic plan requires legal and judicial participation in the CFSR process, a mandate that was addressed on three fronts this year. First, through a contract between the Office of State Courts Administrator (OSCA) and the CD, multidisciplinary training required by the PIP was provided. Second, courts were advised of the specific areas for improvement involving judges and other juvenile court staff that were contained in the PIP. All were encouraged to support and participate in the reform efforts. Finally, staff from the OSCA agreed to serve on the PIP Advisory Committee, a multidisciplinary group whose purpose is to identify strategies for improving outcomes in child welfare cases.

The contract between OSCA and CD no longer exists. OSCA now funds the training through the court improvement grants.

In addition to the joint trainings and state level collaboratives, local CD offices and courts work together on a daily basis on making key decisions for children and their families. The responsibilities include decisions and determinations ranging from whether child abuse or neglect actually occurred, to whether the parent(s)' rights should be terminated, and whether a child should be adopted or placed in another permanent setting.

CD has staff out-based within Family Courts. For instance, Jackson County has five employees and one supervisor based at the Jackson County Family Court (JCFC) in the Drug Court unit. Out basing staff at JCFC has shown to be highly effective in serving our client population. Members of the treatment team are on hand and readily available to clients and CD staff. The team approach to case management has been highly successful. The use of this approach in case management promotes the ideology where one philosophical agency allegiance is not too strong in the direction of either justice or treatment. The team approach supports objectivity and independence that incorporates both justice and treatment priorities, while supporting the client through the requirements established by both systems.

C) Healthy Marriages, Fatherhood, Youth Development, Rural, Faith-Based and Community Initiatives.

Healthy Marriage and Families Grant

The CD, in collaboration with the Forest Institute, has been providing training opportunities to CD staff and community partners through the Healthy Marriage and Families Grant Initiative. The modules provide an array of training related to family systems on topics including:

- Fragile Families and Environmental Issues
- Healthy Marriage and Your Community
- Domestic Violence in Intimate Relationships
- Handling the Challenge of Infidelity
- Substance Abuse and Intimate Relationships
- Premarital and marital Education
- Relationship Education for Singles
- Grandparents Raising Grandchildren
- Stepfamily Dynamics and Supporting Programs
- Promoting Father Involvement
- Marriage and Family Concerns for Immigrants

As of this date in SFY07, a total of 33 sessions have been conducted for a total of 198 participants. These modules will continue to be offered in SFY 08 and will become part of the CD Training in-service course offerings on a regular basis once the grant period is done.

- Setting of the training activity - Contracted facility (i.e. hotel);
- Duration category of training activity - part - time (section 235.61);
- Provider of the training – Forest Institute and CD Professional Development and Training;
- Approximate number of days /hours of the training per session – 1 ½ hours per module;
- Audience to receive the training - CD staff ,community partners;
- Description of the estimated total cost - approx. \$4,000 per year. (Grant funding utilized to cover majority of training related expenses);
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training.
 - Referral to services;
 - Development of the case plan; and
 - Case management and supervision

Fathers for Life – Incarcerated Fathers Collaboration Project

The FSD was awarded implementation funding effective July 1, 2005 for this Inactivate. Five sites are currently participating in the Fathers for Life Project. Two sites joined the project more than a year ago as Tier I sites. Tier I sites include the Missouri Valley Community Action Agency and the Delta Area Economic Opportunity Corporation.

These sites are now actively recruiting fathers and providing project interventions. In the last 12 months, three additional sites joined the project as Tier II sites. These sites include the Community Action Partnership of Greater St. Joseph, East Missouri Action Agency and Grace Hill Settlement House. Tier II sites have just begun participant recruitment and expect to begin offering interventions in upcoming months.

Interventions

Fathers who choose to participate in this project have the opportunity to benefit from a wide variety of project interventions. Interventions are currently being offered in Tier I sites and are expected to be available in Tier II sites in upcoming months. Interventions include:

- 24/7 Dad-The 24/7 Dad program is a 12-week parent education series developed by the National Fatherhood Initiative. The 24/7 Dad program focuses on the skills that every dad needs. In these sessions dads learn about themselves and how important they are to their children.
- Focus on Fathering-Parents as Teachers Group Classes specifically designed for fathers are another exciting parent education opportunity. Parents as Teachers parent educators will offer Focus on Fathering workshops in participating sites on topics ranging from discipline to co-parenting.
- Parents as Teachers Individual Parent Coaching-Parents as Teachers Individual Parent Coaching which is typically delivered through local school districts and at the parent's home is being offered voluntarily to identified fathers who live in the community and are under the supervision of the Division of Probation and Parole. Traditionally, Parents as Teachers educators have focused on delivery of services to the mothers of young children, but for this project, have specifically targeted fathers. Parents as Teachers educators throughout the state are being encouraged by the Parents as Teachers National Center to accept referrals from this population.
- Parenting Apart Classes- The Parenting Apart Workshop is a 3-hour parent education session designed for parents who do not currently share the same household. In participating sites, parents have the opportunity to participate in this workshop in an effort to build a more cooperative parenting relationship.
- Enhanced Employment Services-The Division of Workforce Development is committed to developing innovative ways of working with employers and ex-offenders in an effort to more efficiently and successfully match individuals with jobs. The Division is committed to providing supports and resources to fathers in state correctional facilities and as they re-enter the community.
- Mediation-Mediation services are available to mothers and fathers who wish to resolve issues about co-parenting. Mediation services for this project are provided statewide by M.A.R.C.H., Inc. (Mediation Achieving Results for Children).

Positive Youth Development

The CD is not involved in a federally funded Positive Youth Development (PYD) Initiative. However, the CD has taken a PYD approach to developing services for children and youth. The Older Youth Workgroup convened in October 2005 made recommendations in February 2007 to create an older youth program that is financially

responsible, accountable and sustainable and meets the needs of the youth. Please refer to the 2006 APSR for specific recommendations.

The CD through revision to the Older Youth Program (OYP), as recommended by the Older Youth Workgroup has incorporated the National Resource Center for Youth Services' Four Core Principles (youth development, collaboration, cultural competence, permanent connections) within the staff training. One of the four core principles is Positive Youth Development (PYD); which is being integrated into the OYP Training. This training will be provided to all CD Family Centered Out-of-Home Care staff during summer and fall of 2007.

The OYP Training was initially introduced through a test project that began in October 2006 and concluded in April 2007. The test project sites included both rural and metro circuits, the 15th – Lafayette & Saline counties, the 22nd – St. Louis City, the 25th – Phelps, Pulaski, Texas & Maries counties. Family Centered Out-of-Home Care staff in each of these circuits attended a three day training which included information on PYD, older youth permanency needs, Strengths-Needs Assessment, Ansell-Casey Life Skills Assessment (ACLSA), Older Youth Transition Action Teams, and the Adolescent FST Guide & Individualized Action Plan.

One day was spent specifically focusing on PYD and older youth permanency needs. Activities and discussion included how to appropriately and adequately engage youth in case planning through youth-driven FST Meetings. State Youth Advisory Board (SYAB) members have already been trained on how to facilitate their own FST and there were discussions on how SYAB members could be utilized in 2007 as trainer to train their peers, once they have completed the "train-the-trainer" OYP training.

At the end of the OYP test project, on April 12, 2007, an evaluation meeting was held with youth, case managers and supervisors invited to share their thoughts and concerns with the program. Case managers provided the following feedback on the training:

- Strengths-Needs assessment provides an opportunity for the worker to work more closely with and getting to know the youth better.
- Ansell-Casey Life Skills Assessment was being completed by foster parents and other placement providers but they were completing the paper version rather than the web-version, which can be scored electronically. The scores and responses reflect a youth's strengths as well as areas for growth. This information can be very useful in goal planning and in starting discussions about life skills strengths and directions.
- Adolescent FST Guide & Individualized Action Plan was well received as a way to engage youth in a positive manner to specifically address issues related to their needs.

All three sites expressed some concerns of the process of the Older Youth Transition Action Teams (OYTAT) including;

- Redundancy of the work of the FST and the Older Youth Transition Action teams.
- Circuits having problems generating enough participants to serve on a FST and OYTAT.
- Workers may not be able to carry out the recommendations made by the OYTAT.

- Will community members that develop personal connections with youth require a background check?

Knowledge gained from the evaluation meeting participants will lead to revisions to the program and policy, occurring prior to offering training statewide.

The OYP Training will be offered to all CD staff, PBC for case management services, Chafee contracted providers and the State Youth Advisory Board. Foster parents may be offered the training and will be presented with an overview of the Older Youth Program. This training will also be held in conjunction with training offered by the Office of the State Court Administrator (OSCA). Court personnel, which include judges, juvenile officers and guardian ad litem will be provided with this training. The OSCA training is tentatively scheduled to begin in fall 2007.

Faith Based Collaborative

Particular emphasis is placed on the need for the adoption of “special needs” children. In September of 2005 the CD sponsored a state-wide faith based conference with 200 individuals attending. This conference was aimed at strengthening and building relationships with local faith communities in an effort to support Missouri families. As a result of this conference, mini conferences were held in Springfield, St. Louis and Kansas City during 2006. The CD has seen many examples of the collaboration that has been formed as a result of this effort from faith partners working with families to prevent abuse and neglect to support of foster and adoptive families in their congregations and communities. In September of 2007 a second state-wide conference will be held to keep the momentum going in this partnership.

Rural Collaborative

Building Healthy Families (BHF) (Formerly the Chronic Neglect Pilot Project)

In 2006 the pilot counties of Jasper, Newton and McDonald Counties changed the name of the pilot from Chronic Neglect to *Building Healthy Families (BHF)*. The name change is more family-friendly, descriptive, and marketable to potential community partners. The primary goal for this pilot is to protect children from harm, prevent further abuse/neglect, and reduce the risks to their safety or well-being. The success of BHF program efforts will be measured by the ability of the family, state agency, and community to protect children from harm.

Family-centered BHF services are intended to achieve safety for children by strengthening family and child functioning. These goals are better met by keeping families intact. When decisions need to be made to remove a child from the home, the BHF case manager will facilitate this decision-making process in a timely and respectful manner that supports the best interest of the child. The division will be looking at the number of children removed from the home during the first three months, the first 6 months and the first 12 months following the BHF initial intervention.

McDonald and Newton Counties began screening families for the BHF pilot on September 11, 2006, and accepted the first case on September 20, 2006. Jasper County screened the first case on November 20, 2006 and accepted the first BHF case on November 27, 2006. There were 29 families screen total in all of the pilot sites and 12 accepted for BHF case management. One family accepted into BHF case management, transferred to another county. Of the 12 families accepted, four were opened from a family assessment, six from an investigation and two were opened as a result of a newborn crisis assessment. Fifty percent of the families accepted in to BHF had abuse allegations in the initiating hotline and 67 percent had allegations of neglect. Thirty-three percent of BHF families had some history of a newborn crisis assessment. BHF families averaged seven prior child abuse/neglect reports per family in comparison to an average of 4.2 priors from families not accepted into the program.

From the time of initial implementation there have been five subsequent hotlines. Only one of these were from families involved in BHF case management. Of the 29 families, three families had children removed from the home during this time. None of those families were involved in the BHF case management.

Bolstering family empowerment is a key element to improving and sustaining healthy family functioning. Families need to feel that they have the strength, capability and resources available to meet every obstacle that comes their way. A Family Self Assessment will provide a good measure of how the family rates their own capabilities, family functioning and perceived available resources. The Division will be looking at how the family rates themselves after 30 days of the intervention and after 60 days of the intervention on the families perception of 1) relationship with community 2) problem solving 3) relationships and support from family and friends 3) sense of accomplishment and task completion 4) parenting and parent child relationships.

Newton and McDonald Counties report a donation of food by a community organization for the purposes of this BHF program and anticipate being able to continue this monthly. Early Head Start has donated cleaning supplies. Another community partner donated bug spray. A new community doctor participated in a staffing of one of his clients. He was very supportive of our program and intends to promote it. Another community source donated a storage unit. There has also been excitement and support from the school systems as well. Jasper County also reports strong buy in from the school system, who have been active in making referrals and requests to staff families.

Community Partnerships

Missouri's Community Partnerships continues to lead the effort under the direction of the Family and Community Trust (FACT) Board, formerly known as The Family Investment Trust. This private-public board guides the work of the twenty-one non-profit organizations around the state.

The FACT Board of Directors serves as the policy body for the work of Missouri's Community Partnerships. The Board enjoys full membership: eight public sector members and nine private sector members. They come together as a Board four times each calendar year. The Family and Community Trust was named a finalist in the 2006

Innovations in Government Award and was awarded \$10,000.00 for their efforts in developing The Promising Practices Network.

In the past few years the Community Partnerships appropriation has consistently been reduced and our partnerships have been called upon to do more with less each year. At the conclusion of 2006 the Community Partnerships are leveraged on average \$9.49 for every dollar they receive and had generated a total of 203,207 volunteer hours in their communities around the state.

Each September, each Partnership reports on various strategies they have or are working on to improve conditions for children and families. These results are assembled into a Community Results Reports and are published on the web at www.mofact.org. The Community Result Reports are also shared with the Missouri General Assembly.

a) Discuss planned updates to the training plan, including staff development plans based on the new caseworker visit requirements (improved retention, recruitment, training and access to technology) and training with Title IV-E funds (including courses offered, numbers and positions of prospective attendees, and estimated cost).

Professional Development and Training

CD Professional Development and Training has continued to develop and deliver an initial core and ongoing in-service training program for all new Children's Services workers and supervisors. The training is based in agency policy and best practice and is designed to provide a consistent core structure but also provide ongoing in-service opportunities based on needs identified through individual, regional or circuit specific assessment, as well as professional development plans between staff and first line supervisors. The professional development of staff is considered to be a "system" within the agency and must rely on numerous key elements working in concert together including classroom training, on the job training (OJT), and reinforcement of clinical skills in the field between staff and the first line supervisor.

Impact of Training- From the Classroom to the Field

Efforts to improve the training system and outcomes for children and families have been directly tied to steps outlined in the State Program Improvement Plan.

Throughout this past year, the Professional Development and Training system has continued to have a positive impact on practice in the field due to several factors including the following:

- Improved /new classroom training content with more focus on skills practice and skill demonstration in the classroom as well as the field, both for workers and supervisors;
- Core in-service modules that sequentially follow Basic Orientation and provide concentrated focus in specific skill areas, both in the classroom and on the job;
- New OJT that includes a new guide for workers and supervisors and a written self-assessment of skills throughout the training process;
- Better engagement of front line supervisors in the role of mentor and coach to support the transfer of learning and utilize professional development plans with staff;
- Improved coordination with the CD and the University Schools of Social Work resulting in better communication between students, task supervisors, University Field Instructors and Regional executive staff;
- Collaborative efforts with Universities, The Office of State Courts Administrator, Coalition Against Domestic Violence, and other community partners;
- Statewide evaluation and feedback of professional development through the Survey of Organization Excellence which showed marked improvement in the area of professional development for staff;

- Written evaluation of training has continued to provide staff a way to highlight the strengths of the training and define how it is applicable to the job as well as a way to make recommendations for curriculum, content and training structure changes.

Child Welfare Practice Basic Orientation Training

The initial in-service curriculum is titled Child Welfare Practice Basic Orientation Training (CWPT). This training is provided to new CD staff and new contracted agency staff. The initial in-service training takes place during the first several months of employment and includes 129 hours of classroom training provided by CD trainers combined with on-the-job training that is under the direction of the first level supervisor. The emphasis of the supervisor is on reinforcement of competencies of skills taught in the basic orientation classroom training.

The new Children's Services Worker, including one promoted to the position from elsewhere in the agency, is in probationary status during the first twelve months of employment. During this twelve month probationary period, the new employee receives ongoing in-service classroom training and OJT related to their job assignment which is in addition to the initial CWP Basic Orientation. A probationary worker carries a reduced caseload during this probationary period and is closely supervised in all aspects of the job to ensure that he or she is acquiring the skills necessary to adequately perform the job duties. The probationary worker is not solely responsible for case decisions, these are made in concert with the supervisor.

There are five classes in the initial Basic Orientation curriculum:

- Family Centered Philosophy and Skills Training
- Child Abuse/ Neglect Investigations/Family Assessments/ Application of Family Centered Philosophy and Skills for Intact Families
- Expedited Permanency and the Family Centered Out of Home Care Process
- CD Systems Training
- Reinforcement and Evaluation

As of this date in **SFY07**, a total of 13 sessions of Child Welfare Practice Basic Training have been conducted with an approximate 312 participants (actual) attending.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - full time (section 235.61)
- Provider of the training - CD Professional Development and Training
- Approximate number of days /hours of the training – A complete session is 129 hours over 5 weeks with approximately one –two weeks in between each for OJT skill practice activities
- Audience to receive the training - All new CD front line social services staff and contracted agency staff providing case management
- Description of the estimated total cost - approx. \$ 1,159,000 per year (12-18 sessions per year)

- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
 - ✓ Referral to services;
 - ✓ Preparation for and participation in judicial determinations;
 - ✓ Placement of the child;
 - ✓ Development of the case plan;
 - ✓ Case reviews;
 - ✓ Case management and supervision; and
 - ✓ Recruitment and licensing of foster homes and institutions.

Core In-service Modules for Front Line staff

In addition to the CWP Basic Orientation for new front line staff, the Professional Development and Training Program offered 3 new core in-service modules for staff. The in-service modules serve as the next level of skill development for staff following completion of the initial CWP Basic Orientation and OJT. The modules provide concentrated skill building with an emphasis on core areas of agency policy and best practice and include both classroom training as well as OJT. This in-service structure provides ongoing education and professional development of staff throughout their first twelve months of employment while in probationary status. The modules are designed to include a supervisory component followed by the sessions for the worker. Depending on the area of specialization, staff are required to complete one or all of the sessions.

Investigation and Assessment Core In-service

As of this date in SFY 07, 2 supervisory sessions and 2 worker sessions have been conducted for 57 participants. Additional sessions are planned for SFY 08.

Family Centered Services for Intact Families Core In-service

In SFY 07, 1 supervisory session and 1 worker session have been conducted for 24 participants. Additional sessions are planned for SFY08.

Family Centered Services in Out of Home Care Core In-service

In SFY 07, this training was placed on hold temporarily due to budget constraints and the need to deliver other required training during the year. Sessions are tentatively planned to resume in SFY 08.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - CD Professional Development and Training
- Approximate number of days /hours of the training –
- **Investigation/Assessment module-** 34 hours offered 2-3 times per year
- **FCS module-** 16 hours offered 2- 3 times per year
- **FCOOHC module-**24 hours offered 2-3 times per year
- Audience to receive the training - New CD front line social services staff who have been on the job for 6-12months;Front line supervisory staff attend the supervisory portion only

- Description of the estimated total cost –
- Investigation/Assessment Module -\$34,000 /yr
- FCS Module- \$ 23,000 /yr
- FCOOHC Module- \$ 34,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training **(with the exception of CA/N investigations)** and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
 - ✓ Referral to services;
 - ✓ Preparation for and participation in judicial determinations;
 - ✓ Placement of the child;
 - ✓ Development of the case plan;
 - ✓ Case reviews;
 - ✓ Case management and supervision; and
 - ✓ Recruitment and licensing of foster homes and institutions.

Visitation Practice Training

During July and August 2006, 4 Visitation Practice Train the Trainer sessions were conducted which included designated staff such as Children's Services Specialists, foster parents, contractors, and other CD field staff. These staff who attended Train the Trainer began providing ongoing Visitation Practice training sessions in the regions statewide. As of this date in SFY07, a total of 66 sessions have been conducted for a total of 935 participants. The Visitation training will be scheduled, as needed, in SFY08. The new visitation policy and practice guidelines have also been incorporated into the Child Welfare Practice Basic Orientation for all new staff as well as the Family Centered out of Home Care core in-service module.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – Designated CD Regional Staff and CD Training staff.
- Approximate number of days/hours of the training per session – ½ day (4 hours)
- Audience to receive the training – CD staff and contracted providers
- Description of the estimated total cost - approx. \$46,750 for all trainings/multiple sessions per year.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training
 - ✓ Referral to services;
 - ✓ Preparation for and participation in judicial determinations;
 - ✓ Placement of the child;
 - ✓ Development of the case plan;
 - ✓ Case reviews;
 - ✓ Case management and supervision

STARS Pre-Service, In-Service, and Spaulding Train the Trainer

Training for resource families continues to be offered and conducted on a regular basis utilizing the training curriculum purchased from the Child Welfare League of America (CWLA). Foster PRIDE/Adopt PRIDE curriculum produced by CWLA is a part of Missouri's preparation of resource families which is called STARS, which means Specialized Training, Assessment, Resources, Skills, and Support. Staff training and Development provides the STARS Train the Trainer courses for local training teams. The local training team consists of a service worker, foster and/or adoptive parent and a supervisor of the team. The service worker and the foster/adoptive parent co-trains. The service worker also is responsible for conducting the family assessment need for licensure.

The CWLA curriculum has 12 in-service modules providing over 100 hours of training. Train the Trainer courses are conducted for the same local training teams noted above. These courses are conducted throughout the state.

In addition to STARS, adoptive parents are required to attend 12 hours of training, specific to adoption, and prior to licensure. The above teams are also trained to provide the Spaulding "Making the Commitment to Adoption" course.

All the above STARS and Spaulding Train the Trainer courses include contractors who provide the training and assessment of resource families. A total of approximately 311 trainees attended STARS Pre-Service, In-Service, and Spaulding Train the Trainer as of this date in SFY 07. Additional sessions are scheduled for SFY08.

- Setting of the setting/venue of the training activity - Contracted facility or agency conference when possible
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - CD Professional Development and Training
- Approximate number of days/hours of the training per session - STARS Pre-service 2 weeks with one week in between sessions; STARS In-service (12 modules conducted as follows: modules 1-6 one week; modules 7-12 one week; Spaulding 3 days
- Audience to receive the training - Teaching foster parents, CD staff and contracted providers who provide local STARS/Spaulding training and assessment for prospective resource families.
- Description of the estimated total cost - approx. \$234,000 for all trainings/multiple sessions per year.
- This training is allowable as a Title IV-E activity to be matched at a 75% FFP rate and will be allocated by Missouri's IV-E penetration rate. The purpose of this training is to prepare foster parents for caring for children in the custody of the CD to be placed and cared for in their homes. The following activities are addressed in this training:
 - ✓ Referral to services;
 - ✓ Preparation for and participation in judicial determinations;
 - ✓ Placement of the child;
 - ✓ Development of the case plan;

- ✓ Case reviews;
- ✓ Case management and supervision; and
- ✓ Recruitment and licensing of foster homes and institutions.

Collaboration

Over the past year, the CD has continued to move forward with various collaborative efforts to strengthen the professional development and practice of agency staff. The feedback and evaluation from the training opportunities, both in the classroom, as well as in the field, has been positive overall. Staff indicate this professional development has improved individual knowledge and skill, but it has also provided a means to strengthen strategic planning and ongoing collaboration at the local level.

One of the partnerships that has continued to progress is the Office of State Courts Administrator and CD Collaborative. OSCA and the CD continue to jointly develop and deliver comprehensive training for Juvenile Court staff and CD staff on child protection and juvenile court programs that impact policy and practice in both agencies. During SFY07, the following joint training was provided for CD and Juvenile Court staff:

Courtroom Skills Training for Good Child Welfare Practice

This training focuses on preparing for court, professionalism in the courtroom, testifying in court, and legal terminology. Proper courtroom procedure including professionalism, understanding the role in the court process, knowing how to prepare and read court orders, knowing the required contents of a petition, preparing for testimony, understanding basic evidentiary rules, handling cross-examination, knowing how to be responsive to questions as well as understanding the statutory criteria for TPR cases are covered. As of this date in SFY 07, 7 sessions have been conducted for 104 participants.

Collaboration Workshop

Because of the successful outcomes with this workshop in SFY06, the Collaboration Workshop focused on three new circuits in SFY07 to address the challenging relationships that exist between local court personnel and CD personnel.

- Six-member teams from five selected circuits participate in a three-day program which focuses on teamwork, collaboration and communication.
- Teams are selected from a pre-screening questionnaire on the existence and effectiveness of collaboration and communication between the two entities within their circuit.
- Follow-up evaluation is implemented 2 months following the workshop to measure the existence and effectiveness of collaboration and communication between each circuit's courts and the CD.
- The findings of the follow-up evaluation help to determine the need for continued multidisciplinary training focusing on teamwork, collaboration and communication with local circuit teams.

In SFY 07, three circuits with 6 per teams participated in this collaborative effort on May 2-4, 2007.

- Setting of the training activity – Contracted facility
- Duration category of training activity - part - time (section 235.61)
- Provider of the training –Office of State Courts Administrator and CD Professional Development and Training
- Three days of training per session
- Audience to receive the training - CD and Juvenile Court staff, GAL and judge
- Description of the estimated total cost - approx. \$10,000 per year.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
 - ✓ Referral to services;
 - ✓ Preparation for and participation in judicial determinations;
 - ✓ Placement of the child;
 - ✓ Development of the case plan; and
 - ✓ Case management and supervision.

Missouri State University and CD Rural Child Welfare Grant Project

As recipients of a 5 year grant, Missouri State University and the CD, have been collaborating to design and deliver a series of training modules for staff in 33 rural counties in the southern region of Missouri. Competency based training modules such as domestic violence, sexual abuse; substance abuse, social work self-care, time management, and community resource development were completed in SFY07. A comprehensive evaluation process has been developed which includes various competency areas that are measured for those staff participating in the training. Upon final evaluation of the project, the CD will examine the best way to integrate the training modules into the statewide professional development and training structure for front line staff and supervisors.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training – Missouri State University faculty and CD Professional Development and Training
- Approximate number of days /hours of the training – various one day modules provided 4 times per year
- Audience to receive the training - New CD front line social services staff and supervisory staff.
- Description of the estimated total cost – approx \$2000 per year for CD trainer travel and printing/material costs; majority of training cost covered under MSU grant
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
 - ✓ Referral to services;
 - ✓ Placement of the child;
 - ✓ Development of the case plan;
 - ✓ Case reviews;
 - ✓ Case management and supervision

Supervisor Training

Initial In-Service Training

The CD, in partnership with the Department of Social Services Human Resource Center, has developed a comprehensive skills based training structure for front line supervisors. The structure requires new CD supervisory staff to complete the following initial in-service training within their first year:

Basic Orientation Supervisory Skills Training (BOSS) 40 hours
CD Clinical Supervisory Training: Part I - 24 hours; Part II- 24 hours

Competency areas such Leadership, the parallel process of being strengths based and solution focused, decision making, group supervision, time management, critical thinking, case consultation, worker development and performance, ethical and liability issues, teamwork, crisis intervention, mediation, and facilitating change are the focus of the training.

As of this date in SFY 07, 5 sessions of BOSS Training have been provided to approximately 170 participants.

As of this date in SFY07, 3 sessions of CD Clinical Supervisor Training have been provided to 62 upper level managers throughout the state.
8 sessions of CD Clinical Supervisor Training have been provided to 106 first line supervisors. Additional sessions are planned for SFY08.

Ongoing In-Service Training

In SFY07, the CD and HRC continued to offer a variety of in-service training modules to provide supervisors and managers professional development opportunities beyond the initial first year training. Examples of the competency based modules offered include *Art of Negotiation*, *Effective Discipline*, *Effective Meetings*, *Employee Motivation*, *Managing Diversity Problem Solving*, *Teamwork*, and *Turning Conflict into Collaboration*. These in-service modules will continue to be offered in SFY 08.

- Setting of the training activity - Contracted facility (i.e. hotel)
- Duration category of training activity - full-time during the initial in-service training which will have both classroom and OJT; part-time for the ongoing /continuing in-service modules (section 235.61)
- Provider of the training - CD Professional Development and Training Unit and the Human Resources Center, Dept. of Social Services
- Approximate number of days /hours of the training – 40 hours of BOSS and 48 hours of Clinical Supervisory initial in-service training with weeks of OJT in between classroom sessions. Ongoing in-service modules are approx 1-2 days in length. Multiple sessions will be conducted each year.
- Audience to receive the training - CD supervisors.
- Description of the estimated total cost - approx. \$226,000 per year. Cost includes CD sessions and the Human Resource Center management course offerings

- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our CAP and the results of the Random Moment Time Study. The following activities are addressed in this training;
 - ✓ Development of the case plan;
 - ✓ Case reviews; and
 - ✓ Case management and supervision.

Domestic Violence Training

In SFY-07, the CD, in conjunction with the Missouri Coalition against Domestic Violence (MCADV), conducted quarterly sessions of Domestic Violence training for new CD and FSD staff. This will continue to be offered in SFY-08. Approximately 168 staff attended the training as of this date.

- Setting of the training activity - Contracted facility (i.e. hotel)
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - Coalition Against Domestic Violence staff and CD Professional Development and Training
- Approximate number of days /hours of the training per session - 1 day
- Audience to receive the training - CD and FSD staff
- Description of the estimated total cost - approx. \$5,000 per year. (Grant funding secured through MCADV utilized to cover majority of training expenses).
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
 - ✓ Referral to services;
 - ✓ Preparation for and participation in judicial determinations;
 - ✓ Placement of the child;
 - ✓ Development of the case plan; and
 - ✓ Case management and supervision

Educational Programs

The educational programs of the CD continue their focus on social work education and training for current staff with the MSW degree program and for persons preparing for employment in child welfare service with the BSW degree program.

The CD partners with several universities with an accredited Master of Social Work degree program to provide a part-time Master of Social Work (MSW) degree program for current employees. In addition to aiding the division to meet the changing needs of families and children, the MSW degree is necessary for supervisory staff as a means of compliance with accreditation standards. Each of the programs uses Title IV-E funding, state and university funding.

The full-time MSW program will end as of May 2007 when the last seven full-time students graduate. Funds from the full-time program have been used to expand the current part-time programs and develop opportunities in parts of the state not formerly served. Using the available funds for the part-time degree program allows the division to support greater numbers of employees as students and leaves the employee in their

current job and location. This move keeps the worker and supervisor involved with the changing policy of the division, provides continuity to the families being served, helps to retain the more experienced staff and helps with the staffing needs.

To support the goal of achieving accreditation as an agency, preference is given to first-line supervisors, and other CD services administration, such as Children's Services Specialists. As of January 2007, there are total of 20 new regular standing (staff with a degree other than a BSW) students. Ten of those new students are Children's Services Supervisors I, six are Children's Services Workers I, two are Circuit Managers, and two are Children's Services Specialists. These 20 new students will be in a learning situation for approximately four years, will have the opportunity of daily application of their learning, and will be able to work with Regional Administration for practicum opportunities that will further the needs of the families served by the division.

In FY08, and FY09, using only currently available funding, the division anticipates an additional 27-37 new employee-students.

For selected BSW students preparing for employment in a public child welfare agency, the Division contracts with five universities throughout the state, to provide curricula electives specific to public child welfare, field placements in a public child welfare office, and stipends for senior year BSW students, selected jointly by the university's undergraduate school of social work and local Division staff. These students commit to work with the CD in IV-E programs upon graduation. Additional educational programs may be developed with other accredited graduate schools in the future. The BSW program has 109 still employed.

b) Discuss the state technical assistance provided to counties and other entities which operate state programs.

Central office provides technical assistance (TA) or field support to CD staff or contracted agencies through telephone call, e-mails and onsite consultation that address policy, policy interpretation, procedures and practice related to the continuum of child welfare services on a daily basis. Some examples of the onsite TA included:

- COA Readiness case reviews, with reported success (Circuit Managers expressed satisfaction with the content of scoring & suggested corrective actions in the case reviews)
- Overdue ca/n report approvals for 26th, 21st, and 39th circuits. Positive results from the ca/n approvals showed a reduction of overdues in two of the three circuits.
- Entered overdue ca/n reports into the SACWIS data system in 26th and 11th circuits. Positive results for these entries showed a reduction in overdues in both circuits.
- Provided SDM refresher training in 13th, 19th, 39th, 44th and 37th circuits, due to staff turnover and overall need for refresher of our practice. The Circuit Managers and Field Support Manager's reports on overall satisfaction.
- Placement stability case review in the 21st, 30th and 38th circuits to identify factors that attributes to poor stability outcomes. Several recommendations resulted in the

review which include: specialized training for foster parents; enforcing guidelines to limit the number of placements especially in the first six months of licensure; enforcing worker visits requirements with the resource provider and children; adherence to FST policy prior to moving children; and training for staff to help them recognize when foster parents are having difficulties with the children in their home.

Measuring, monitoring and improving the quality of service provision is central to ensuring positive outcomes for children and families served by the division. Quality Improvement (QI) is a team process for achieving desired organizational results. By employing a QI process which is founded on a good solid QA framework for data collection and monitoring, the CD continues its efforts to provide high quality and sustainable child welfare services.

As further evidence of the total quality management (TQM) philosophy, the division is directing and focusing its energies towards a strong partnering of QA and QI. In late 2006 and early 2007, seven regionally based QI specialists were hired to assist circuit managers, supervisors and workers in planning and implementing change through various methods including: assisting in COA preparedness, readiness and sustainability for sites already reviewed; specialized training, case reading, situational modeling and employee shadowing.

These QI specialists will be co-supervised by Regional Directors and a Central Office QI Manager, when hired. QA and QI staff will work together to identify gaps between desired and actual performance, identify root causes for poor performance and strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice.

c) Discuss the technical assistance that the state anticipates receiving as it implements current or new Federal requirements.

The CD will continue to work with the National Resource Center for Organization Improvement (NRCOI) in the upcoming year for assistance with the implementation the Supervision Strategic Plan. Improvement in child welfare supervision has been a core PIP strategy and enhancing supervision is a major way CD plans to make and sustain practice changes. .

CD will be requesting TA from NRCOI for assistance in successfully preparing for the second round of the CFSR, enhance leadership and management capacity, and achieve better outcomes through systemic change.

CD may be requesting TA from NRCOI for assistance in developing an assessment and evaluation process for current staff training curricula. NRC would provide the needed structure and framework with appropriate measures and parameters in the evaluation process and assistance in enhancing the formalized assessment process.

In addition, on site TA days will be needed with NRC for Family-Centered Practice and Permanency Planning to implement strategies previously developed to improve placement stability for foster children.

d) Discuss the child and family programs research, evaluation, management information systems and quality assurance systems that will be updated or implemented in the upcoming fiscal year. Specify any additions or changes in services or program design that the state has found particularly effective or ineffective.

Family and Children Electronic system (FACES) Child Welfare SACWIS System 2007
Missouri is developing a single statewide system that is fully SACWIS compliant. FACES includes extensive use of automated business rules and captures a significant amount of data. A single DB2 database forms the base of the architecture, with COBOL programs and subroutines to retrieve and store data in the appropriate database. CICS WebAware provides the interface to the html presentation. Javascript is used to code the html templates.

FACES is designed to present a consistent, usable system for CD staff which will facilitate cross-training and staff transfers. FACES will support the varying metro area work processes, where workers perform specialized tasks, to rural area processes, where the staffing levels are lower and workers act as generalists, performing all tasks. FACES is built to eliminate data redundancies that plagued the legacy systems. The data conversion programs, legacy systems to FACES, are designed to perform data matches and eliminate data redundancies to the extent possible in the conversion process. FACES is designed to significantly reduce the paper aspect of the work flow by including extensive amounts of data not currently stored in legacy systems. Authorized users are able to access FACES and review system information for the particular call/case and glean sufficient information to accurately comprehend the activities, progress and status without having direct access to the paper file. FACES also includes historical information that did not previously exist in the legacy systems, providing authorized users with detailed information over time, denoted by timestamp and update User ID, which supports the business practice of record review without the need to access the paper file.

FACES data entry flows from a single entry point menu via a standard web browser with a single sign on/sign off process for users. FACES automatically flows users to the next appropriate screen for data entry based on moderately to significantly complex logic. When automated flows are not appropriate, users are presented with selection choices via sub-menus, drop-down boxes and radio buttons to provide a usable tool that supports the work the users need to accomplish.

Clear and concise error messages are presented to the user when programmed edits detect missing or invalid data. Code values and descriptions are presented on-screen for selection, eliminating the need for users to refer to printed code sheets. Workers and supervisors are notified of pending or overdue cases or activities needing action via the

FACES Alert process. The use of paper reports as a tickler system in the legacy systems is drastically reduced.

FACES provides on-line management reports regarding caseload levels, overdue activities, etc., to provide workers, supervisors and management with immediate access to additional tools to assist in the performance of their jobs.

Varying RACF security levels allow workers and supervisors access to information needed for appropriate caseload and program managements, and protect against unauthorized access to data that is not related to the performance of their job. Security subroutines within the program further control access to data that is considered extremely sensitive (e.g. employee reports).

Real time update capability has been gained with implementation of FACES, eliminating the need to wait for overnight batch processed updates to take effect. This ability significantly improves data accuracy, staff's decision making and customer service. Legacy systems are being retired incrementally as FACES components are implemented. Missouri has implemented the following components: Eligibility (November 2004), Protocols or CA/N Hotline Intake (June 2005) and Investigation and Assessment (May 2006). The Case Management component is scheduled for full statewide implementation by September 2007, with the final component, Resource and Financial Management, scheduled for implementation in December 2008. This technology project allows Missouri to produce a system that will increase customer satisfaction, improve worker productivity, consistency and accuracy, improve data integrity, reduce paper processes and satisfy SACWIS requirements.

Quality Assurance/Improvement Efforts

Quality Assurance (QA)

In 2006 the QA Unit continued to strengthen existing QA processes, clean up data entered into our information systems and provide technical assistance to all levels of staff. Additionally, the unit introduced and implemented a new supervisory case review process, conducted a number of case reviews across the state and tackled the task of training staff on case record maintenance and documentation. All of these activities have contributed to increased performance on a number of measures including the six national standards; recurrence of maltreatment, CA/N in foster care, length of time to reunification, placement stability, timely adoption and re-entry into foster care.

During 2006, the QA Unit worked to increase the integrity of data entered into our Legacy information systems. This was done through the delivery of over 113 initial Data Accuracy trainings across the state. The training addressed data entry issues in the CA/N, Family-Centered Services, Alternative Care and vendor Legacy systems. In most regions the training was presented by QA staff to supervisors who then in turn co-trained their supervisees along with QA staff. This ensured the supervisor could reinforce to their staff how proper data entry related to the outcomes reported from our systems. With accurate information in the system, staff are using more accurate measures and reports to drive their decision making with families.

In July 2006, the QA Unit implemented the new Supervisory Case Review (SCR) process statewide. This case review process was put in place to support the front-line supervisor in providing staff with enhanced clinical supervision. The SCR encourages and supports supervisors in teaching staff to recognize how current policy requirements and day-to-day decisions impact the safety, permanence and well-being of Missouri's children.

Statewide SCR completion rates in July 2006 were 78%. In February 2007 the SCR completion rates were down to 68%. Despite directives from leadership to perform the reviews, our SCR completion rate continues to decline. The QA Unit is in the process of piloting a more in depth SCR training with supervisors to assist them in understanding how the process and tool can assist them in their day-to-day supervision. Initial responses from the trainings have been positive and a plan for statewide rollout will developed once feedback from the pilot is received. Additionally, the SCR tool has recently been revised based on feedback from the field.

In July 2006, CD leadership requested the QA Unit become involved in circuit readiness for Council on Accreditation (COA) site reviews. The QA Unit works with the COA coordinator to assess circuit readiness in critical areas such as case record fidelity, CQI, staff educational levels, staff and foster parent training, personnel records, facility readiness and caseload size. Although QA staff work with Circuit Managers to assess readiness in all these areas, their main focus is on the fidelity of case records and ensuring a strong CQI process.

To address case record fidelity, the QA Unit developed the Case Record and Documentation training. Although posted on the intranet for use by all staff, the QA Unit provides this training to circuit's upon request or according to need as determined by a review of records. Every circuit readying for a site visit will receive this one day training.

Each quarter the QA Unit produces a quarterly CQI newsletter called *In Focus*. This newsletter focuses attention on one or two data elements which are relevant to the PIP. Links within the newsletter include circuit specific user friendly charts for each data element so staff can determine performance in each of these areas. Staff then discuss their performance in their quarterly local CQI meetings and develop local level strategies for improvement where needed. In state FY 2006 the newsletter focused on older youth, timely reunification, re-entry, worker visits, timely initial contact, Permanency Planning Reviews, service planning and visitation plans. Feedback from the field indicates the newsletter assists staff in understanding how their everyday work impacts safety, permanency and well being outcomes.

At least quarterly, QA staff meet in central office to discuss statewide initiatives and receive skill building training on data systems, Excel, Word, PowerPoint and any other relevant topics. This training assists the QA staff in providing appropriate support and consultation to regional and circuit managers, supervisors and frontline staff. Due to the

skills these staff have developed, front line staff have a greater understanding of outcomes and how their work with families impacts these measures. Every May, the QA Unit administers the Survey of Organizational Excellence (SOE) to all staff. The SOE assessment is designed to link scores on the survey to issues affecting our organization. It examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features, Information, and Personal Demands) which capture various aspects of the total work environment. In May 2006, 1386 staff participated in the survey for a statewide response rate of 64%. Although this is down from the 2005 response rate of 69%, response rates tend to plateau once they are over the 50% mark.

Overall, SOE responses were less positive than in 2005 although not significantly. Employee perception of areas of overall strength for the organization included; benefits, employee development, strategic orientation, external communication and availability of information. Employee perception of areas most needing improvement included; fair pay, job satisfaction, time and stress, internal communication and team effectiveness.

The QA Unit produced Regional Power Point presentations on the SOE results and these were provided to regional staff. A statewide summary of results were sent out to all staff and survey results were posted on the division's intranet site.

The QA Unit continues to administer and monitor the PRR process. Quarterly, 2.5% of open and recently closed CA/N, FCS, AC, Adoption, IIS cases and Resource Provider records are randomly sampled and reviewed by peer reviewers. As with any QA process, the PRR is continuously being refined. As PRR results are used to measure a number of items in our PIP, the QA Unit has continued to engage in activities which ensure these reviews are done as correctly as possible. Such activities include: utilizing the QA Unit PDS to centrally monitor and coordinate administration of the PRR; QA Specialists providing on-site regionally specific PRR training prior to reviews; discussion of PRR process in the *In Focus* newsletter; and development of statewide PRR training in December 2006. As a result of these activities, staff have a heightened awareness of how to properly complete the PRR tool hence making the PRR results more reflective of actual practice in the field. This training and refining of the PRR process has resulted in a decline in the PRR results on a number of questions.

In SFY 2006, the division conducted nine Practice Development Reviews (PDR) across the state. During these nine PDRs, a total of 105 children were reviewed. PDR is modeled after the Quality Service Review model developed by Dr. Ivor Groves and Dr. Ray Foster. A PDR provides a combination of quantitative and qualitative data which reveal the current status for children and their caregivers and the impact of the service system on their status. Recommendations from a PDR are case and circuit specific.

Quality Improvement (QI)

The QI Unit was formed in June 2007. The QI Unit is comprised of seven strategically-based QI Specialists who are co-supervised by the Accreditation and QI Manager in Central Office and their respective Regional Director or designee. QI will be involved in

the systematic and continuous activities to improve all processes and systems within the division. CQI will examine practice performance and how it can be systematically improved.

The QA and QI units are integral in attaining and maintaining best practice standards established by the COA, sustaining improvements made from the first round of the CFSR and PIP processes and preparing for the second round of the CFSR. When CFSR, PIP or practice concerns are identified, QA staff will review and analyze data performance to identify causal factors. QA will work collaboratively with QI to determine best strategies to employ to improve outcomes. QI Specialists will implement the change strategies and monitor its effectiveness. QI Specialists will also provide ongoing technical assistance and support to regional and local staff to assist with COA activities in preparation for their COA site visits. They will assess readiness of case records, facilities, and personnel records; evaluate the effectiveness of practice and internal processes; and assist in developing and implementing improvement plans.

Tribal Consultation

a) Provide an update, developed after consultation with Tribal organizations, of the specific measures taken by the state in the past year to improve or maintain compliance with each of the five major components of the ICWA.

Please refer to last year's APSR on the five major components of ICWA. There have been no major changes to how the state collaborates with the Indian Centers. During the past year, the Southwest Indian Center has been invited to participate in the quarterly PIP Advisory Committee meeting. However, they have yet to attend. The Heart of America Indian Center in Kansas City was also invited and they have fully participated in the process.

The CD continues its efforts to strengthen the early identification of Indian children by utilizing the FCS Family Assessment (CD-14). The intent to increase Native American membership on the SYAB has not occurred in FY 2007. This is due to the changes within the Chafee Foster Care Independence Program. During the past year, CD has discontinued the role of the Independent Living Specialists which has temporarily disrupted local area youth advisory boards which help to generate membership to the State Youth Advisory Board (SYAB). Although CD central office staff has had conversations with representatives from the Indian Centers about this interest in SYAB membership, we have not been able to get the logistical variables figured out. With the advent of the Older Youth Program and contracted Chafee service providers, the CD and the SYAB still intend to recruit Native American youth for SYAB membership in FY 2008. The ability to recruit and transport at the local level will be more effective at that time.

The following strategies still need to be implemented:

- Partnering to increase the number of Native American foster homes through targeted recruitment and retention activities.
- Inviting Indian Center representatives to STARS training to speak or train on Native American culture and educate foster parents on how to integrate Native American children into their home.
- Researching information on what percentage of Native American fathers are incarcerated and target this population with ASFA information and the Fathers for Life program to help them stay connected to their children.

b) Provide a description of the understanding, gathered from state consultation with Tribes, as to who is responsible for providing the protections for Tribal children delineated at section 422(b)(8) of the Act, whether the state or Tribal custody.

Cooperation is maintained with the state or tribal court assuming or having jurisdiction over a Native American child when providing services. Missouri courts assume secondary responsibility when the tribal court does not take

jurisdiction. In any juvenile court proceedings, the Native American custodian or tribe of the child has the right to intervene at any point. All parties to the proceeding have the right to examine all the reports, testimony, witnesses and exhibits upon which the court's decision may be based.

c) Provide information regarding consultation with Indian organizations specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care under the Chafee Foster Care Independence Act.

Discussions have occurred regarding the active recruitment of Native American youth for local or the state youth advisory board. Nonetheless, strengthening both local and SYAB recruitment is an area of focus for the CD. Please refer to above section a.

All benefits, services and programs are made available to Indian youth in the state on the same basis as other youth.

Consultation with Physicians or Appropriate Medical Professionals

All children who are placed in out of home care are required to have an initial medical examination as well as regular examinations throughout their out of home care placement. All foster children are eligible to participate in the Healthy Children and Youth Program (HCY) which includes routine medical and dental assessments with a physician. Foster parents or other placement providers arrange for these screenings and consult with the physician to develop a treatment plan, if necessary. The treatment plan is then discussed in the FST regarding significant medical needs that should be addressed for the child. Medical records are forwarded to Children's Service Worker for review and to maintain in the child's record.

All children in out of home care are eligible to receive mental health services. Many foster children receive an initial mental health assessment to assist with the trauma of removal. The mental health providers consult with the Children's Services Worker and participate in the FST. The mental health provider is an integral part of the Team and assists in developing a treatment plan for each youth. The provider may work with the individual child, the parents, siblings, and/or placement provider to address identified needs.

Disaster Plans

a) Identify, locate and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.

The CD is working with field staff in the area of emergency management to develop comprehensive plans. While the foundations of the plan are likely to be the same, we believe it is important to allow for each office, county and/or area to tailor the plan to their specific needs and resources.

When putting together an emergency plan, staff have been instructed to identify what the possible hazards might be, to identify resources available and to work to fill any gaps between the potential hazard and the resources. Potential emergencies and resources will both vary greatly from one area of the state to another. Areas are beginning to submit their plans to Central Office.

In addition, the CD is actively working with the State Emergency Management Agency on emergency management issues. One staff person from the division has been selected to represent the Department of Social Services on the State Emergency Operations Center floor when an emergency occurs.

In addition, this staff person serves as a trainer for SEMA in the areas of emergency preparedness for special needs populations (which includes children and, in particular, foster children and children displaced from their parents in an emergency). The division is encouraging employees from all areas of the state to participate in this training. The training is an excellent source of information about services and resources available for displaced families and children.

b) Respond to new child welfare cases in areas adversely affected by a disaster and provide services to those cases.

The Department of Social Services is responsible for mass care efforts under Missouri's state plan. The responsibility falls on the employees of the department's FSD, with support from the other divisions, including the CD. The FSD staff members are part of their local emergency management teams which coordinate a community's emergency management efforts. These teams are responsible for all local response and assistance to the families of their communities, including foster families and other families involved with the CD.

In addition to these efforts, in recent disasters, CD workers have assured the needs of their families are met by contacting each family individually following a disaster, often by phone but sometimes in person when phone service is not available. Foster families have also been given an emergency number they can call if they need assistance.

c) Remain in communication with caseworkers and other essential child welfare personnel displaced because a disaster.

In an emergency, the division maintains its regular on-call procedures (already established for night and weekend work) to assure there is no interruption in services to families in need. These on-call workers would also respond, with law enforcement or other responders, to incidents where children are displaced from parents by the disaster.

Communication is critical in an emergency. Whenever possible, staff will use cellular phones to stay in communication. If that avenue is unavailable, staff will “pony express” messages, carrying them from person to person until an operable communication method is found. Local emergency management staff will use ham radio operators to communicate, when necessary, and this would be available to CD workers in emergency situations.

d) Preserve essential program records, coordinate services, share information with other states.

Electronic program records are located in the central data system which is housed in Jefferson City and backed up by the state’s Information Technology Services Division in other locations around the state for accessibility in emergency situations.

Monthly Caseworker Visit Data and State Plan Requirements

- **How the state will use the additional funds under IV-B subpart 2 to support monthly caseworker visits with children who are in foster care.**

The division is still looking at various options to utilize the available IV-B subpart 2 funding. We recognize the quality of front line staff, worker turnover, high caseloads, overwhelming administrative burdens, lack of supervisory support and the minimal level of knowledge and experience of staff are some of the challenges of public child welfare staff recruitment and retention that can affect children's safety and permanency. As a result, staff may have less time to establish relationships with children, conduct frequent and meaningful visits to assess children's safety and make thoughtful and well-supported decisions regarding safe and stable placements.

Systemic improvements, such as accreditation and the enhancement of supervisory training and supports are intended to lessen worker stress by improving the working environment. Accreditation has facilitated high-quality service delivery because it requires reasonable caseloads and reduces the number of staff supervisor must oversee. Supervisory training that focuses on leadership skills and clinical practices will help in improving communication and decision making. To build on these successes, we are considering the following:

- To avoid hiring decisions that could later result in turnover or poor performance, the CD is paying attention to hiring employees with prerequisite knowledge, skills and abilities. The division is considering developing a web-based screening tool or video and hiring competencies to assess the education, written and verbal abilities, ethics, judgment and cultural sensitivity of potential applicants. It will also inform these applicants about the contexts surrounding work in child welfare before they apply and accept employment.
- The division is aware that transitioning cases to remaining staff takes time and can result in delays or permanency decisions. CD administration is exploring the prospect of contracting for Pro Re Nata (PRN) social workers and other supports, such as transportation assistants. This idea may be more feasible in the metro sites. The "as needed" social workers would fill in during the transitional periods, when one worker has left a position and before another is hired and ready to assume case management responsibilities, to relieve overburdening existing staff.
- Participation in ongoing training for staff can sometimes be a challenge. Some staff have indicated the trainings they attended did not meet their needs, they did not have time to participate due to caseloads demands or other work priorities hindered their attendance. In an effort to better meet the training and developmental needs of staff, a survey will be designed to query service delivery needs or interests and provide courses to address such necessities.
- Web-based instructions or interactive online learning have become a favored training option in higher education. It is delivered via the computer using the Internet, making it possible for instant updating, distribution, and sharing of information. CD is working with UMC to develop interactive on-line learning

opportunities, beginning with the Visitation PowerPoint training currently on the division's Intranet. There has been discussion to transfer this existing content and others to an online format and make trainings more accessible. Interactive online learning experiences could be made available to all staff and possibly to foster parents and other service providers or partners in the future.

- **The procedures developed to track and report caseworker visit data.**

The current data system utilized by CD does not allow for the tracking of caseworker visits. We are currently in the development phase for case management in FACES. Once case management is on-line, it will track dates of visits and where they took place. Until such time and in order to meet the requirement to report caseworker visit data, the division will provide a manual count through a case review process beginning July 1, 2007. CD will sample the Legal Status 1 (LS 1) population or children in the care and custody of the division. The review will also include children case managed by the PBC and the Specialized Case Management contracts. The sample size of 15, 253 children is based on a year's of population beginning June 1, 2006 and ending May 31, 2007. The reviews will include children in LS 1 status on October 1, 2006 to June 30, 2007. The sample size of 375 is calculated as follows:

Population	15253	N
Tolerable Error	0.05	e
Confidence	0.95	CI
Z value for CI	1.96	Z
Required Sample	375	n

We wish to examine if age would affect how workers visit with children and will randomly stratify based on the age groups: 0-5, 6-12 and 13+

$$n = \frac{Np(1-p)}{(N-1)\sigma^2 + p(1-p)}$$

where $Z\sigma = e, \therefore \sigma = \frac{e}{Z}$

n_{max} (most conservative) requires $p = .5$

This formula calculates a conservative sample size based on the population size N, the confidence interval Z value (1.96 for a 95% CI) and the tolerable width (error) of the CI. A tolerable error of .05 and a CI of 95% means we will accept that whatever the true proportion, a 95% CI extends no further than .05 on each side of the sample proportion.

- **The state standards for content and frequency of caseworker visits which assure children are visited on a monthly basis.**

CD current policy requires workers to meet face to face with children in foster care the next business day following placement when possible and a minimum of two visits per month, no less than seven calendar days apart. The visit the next business day and at least one visit per month thereafter must occur in the placement setting.

Caseworkers must continually assess the children, through visits in the placement setting, for the child's:

- Safety in the placement;
- Reaction to separation from his/her family;
- Perception/understanding of the problem and what they would like to see happen; and,
- Adjustment to the placement.

The caseworker utilizes the CD-82 *Checklist for Worker/Child Visits* during visits with the child in the placement setting to address, as appropriate, the following issues:

- Child's perception of family needs;
- Child's feelings of guilt or blame;
- Child's loss and grief issues;
- Child's perception of familial and individual strengths;
- Child's desire for future placement;
- Child's adjustment to current placement and school setting;
- Child's participation in and feelings toward treatment and educational services offered;
- How child's perception may differ from actual events;
- Child's feelings of safety in the placement home; and
- Case goal and progress toward this goal.

The CD requests that all children placed through the ICPC in another state, receive contact according to Missouri standards, if possible, but at a minimum of once per month in the placement setting. It is also the expectation of our staff to have contact with children placed through ICPC in Missouri to be seen according to policy for Missouri children, which is twice per month with at least one visit in the placement setting each month.

a) Child Abuse Prevention and Treatment Act Service Description

The State of Missouri currently conducts a number of activities targeted toward the prevention and treatment of child abuse and neglect. Since implementing our multi-response system to address reports of child abuse and neglect, Missouri continues to maintain a high standard of practice. Child safety is the paramount concern and Missouri's practice ensures child safety through a child focused family-centered approach. Missouri's practice is culturally sensitive, strengths-oriented and employs the community child protection philosophy. Current and future initiatives are designed around strengthening and ensuring quality improvement of our statewide practice.

b) Update of program areas selected for improvement from one or more of the 14 program areas set forth in Section 106(a) of CAPTA.

The following activities are in fulfillment of CAPTA for the application and grant in accordance with the ACYF-CB-PI-03-08, and pursuant to compliance with part B of title IV of the Social Security Act [42 U.S.C. 620 et seq. and 42 U.S.C. 5106a of the CAPTA law], numbers (1), (2), (3), (4), (6), and (12):

1. The intake, assessment, screening, and investigation of reports of abuse and neglect as they relate to the Missouri's Child Welfare Practice and Family-Centered Services;
2. (A) Creating and improving the use of multi-disciplinary and interagency protocols to enhance investigations as it relates to quality Child Welfare Practice and Family-Centered Services; and
(B) Improving legal preparation and representation, including (i) Procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) Provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families as it relates to the CPS Redesign, Family-Centered Services, the National Committee for Prevention of Child Abuse and delivery of services through the Child Advocacy Centers statewide;
4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, as it relates to the Family-Centered Services, including National Council on Crime and Delinquency, Children's Research Center's Structured Decision Making practice model;
6. Developing, strengthening, and facilitating training including:
(A) Research based strategies to promote collaboration with the families;
(B) Legal duties of such individuals; (C) Emergency Protective Custody and (D) personal safety training for case managers;
12. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level, as it relates to the Child Advocacy Centers and the National Committee for Prevention of Child Abuse.

Missouri's Child Protection System (CPS) continues to seek to be state of the art in its use of multi-disciplinary and interagency protocols to enhance the intake, screening, investigation, and assessment of reports of child abuse and neglect. Since initial implementation in 1995, Missouri's alternative response/dual track system continues to be considered best practice within Missouri and looked upon by other states as exceptional. Our design improved past methods by creating various responses to reports, while maintaining safety of children.

Through the creation of community partnerships, families receive faster and more comprehensive service delivery. The division continues to enhance the general CPS system by fine tuning the safety and risk assessment tools and protocols. A holistic Family Assessment is completed at the time a family initially experiences a hotline report, if the report is screened as a Family Assessment. Missouri's practice in Family Assessment performance continues to be evaluated by the Institute of Applied Research. Reference IAR website at www.iarstl.org/papers.

Missouri continue efforts to meet the new CAPTA eligibility requirements by implementing the triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive services through a collaborative pilot project with the FSD, Temporary Assistance Self Sufficiency Case managers in the Jackson, Clay and Platte counties. The Self-Sufficiency Case Managers responded to non-ca/n referrals with families who had open cases with the CD. The implementation of this pilot project began in July 2004. However, due to a reduction in the TANF Self-Sufficiency Case Managers, the pilot was discontinued in the fall of 2005.

A separate CAPTA requirement to train the child's legal representative in judicial proceedings, is continuing within the Missouri Bar Association who provides extensive training for all newly appointed Guardian ad Litem and CASA representative to be educated on the following: basic child abuse and neglect and the needs of the child; exercise independent judgment on behalf of the child in all matters; meet with the child in the child's placement as often as necessary to ensure the child is safe and to ascertain and represent the child's best interest; review progress of the case and advocate for timely hearings; participate in development or matters affecting the best interest of the child and monitor implementation of court-ordered services to determine whether services are being timely provided.

Lastly, in response to the CAPTA requirement to have provisions and procedures for referral of a child under the age of three who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act, Missouri CD is collaborating with the Department of Elementary and Secondary Education (DESE). The CD has collaborated with DESE and established policy that requires CD staff to make a referral to DESE First Steps Program when they have found a child under three to be a substantiated victim of child abuse/neglect.

c) Activities Missouri intends to implement with CAPTA State grant funds

In addition to Family-Centered Services training described in the next section, the following activities continue to be practiced throughout the state: (1) Bring other providers to the table (e.g., Temporary Assistance, Department of Corrections, Department of Mental Health, Child Support Enforcement Staff) as identified, in the process of providing direct technical assistance in Family-Centered Services assessment and service delivery.

(2) Provide clinical consultation services for CD in-house Intensive in Home (formerly Family Preservation) Services (IIS) staff. Such services would be focused on assisting IIS specialists in strategizing the assessment, treatment planning, goal setting, service delivery, termination, and the development of IIS follow-up service planning. (3) Develop new ways consultation can be provided as an education component within communities on family-centered, strengths-based practice.

The total funding necessary for Family-Centered Services, for each federal fiscal year FFY-06 and FFY-07 is \$150,000.

The division will also purchase resource/training material for central office and field staff to equip them to remain current on new and emerging trends in the prevention and treatment of child abuse and neglect. Pamphlets and related material will be purchased for mandated reporters and others to provide information on child abuse and neglect. We also have printed copies of the state child abuse/neglect law booklets and mandated reporter pamphlets, "Guidelines for CA/N Report" for school personnel. The total funding necessary for resource/training materials, for each federal fiscal year FFY-06 and FFY07 is \$80,000.

The CD will send representatives to the required National Center for Child Abuse and Neglect (NCCAN) State Liaison meetings. Representatives of the CD presented at the National CA/N Conference, April 18, 2007, in Portland, OR, on Missouri's Alternative Response System. Additionally, Division representatives will be attending the ACF Conference on Methamphetamine and Child Welfare Impact & Response on May 8-9, 2006, along with a community partner in pursuit of enhancing Missouri's statewide policy and practice related to responding to ca/n incidents involving drug-exposure. A CD representative will attend the States and Tribes Conference in Arlington, VA, June 20th -22nd, 2006.

The total funding necessary for such Out-of-State trainings/meeting, for each federal fiscal year, FFY-06 and FFY07 is \$10,000.

The division is a member of the Missouri Chapter-National Committee for Prevention of Child Abuse (NCPCA), Missouri Juvenile Justice Association (MJJA), Child Welfare League of America (CWLA), and National Data Analysis System (NDAS). The Division is committed to the support of each of these organizations and their efforts to prevent child abuse. The yearly dues as a member agency have been paid from this grant in the past.

The total funding necessary for NCPCA/MJJA/CWLA/NDAS yearly dues, for

each federal fiscal year FFY-06 and FFY07 is \$12,000.

During 2005 legislative session, the CAC budgets were cut from the Division's budgeted amount from \$1.8 million to \$800,000. CAPTA funds are supporting the services these centers provide. These centers provide vital forensic interviews and sexual abuse examinations that assist in the successful prosecution of abuse and neglect. CAC settings are established to be neutral and in a "child friendly" atmosphere in order to:

- (1) Reduce the emotional trauma of the investigation to the child and the non-offending family members;
- (2) Improve the ability of the Child Abuse Investigators to reach an appropriate finding; and
- (3) Improve the multi-disciplinary collaboration at the community level. These centers are regionally located to meet the needs of our children and families statewide.

The total funding necessary for the CAC for FFY-06 and FFY07 is \$268,093.

The State of Missouri is committed to providing a comprehensive array of services through public agencies and community action, which will prevent and treat child abuse and neglect in Missouri. The initiatives identified above will allow us to strengthen our programs and services in this area to develop or to enhance Missouri's process of intake, investigation, assessment, case management and service delivery, as well as, enhance the capacity of community based programs.

The total funding requested, which include funding for all the above CD initiatives and activities, for federal fiscal year FFY-06 and FFY07 is \$520,093.

d) Service and Training being provided under CAPTA State grant as required by Section 106(b)(2)(C) of CAPTA

Missouri continues to develop, strengthen, and facilitate training opportunities and requirements for individuals overseeing and providing Family-Centered Services to children and their families through the child protection system. These training approaches are primarily provided at the local level, are designed to improve overall case management and service delivery provided to children and their families. These efforts include:

- Consultation/training for staff in the county offices to assist them with developing service strategies with multi-problem families and family-based applications. FCS contracted consultants (family-based practitioners skilled in family-centered practice) help staff explore options and approaches to presenting problems with families, role model the staffing process, and reinforce the skills of a family-centered approach.
- Training for contracted consultants and Children's Services Specialist's on utilization of Family Conferencing Techniques, as well as Community Partnering for the Protection of Children philosophy for intact families. FCS consultants and Children's Services Specialist's will be able to model this technique for CD staff for use in family service delivery.
- Training provided for FCS staff by CD staff trainers or contracted trainers (i.e., Intensive In-home Services trainers), to assist them in improving their skills in providing family-centered services, e.g., interviewing skills. This training is usually

provided within the context of completing and understanding the tools within the CD-14, Family Assessment Packet.

Other training that can be accessed at the local or community level according to identified training needs, and Area training plans.

- The provision of specific one-on-one training with staff and families by modeling a family-centered assessment in the field with staff and selected family, carrying the process to conclusion and critiquing the process for best practice.
- Training is being provided to CD staff, JO, attorneys, GALs, and CASA on improved timeliness of hearings, concurrent planning, provisions of protective custody (including imminent danger definition and guidelines on standards of removal). These trainings are being provided by and in collaboration with Office of State Court Administrators and CD. The grant assists in funding these videoconferences and in-person trainings.

The division supports Prevent Child Abuse Missouri's Training Institute for Home-based Service Providers. This includes 180 training hours through 19 two-day training sessions. Training locations have included St. Louis, Columbia, Independence, St. Joseph and Joplin. An average of 32 visitation workers per session have reported their knowledge and skill are enhanced by these advanced training sessions. Training topics include professional development, domestic violence, sexual abuse, high-risk families, working with fathers, legal issues, child development, child growth, supervisor training, teenage parents, child health, and family health.

The total funding necessary to support the Home Based Services Training Institute for each federal fiscal year FFY-06 and FFY07 is \$50,000 (out of another funding source).

e) Describe substantive changes, if any, in State law that could affect eligibility.

There are no substantive changes in Missouri State law affecting eligibility.

f) Citizen Review Panels annual report & state's response to the panel

Missouri Citizens Review Panels

Task Force on Children's Justice (CJA) Recommendations during 2006:

Recommendation #1: CD to achieve National Accreditation

The CD's achievement of Accreditation continues to be a top priority of the Task Force. The recommendation was made to include in this year's annual report/ grant application to the U.S. Department of Health and Human Services, that the Task Force recommends the Department aggressively pursue funding from the Legislature in 2007 to complete accreditation.

The Department of Social Services budget request for 2007 does include additional funding support for accreditation efforts. The budget is pending approval by the Legislature. The FFY07 grant request/three year report will include this recommendation.

The CD continues to make successful progress towards achieving accreditation.

Recommendation #2: Educate key legislative decision makers on positive outcomes of CPS.

and

Recommendation #3: Make presentations to develop ongoing dialogue with the legislature and budget committees on need for adequate funding of core services.

A request was made by the Governor for the Task Force to review progress made on HB1453 requirements, with recommendations due by September 2007. This will require an additional time commitment beyond the quarterly meetings. The Task Force is currently in the early planning stages of this project. This task will be the priority focus for the Task Force for most of 2007.

The Task Force is currently developing a plan with the University of Missouri School of Journalism on developing ongoing dialogue strategies with key stakeholders, including Legislators.

Recommendation #4: Develop collaboration with higher education institutions for innovative projects and funding.

and

Recommendation #5: Develop public relations strategy (in partner with universities, public, corporations to create media campaign).

and

Recommendation #6: Establish relationships and increase understanding and cooperation with media to disseminate positive outcomes.

A University of Missouri School of Journalism student class has accepted the Task Force for a Jan-May 2007 project called the "Capstone Campaign" to research, create and recommend a public relations strategy to the Task Force. A new Task Force slogan and logo will be created. Research of the student class with recommendations will be presented to the Task Force in May 07.

Local media activities occur regularly for community awareness of CD efforts. Examples are coverage or announcements regarding child abuse prevention month activities and promotion of adoption fairs (reference division web page at <http://www.dss.mo.gov/cd/canprevent.htm> .)

Recommendation #7: Establish a procedure for communicating information on positive CPS outcomes including Task Force vision/priorities on an ongoing basis.

The University of Missouri School of Journalism is currently assisting with the development of a public affairs strategy for communicating positive outcomes to key stakeholders, including Legislators and the general public.

Press releases were issued after accreditation was achieved at the Hotline and Central Office. On-going press releases are available as progress continues to be made.

Appointment of new Task Force members was announced with a media release.

Governor's request for Task Force to review progress made on HB1453 policy and practice was announced with a media release.

An Accreditation newsletter was created and is available on the CD Intranet.

Task Force (CJA) on Children's Justice website is routinely updated.

Recommendation #8: Recommend CD to educate the Task Force on CD budget and sources with recommendations on increased and flexible funding.

*Budget updates were provided at quarterly Task Force meetings.
CD budget recommended pay step increase for supervisors, currently in Legislation.*

Recommendation #9: Review the outcomes of CD's quality assurance program and make recommendations to improve the effectiveness of services.

CD QA presentation - Task Force members were invited to participate.

Aug2005 CD Signs of Progress report provided to Task Force members.

*Contracted Case Management presentation was provided during a Task Force meeting.
Child Welfare measure website provided (CFSR and pip progress) to the Task Force members.*

Governor's Quarterly Goals Report for CD – handout provided.

Discussion of necessity of referrals with request made for Task Force review and recommendations.

CD policies are now on internet for public review.

Other presentations were provided at quarterly meetings, including:

- Accreditation*
- State Auditor reports*
- CFR Review and Findings*
- PIP proposed recommendations*
- CD and HB1453*

State Child Fatality Review Panel Recommendations during 2006:

The Panel continues to recommend prevention efforts related to child deaths due to co-sleeping and rollovers, and suicide prevention.

The CD continues to promote safe-sleep with the use of brochures.

Additionally, Pursuant to 210.195, RSMo., the State Child Fatality Review Panel reviewed SIDS related child deaths, as reported by local fatality panels, throughout the state. It has come to the State Panel's attention that Jackson County reported 21 SIDS related deaths, which is significantly higher than other metropolitan areas, such as St. Louis County reporting two (2) and St. Louis City reporting one (1).

It is the recommendation of the State Child Fatality Review Panel to have STAT conduct a thorough case review of these deaths which were deemed to be SIDS related in the Jackson County area. Additionally, the State Panel would like to encourage STAT to send letter to all Medical Examiners and Coroners recommending they follow the Center for Disease Control "Sudden Unexplained Infant Death Investigation (SUIDI)" guidelines for conducting such investigations.

The CD Practice Development Unit is in the process of meeting with the State Technical Assistance Team to develop prevention strategies based on these recommendations.

Child Abuse/Neglect Review Board Recommendations during 2006:

It is the ongoing recommendation of the Board that CD staff should continue to improve their investigative/documentation skills to meet POE (Preponderance of the Evidence) criteria.

CD is continuing to develop a training curriculum with the assistance of Division of Legal Services on this issue.

Missouri has utilized the Children's Justice Act (CJA) Task Force in an advisory capacity to the Division on issues relating to child abuse prevention and treatment. The CJA Task Force is comprised of representatives across the state from the areas of law enforcement, health, mental health, judiciary, education, community services, child advocacy, child welfare, residential services, and the state legislature. The CJA Task Force assisted the Division in establishing three Citizen Review Panels across Missouri. In an effort to avoid creating unnecessary duplication but to have broad involvement of community members, who represent a variety of disciplines as well as geographic communities, three existing panels are utilized: CJA Task Force, Child Fatality Review Panel, and CA/N Review Boards. Each panel meets at least quarterly and develops annual reports, which are made available to the public. The panels provide feedback and recommendations to the Division on their assessment of the status of children and families. These panels have expressed satisfaction with the Division's response to their recommendations.

g) Describe the provisions and procedures for criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives in the household.

The following steps are completed for every applicant and adult household member (age 17 and older).

1. The Child Abuse/Neglect background screening is conducted by the local CD.
2. 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). It will search the following systems:
 - CA/N records (findings of "Preponderance of Evidence" court adjudicated", or prior to August 28, 2004, "Probable Cause" findings),
 - Employee Disqualification List, maintained by the Department of Health and Senior Services (DHSS),
 - Child-care facility licensing records maintained by DHSS,
 - Residential living facility and nursing home records, maintained by DHSS,
 - Employee Disqualification Registry maintained by Department of Mental Health;
 - Foster parent licensing records, maintained by the CD; and
 - Sex Offender Registry information maintained by Missouri State Highway Patrol (MSHP).

State and national criminal record checks will be 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 now required. The MSHP will complete a state criminal record check and then electronically send the fingerprint images to the FBI for a national search of criminal records.

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

The CD BSIU will maintain a log of all criminal background checks completed on alternative care providers and applicants.

The Division is now utilizing the electronic scan service for the collection of fingerprints. The service is called Missouri Applicant Processing Services, or MOAPS. After the FBI has completed its search, any results will be forwarded to the MSHP, who will then forward the results to BSIU.

Examine Case net, the Missouri State Courts Automated Case Management System, for any reference to Orders of Protection filed, either for a child or adult. There are limits to the use of Case.net. Case.net is not yet statewide so will not include all county circuit courts.

Chafee Foster Care Independent Living Services Program (CFCIP)

Accomplishments achieved and planned activities for each of the first five purposes of CFCIP:

1. Assist youth to transition from dependency to self-sufficiency:

The CD has used the CFCIP funds to staff one state level coordinator. The state level coordinator position is responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. For SFY 2008 the position and responsibilities of the state level coordinator will remain the same with the additional responsibility of contract management and oversight.

The CD currently uses CFCIP funds to staff seven Older Youth Transition Specialist positions located throughout the state. The Specialists work directly and collaboratively with the case managers, contracted providers, and youth. They are responsible for local program coordination, service delivery, community resource development, contractor compliance, on-going consultation and education to agency staff, and other providers. They provide direct services to youth in skill assessments and training on a one-to-one basis and in small groups. Referrals for CFCIP services are commonly made to the Older Youth Transition Specialist from youth's case manager, foster care providers, other agencies or by self-referral.

In SFY 2008 most of the duties of the Older Youth Transition Specialists will be dispersed to contracted providers and to case managers. The duties the Older Youth Transition Specialists are responsible for, such as local program coordination, service delivery, community resource development, etc, will continue to be performed in a more team oriented manner, versus a specialized concept. As mentioned, some of these duties, such as direct service delivery to youth, will be performed by contracted providers. Other duties, such as training, will be performed by CD employees. The seven Older Youth Transition Specialists will be largely responsible for contract monitoring and compliance but may also help with program coordination. Case managers will become more knowledgeable and responsible for ensuring the older youth they work with have their needs met. Adolescent case managers, which are utilized in the northern region, and specifically trained on CFCIP and services available to older youth in foster care, will also play an essential role in the effort to educate staff and meet the needs of older youth.

The CD has revamped its Independent Living Program (ILP) to encompass all the services and programs that are offered to foster and former foster youth to achieve positive outcomes in their transition to self-sufficiency. The new program is called the Older Youth Program, in which CD is still providing independent living/Chafee services to youth ages 14-21; however this program also includes the Transitional Living Program, Education & Training Voucher Program and Independent Living

Arrangements. From the recommendations made by the workgroup on older youth issues in FY 2006, the CD has been developing their recommendations into tools, policy and training in FY 2007 and will begin implementation in late SFY 2007 and into SFY 2008. These recommendations include a change in practice, with the development of Older Youth Transition Action Teams; a change in policy, with the incorporation of a chapter in the Child Welfare Manual designated entirely to working with older youth in foster care; and a comprehensive tool, the Adolescent Family Support Team Guide and Individualized Action Plan, to aid in transition planning for older youth.

In the fall of SFY 2007, the CD created an Older Youth Program test project with three project sites, a metro site – St. Louis City, and one site in north Missouri – 15th Circuit (Saline and Lafayette counties) , and one site in south Missouri – 25th Circuit (Phelps, Pulaski, Maries and Texas counties). The CD staff that were the test project participants received training in Positive Youth Development, older youth specific permanency needs, Ansell-Casey Life Skills Assessments (ACLSA), and the new CD Adolescent Family Support Team Guide & Individualized Action Plan. The participants were asked to complete the ACLSA and Adolescent FST Guide and Individualized Action Plan with youth 14-21 on their caseloads. They were also asked to engage the community in the development and implementation of the Older Youth Transition Action Teams.

In April 2007, the CD held an evaluation meeting with the test site participants. Test site participants gave generally positive feedback about the training that they had received and usage of the ACLSA and Adolescent FST Guide and Individualized Action Plan. Staff voiced concern about the viability of the Older Youth Transition Action Teams, some staff liked the philosophy behind the Older Youth Transition Action Teams, however many stated that there were too many practical barriers at this time to implement the concept.

From the information learned from the Older Youth Program test project, the CD plans to implement training, continue to use the ACLSA, and begin to use the Adolescent FST Guide and Individualized Action Plan in SFY 2007 and SFY 2008. The CD does not plan to implement the use of Older Youth Transition Action Teams until further development of relationships within the local community and staff support is generated.

Youth are currently provided information about available Chafee services by the Older Youth Transition Specialists and case managers. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to assure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Currently, all youth ages 16 and over are required to have an independent living case plan regardless of their permanency goal. They shall be involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. In SFY 2007 into SFY 2008, the Adolescent Family Support Team Guide and Individualized Action Plan will be introduced to case managers to utilize for development and documentation of the youth's transition plan, for youth ages 14 to 21.

Chafee funds will also be utilized to continue supporting Missouri's Aftercare program for youth who have exited state custody at 17.5 and older, but have not yet reached age 21. Additionally, funds will be used for administration and facilitation of the foster youth advisory boards.

Life skills training is available in all regions of the state. A state core curriculum is used and modules are added to meet needs of youth in different geographical areas. In SFY 2007, life skills training has been provided through seminar classes, community service projects, and referrals to community resource that are offering the same type of skills training through their program. Youth receive a small stipend and other incentives for attending each training session and completing homework.

In late SFY 2007 through SFY 2008 the life skills training is expected to be provided by contracted providers, including contracted transitional living programs. The CD will no longer require a six to nine month course but will recommend providers develop competency based training modules for each set of life skills taught. The state life skills core curriculum will continue to be a recommended foundation for each provider to teach from, however, the state will not dictate how these core life skills are taught or how the curriculum must be utilized.

Policy at the CD currently requires all staff to begin exit planning for all youth ages 17 and older and for those who will be leaving foster care after age 18. The purpose of conducting an exit planning interview is to identify anticipated service needs and arrange those for older youth who will soon be exiting foster care. An exit interview must take place at least 6 months prior to the youth leaving custody; for all youth at ages 17 or older; and annually, for all youth over the age of 18 who remain in care and custody. In SFY 2007 the Adolescent FST Guide and Individualized Action Plan will be replacing the current exit planning and independent living plan form and policy. To increase and strengthen this planning the Adolescent FST Guide and Individualized Action Plan was developed and is intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the Family Support Team Meeting with youth ages 14-21.

2. Help youth receive the education, training, and services necessary to obtain employment:

CD staff, including case managers and Older Youth Transition Specialists, referred youth to Job Corps, Americorps, and all branches of the military.

Missouri's Workforce Development also offers five Job Corps centers that Missouri youth can attend. Three are located in Missouri. Job Corps is a residential education and employment training program. It provides vocational and academic skills to young adults between the ages of 16 and 24. The program provides youth accepted into the program with room, board, and spending money while they learn. Job Corps is

committed to providing a safe environment for its students to ensure they acquire the skills and preparation they need to succeed in the workplace.

The Missouri Mentoring Partnership (MMP) provides funding to nine community partnerships to implement structured work site and community-based mentoring. When youth are referred they must complete 20-30 hours (based on the youth's learning capacity) of job readiness training. The curriculum focuses on "soft skills" training, resume preparation and mock interviewing. Once the youth passes the job readiness training, they can begin their job search and then a job mentor is assigned.

In SFY 2007, the CD has continued to participate in the development and utilization of the "Shared Youth Vision" collaborative effort. The Division of Labor, the CD, the Division of Youth Services, the Department of Secondary Education and the Department of Justice have come together to discuss how this collaboration can be an effective strategy to meeting the needs of youth in their agency. It is the continued goal of the CD to utilize this collaborative effort to better meet the needs of our youth in care.

3. Help youth prepare for and enter post-secondary training and educational institutions:

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals will assist youth in understanding the importance of having a vision of educational success. The CD believes the utilization of the new Adolescent FST Guide and Individualized Action Plan will increase the support for positive educational outcomes and guide the CD case manager to provide that support and assistance to the older youth in foster care.

The State of Missouri is committed to ensuring youth have the opportunity and support to access post-secondary education or training. Educational services and supports are also available to any foster youth to assist them in achieving their educational goals. Services are provided based on the youth's educational needs. Educational supports can include an education advocate, tutoring, individualized plans, and other needs necessary for the youth to be educationally successful.

With the passage of the Stable and Safe Families Act, Missouri now offers Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth.

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/educational institutions. Eligible ETV program participants are youth who are eligible for services under Missouri's Chafee Foster Care Independence Program and youth who were adopted or achieve legal guardianship after the youth 16th birthday. Young adults who are receiving financial assistance through ETV on their 21st birthday may continue to receive ETV services up until their 23rd birthday, provided they are enrolled in a post-

secondary education or training program and are making satisfactory progress toward completion of that program.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their G.E.D. or have a G.E.D. certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continuing assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress. Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act.

Missouri offers different types of post-secondary institutions, which provides education and/or training beyond the high school level. There are regionally accredited institutions of higher education in Missouri which includes two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions that may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education that generally offers education and training designed to prepare graduates for direct entry into specific occupations or professions.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

The ability of young people transitioning out of or who have exited foster care to develop a support network, and 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, formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is because of this belief that the Older Youth Transition Action Team and the Adolescent FST Guide and Individualized Action Plan were developed. Although the Older Youth Transition Action Team will not be utilized in SFY 2008, it is the intent that CD staff will cultivate this community network to develop permanency connections for youth in care. It is the expectation that the new tool, the Adolescent FST Guide and Individualized Action Plan, will be a guide for case managers to use and to help the case manager and Family Support Team become fully aware that adult supports for the youth and that the youth identify should be involved in the process. This tool specifically requires that up to three adult supports for the youth be identified.

The MMP provides 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.

Community service or volunteering is a critical component in our life skills training program. We find that youth who volunteer in community service programs have an opportunity to meet and develop relationships with adults and other youth who are involved in the same projects as well as develop work skills.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs "Ready, Set, Fly" curriculum for in-service training of foster parents was available in February of 2004. This training provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home.

In SFY 2007, the State Youth Advisory Board (SYAB) set as their task to reorganize the peer mentors program that they felt was a beneficial program. The SYAB would like to initiate peer mentoring through organizing foster youth support groups at local schools. This will continue to be an on-going project in the FY 2008 year. The SYAB would also like to incorporate this idea with linkage to foster care alumni. The SYAB has already had several contacts with foster care alumni and will be formalizing a plan on how to best utilize this resource in SFY 2008.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:

Missouri continues to provide services and support for youth in foster care or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

Chafee services are available for foster youth ages 14-21. Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee

Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth.

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. The needs and array of services vary depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services.

Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture.

Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Youth may receive up to a lifetime maximum of \$3,500.00 for any one or a combination of all these categorical services during their eligibility period, excluding post-secondary educational and training assistance.

In late SFY 2007 through SFY 2008, it is the intent of the CD to offer these aftercare services to former foster care youth through a contracted provider. Although the same types of services, housing, emergency services, employment assistance, etc., shall be offered, there may no longer be the need for lifetime maximum categorical expenses or these maximums may look different depending on the Chafee contracted provider.

Collaboration activities achieved and planned with other Federal and State programs for youth, also including collaboration with shareholders and the courts:

The Missouri state level coordinator for the CFCIP sits on the Council for Adolescent and School Health (CASH). This council is administered by the Department of Health and Senior Services (DHSS) and consists of various state and county agencies. Its goal is to support adolescent and school health and to facilitate collaboration to promote a coordinated, family, community, and school approach to achieve healthy adolescent development.

It is through this council, the CD has partnered with DHSS, and Children's Mercy Hospital and Clinics to sponsor three regional Mental Health Issues in Adolescence workshops in the fall of 2006. These workshops were designed to target foster parents and youth workers to help them to understand adolescent growth and development, substance abuse issues, sexually transmitted diseases, eating disorders and obesity in teens and to learn about treatment and interventions. It is the intent of the CD, the CHSS, Children's Mercy Hospital and Clinics to again offer this type of training to foster parents and youth workers in the fall of 2007. Title IV-E funding will be utilized for payment of hours worked by case managers attending this training.

The CD has made revisions to the Transitional Living Program. During this revision of policy and contract, CD has requested assistance and input from various transitional living providers, including Runaway and Homeless Youth grantees, youth in foster care, and the National Resource Center on Youth Development. The CD has issued a new contract in SFY 2007. The new contract allows for more flexibility with service delivery to youth in the program, including training of independent living skills. Policy will be designed to prompt youth to transition from more restrictive setting to least restrictive setting by the time they reach the age of 20, so that they are better prepared for court release of jurisdiction at 21 years old.

The CD, in SFY 2007, attended the National Governor's Association "Strengthening Youth Policy in States". This Policy Institute helped the CD network with Department of Secondary Education, the Department of Higher Education and the state legislator to discuss issues of relevance for youth in foster care. At this Institute suggestions and thoughts were discussed about how to align state programs, policies and initiatives around a clear vision, reducing confusion due to fragmented administrative structures, and to make the delivery of services to youth more cost effective. Ideas were suggested to utilize that Children's Services Commission for a mechanism to coordinate state agency policies for all youth.

Youth in foster care have been participating in the Department of Mental Health (DMH) stakeholder meeting in SFY 2007. Youth are able to give their perspective and input on DMH policy and procedures as it effects and relates to foster care youth. It is planned that this participation will continue in SFY 2008.

The Missouri Treasurer's office has established a college savings and investment program for Missourians to contribute to a 529 college savings account for foster children of Missouri. The program, known as BELIEVE was established in December 2005. The CD assists the Treasurer's office in identifying youth in foster care that are college bound.

An Older Youth Transition Specialist and the state level coordinator participate in the Older Homeless Adolescent Taskforce. This is a coalition of multiple agencies and organizations within the St. Louis community, coordinated by the Legal Services of Eastern Missouri, that meet quarterly to learn about each other, discuss and develop solutions, and provide community services to prevent and decrease homeless teens in their area.

The St. Louis Aging Out Initiative is a project that Epworth Children and Family Services, a residential and transitional living program in St. Louis is administrating. This initiative targets youth in the foster care that are 16 years old in a residential or transitional living program in the St. Louis area. This project focuses on linking youth to current service providers and creating support networks with area agencies. Online workstations and a 24 hour helpline are going to be available for youth to utilize. Also a peer advisor will be working directly with the youth. The intended outcomes of the

project are to teach youth self-advocacy behaviors, such as speaking in court hearing and leading their own Family Support Team meeting; to have sixty percent of youth participants earn their high school diploma or GED; and to have one hundred percent of youth participants that exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc.

The CD and the Office of State Court Administrator are currently collaborating with the National Resource Center for Youth Development and the National Resource Center on Legal and Judicial Issues American Bar Association Center on Children and the Law on an effort to provide training to Missouri court personnel, judges, juvenile officers and guardian ad litem, on permanency issues of older youth in foster care, positive youth development and Chafee services. This training will offered in early SFY 2008.

Training conducted in FY 2007 and planned for FY 2008:

The CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from ILP Specialists on adolescent issues, including three hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody. During SFY 2007 through SFY 2008, Transitional Living Training will be facilitated by local staff.

The Casey Family Programs “Ready, Set, Fly” curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home. In SFY 2007 foster parents that are licensed for older youth receive the training through local training staff.

The Older Youth Program Training, which includes training on the Ansell-Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration will be offered in FY 2007 through FY 2008 by the state level coordinator, State Youth Advisory Board members and designated trainers throughout the state to the Children’s Division staff and contracted providers.

Service design and delivery of the trust fund program:

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance.

Activities undertaken to involve youth in State agency efforts, such as the CFSR/PIP process:

The CD recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels, facilitate and lead workshops. The CD provides SYAB members with a \$25 per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The SYAB members also receive mileage reimbursement for their travel to any such event. Youth on the SYAB host and design the entire annual state youth conference. Workshops and conference activities are generally led by the youth. Although no youth conference was offered in SFY 2007 it is the intent of the SYAB to host a youth conference in SFY 2008.

Through the SYAB and Area Youth Advisory Boards (AYAB), youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn can empower other youth in out-of-home care.

SYAB and AYAB members have been involved in panel presentations and various state/area conferences regarding what the CFCIP has meant to them and how it can make a difference. Other involvement includes:

- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services.
- Speaking at community meetings to provide information about foster care and adoption issues.
- Participating in agency meetings and committees, such as the PIP Advisory Committee and CQI state level meeting, Federal Regional meetings.
- Providing CFCIP and ETV Program information to foster parents, youth and community members.
- Participating in other community youth boards or councils, such as FosterClub All-Stars and Department of Mental Health Advisory Council.

The CD has invested in the FosterClub All-Star Program to be able to send a youth to leadership training and participation in national leadership events. It is the philosophy of the agency that by providing this type of leadership training and national exposure that this 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. In SFY 06 and SFY 07, Missouri has an All-Star participant. Each of these youth has and will be expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

In SFY 2007 through SFY 2008 SYAB will also help train staff on the Older Youth Program sharing their perspective on why this new philosophy and tools will help youth transition successfully from foster care.

Describe if and how the state has utilized the option to expand Medicaid:

Missouri has not utilized the Medicaid Option to provide medical services to former foster youth who left care at age 18 or older and have not yet reached age 21.

Explain the results of Indian Tribe consultation:

Missouri does not have federally recognized Indian tribes in the state. However, there are two centers, the Heart of America Indian Center and the Southwest Missouri Indian Center, that are active in the state.

Despite best efforts to seek out and recruit Indian youth interested in participating on AYABs and the SYAB, the division was not successful. During the upcoming year, it is the intent of the CD to continue to have dialogue with the Indian Centers about how to best engage Indian youth within the Chafee program and youth boards. It is the intent of the CD to share with the future Chafee contracted providers the names and contact information of the Indian Centers so as to have the contracted providers also engage in communication and possible resource sharing with the Indian Centers.

All benefits and services under the programs are made available to Indian 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.

Education and Training Vouchers (ETV)

Describe the specific accomplishments and progress to establish, expand or strengthen the State's postsecondary educational assistance program to achieve the purpose of the Education and Training Vouchers (ETV) program:

Missouri continues to expand the ETV program to serve eligible youth. Missouri does not have a state tuition waiver program and currently uses ETV funding to assist youth with costs of attendance for post-secondary educational and training programs.

In SFY 2007, the CD contracted the Orphan Foundation of America (OFA) to provide ETV services. The CD, through specific contract requirements, plans to utilize all of the ETV funding received. The contracted provider has been able to offer outreach programs, probationary services, mentoring and care packages to identify eligible youth. They have included descriptive material such as brochures, posters, and a website to market the Missouri ETV program.

Setting and monitoring educational goals will assist youth in understanding the importance of having a vision of educational success. Current requirements for eligible youth to receive assistance are:

- Youth must demonstrate academic success or motivation in school (generally a "C" average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

The major portion of the ETV funding will be used to continue and expand the current program by increasing the number of youth served.

An on-line application process requires youth to provide information on financial need. The application process and a database track services and expenditures to ensure that vouchers do not exceed the total cost of attendance or \$5,000 per year.

Currently, eligible youth access the ETV program through the OFA website at www.statevoucher.org. Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5 – 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. Post-secondary ETVs will also be offered to youth who were adopted or achieved legal guardianship after age 16.

Current and former foster care youth are eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

Financial and Statistical Information Reporting

a) For FY 2008, the specific percentages of IV-B 2 funds to be expended on service delivery of family preservation, community-based family support, time-limited family reunification and adoption promotion and support services; and a rationale if the percentage is below 20 percent for any one of the four service categories. Report amount allocated for planning and service coordination separately.

For FY2008, the percentage for IVB, Subpart 2 will be similar to FY2004 and FY2005 expenditures.

IV-B planned expenditures for FY 08 will be the same as in FY04 and FY05, and are as follows :

- 37% on Family Preservation
- 6% on Time Limited Reunification - Expenditures on Reunification represent contracted services. In addition, the CD provides many Family Reunification services with in-house staff that are not captured in this number.
- 57% on Caring Partnerships (Community Based Family Support/Adoption Promotion Activities). Caring Partnerships provides multiple services in a community based model. Also, regarding Adoption Promotion activities, the CD contracts with private agencies to develop Adoptive and Foster family resources. Funding for these activities comes from other sources besides the IV-B Grant.

b) Provide the estimated and actual amounts of FY 2005 Federal funds expended under title IV-B, subpart 1; for each of the four categories of services in FY 2005 for title IV-B, subpart 2; and for those costs identified as administrative in the IV-B programs. Provide an explanation for any differences between the FY 2005 estimated costs and actual expenditures in the APSR.

The CD does not use IV-B Subpart 1 funds for foster care maintenance currently and did not in 1979. In FY 2005, \$16,720,700 was spent on IV-B part 2 type activities. \$6,294,007 was spent on Family Preservation, \$738,785 on Family Reunification, and \$9,687,908 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. In addition, to these services, CD staff provide Family Reunification services. The Division also contracts with private agencies to develop Adoptive and Foster family resources.

c) Non-supplantation requirement: Provide state and local share expenditure amounts for IV-B subpart 2 for FY 2005 for comparison with the 1992 base year amount.

In 1992, the total expenditures for Child Welfare programs were \$63.8 million, of which \$41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, Group Homes/Independent Living. In FY 2005, total expenditures were \$232.1 million, of which \$130.5 million was state funding. The total amount spent for Family Preservation in 1992 was \$2.8 million, most of which was state funding. In FY2005, the amount was \$6.3 million. Approximately, 73% of the \$6.3 million is taken to the IV-B grant (\$4.6 million). The remaining \$1.7 million is taken to other sources, which is primarily state funding. For Community Partnerships, there are no expenditures recorded in 1992. In 1993, Prototypes, which was a precursor to the Community Partnership Program, \$152,671 of state funding was spent. For FY2005, approximately \$7.1 million of the Community Partnerships expenditures account against the IV-B grant. Of this amount 25% is the state funding which is \$1.8 million. The remaining expenditures are funded from other sources which are primarily state funding. There are no expenditures in FY1992 for Family Reunification Contracts. The Division received authority for these contracts in FY 2005.

d) Provide actual expenditures of Chafee allocated funds for FY 05 (final) and FY 06 (year to date). Identify percentage of Chafee funds used for room and board for FY 05, how funds were used, and any planned changes.

The amount of Chafee grant funds expended in federal fiscal year 2005 was \$2,638,275, the total expenditures including the state match was \$3,297,844. For FFY 06 YTD the grant funds claimed is \$301,436 and total expenditures including the state match is \$376,795. For the FY 2006 grant, \$60,941 was used for housing and maintenance payment for staff. For the FY 2007 grant YTD, \$15,579 was used. The CD is currently in the process of revising the administration, operation, and structure of the Independent Living Program which is funded by Chafee. This may change services provided and result in more room and board being provided through the Chafee grant. However, at this point, no changes have been made, and it is difficult to provide specifics.

e) Identify the number of youth who received ETV awards in FY 06 and FY 07 (year to date). Identify number of youth who received an award for the first time.

A total of 157 youth have received an ETV grant, 96 for the first time in FY 07.

e) Identify the estimated number of youth the state plans to award ETV vouchers in FY 08.

The CD is in a partnership with a private agency, the Orphan Foundation of America to reach more children who need and qualify for the ETV grant. This is increasing in the usage of the grant. The goal is to fully use the ETV grant to help more foster children go to college. Based on the maximum grant of \$5,000 the goal is to reach 200 children who are in need of assistance.

f) Provide actual expenditures of ETV allocated funds for FY 05.

For FFY 2005, the amount of ETV grant expenditures was \$348,698 and FY2006 was \$264,134. The Division is expecting a significant increase in FY 2007 due to the partnership with a private agency.

Additional Required Supporting Information

Juvenile Justice Transfers

During CY 2006, 74 children exited custody with the CD and were transferred to the Division of Youth Services. This information is derived by matching exits from the alternative care population with entries into the state's Juvenile Justice System. Both information systems used the same unique identifier for children/youth served.

Inter-Country Adoptions

CD collected information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. Four children who were adopted internationally entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption during FY2006.

The four children's information is as follows:

- The paperwork provided by the parents does not list a licensed Missouri Child Placing Agency that handled the adoption. This appears to be a private adoption by an attorney. The child entered foster care due to homicidal and suicidal statements against the family and himself. The goal at this time is reunification.
- The child was not adopted through an agency as the adoptive family pursued the adoption on their own. The plan for the child while in custody was to reunify him with his adoptive mother, which was achieved. The reason for the disruption was the child was living with his adoptive father at the time of removal. The father had suffered a head injury as a result of an accident on a riding lawn mower and became unable to care for himself and his child. Efforts to divert the child failed and he was eventually taken into custody.
- The child was adopted in another state (Georgia), unknown placing agency - no Missouri child Placing Agency involved in the placement. The goal is reunification with her adoptive parents. The reason for the disruptions is the child was out of the parent's control
- The child was removed from the adoptive home due to allegations of sexual abuse. Plan was initially reunification. Child was removed from adoptive father who was then killed in a car accident a few days following the court action. Court released custody the following week to allow an emergency guardianship to be granted to relatives living in Colorado. Both adoptive parents are deceased, (adoptive mother died several years ago) original adoption agency information was unable to be obtained. Child now resides in Colorado, however the family members are applying for guardianship subsidy to assist in caring for her.

Child Welfare Demonstration Projects

Missouri does not have a child welfare demonstration project.

Foster and Adoptive Parents Recruitment

During calendar year 2006, the CD worked with the National Resource Center for Family Centered Practice and Permanency Planning on improving recruitment and

retention. The first on-site meeting took place in January, 2006, and final recommendations were given to the director on November 6, 2006. The approved recommendations are currently being written into policy, which include, but are not limited to:

- Creation of an Inquiry Packet to be sent to all prospective foster parents;
- Inquiry Tracking system – changes are being made to the Legacy information system to allow for the tracking of all inquiries through to exit;
- Expansion of STARS to include more information regarding the working relationship between biological families and foster families;
- Development of the Resource Family Profile to be shared with FST members when making placement decisions;
- Regular emails to local staff from licensing workers regarding placement openings for siblings and adolescents;
- Licensing staff will discuss with currently licensed families during the quarterly home visits their willingness to accept sibling groups and adolescents; and
- Use the existing State Foster Care Advisory Committee to support the recruitment effort for adolescents and sibling groups.
- Use of PBC and the Specialized Care Management contracts in recruiting foster parents.

A new contract, currently under development for the contracted 800 number, is anticipated to be in place in early 2008. To increase utilization of the 800 number, CD staff have been working with FACES staff to develop a database to capture each activity once the potential foster/adoptive parent calls the 800 number.

The updated recruitment information packet is available for statewide use. Also, policy on the Resource Family Profile is in the approval phase and should be introduced to staff by the end of the fiscal year.

In an effort to address concerns for multiple moves for children, St. Louis City began offering new foster parents the unique opportunity to hold a dual emergency and traditional foster home contract in April 2006. Children in St. Louis City were often placed in after hours emergency foster home placements. At the end of the emergency time period (usually 30 days unless extended), children were moved from the emergency home and placed in a traditional foster home to stabilize the placement. It determined through a self assessment, partnership with the Casey Family to Family program and community stakeholder, a child's first placement is often the best placement. Children not having to move from an emergency to a traditional foster placement often resulted in lesser trauma to the children. The placement stability measure, tracked through Outcomes Reporting, has increased five percent since March 2006. This has also assisted in the increased availability of emergency placement slots for after-hours placements.

Other than the previously mentioned information in the Adoption section, there have been no additional changes with CD's in state or out of state adoptive parent recruitment plan. There continues to be two components; a group of core-activities for

which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Core activities of the recruitment plan include:

- Distribution of informational packets
- Completing family assessments timely, within 90 days
- Regular use of the media for recruitment
- *Home for the Holidays* collaboration with the Dave Thomas Foundation
- Utilize and maintain CD Internet web page and work with two national sites where CD children are featured:
- Photo listing: <http://www.dss.mo.gov/cd/adopt>. This web site lists profiles and the pictures of approximately 200 of Missouri's waiting children. This site provides and link and is maintained by the Collaboration to AdoptUSKids <http://www.adoptuskids.org> site. The AdoptUSKids and National Adoption Exchange (www.adoptex.org) are national websites where Missouri's waiting children are featured.
- Celebrate National Foster Care month(May) and National Adoption month (November) to include media campaigns and print materials for recruitment.
- Continue collaboration with community agencies and maintain the CD recruitment efforts.

The optional activities from local office include:

- Northeast and Northwest Adoption Events
- Linking Hearts Adoption Open House at Ft. Leonard Wood. Effort to profile children and meet families interested in fostering and adopting
- Jackson Co. website allows waiting children to be featured as well as information to be shared with the public in electronic format regarding training classes and general information about CD programs. Sponsored by LINC of Kansas City
- Heart Gallery
- National Recruitment Saturday Celebration in St. Louis Co.
- Faith based mini-conferences and activities with the Black Repertory Theater of St. Louis.
- Jackson Co. and St. Louis have started a bus campaign to recruit foster and adoptive families.
- Profiles of waiting children run in the Kansas City Star and the Wendy's project in Springfield promotes as website of waiting children and produces a Wednesday's Child feature.

The successful recruitment collaboration between the CD and Ft. Leonard Wood military installation in Pulaski Co. continues. Another community partnership takes place in the nearby town of Rolla where the community partnership, the hospital, the University of Missouri Rolla's fraternities and sororities host a recruitment event each year. This collaboration has proven to be highly successful for continuing the recruitment of military families as well as further involving and recruiting from the local community for our children.

The One Church, One Child (OCOC) program recruits adoptive homes for waiting African/American children on an ongoing basis. A CD liaison works directly with

participating churches to provide information on the adoption process and specific children waiting for adoption. The OCOC programs in Kansas City and St. Louis have been very active in planning the Faith Based mini-conferences in those cities, sharing their knowledge of recruitment and interaction of the faith community and CD freely.

Wendy's - The CD continues in partnership with Wendy's of Missouri in Springfield. The Wendy's Wonderful Kids program has also expanded in Missouri with two recruiters through the program.

Television recruitment - "A Place to Call Home" is a television special that is shown several times per week on a local St. Louis television station. The Foster and Adoptive Care Coalition in collaboration with the Division, organize this program with the television station, taking referrals from Division staff. This television show has resulted in several adoptive placements for children and two featured children even caught the attention of the Hallmark channel. Their success stories were featured on the Hallmark Channel's national television program entitled "Adoption."

On May 4, 2007 the second Missouri Heart Gallery opened in Kansas City. It was a stunning display of 168 photos of children and sibling groups for a total of 240 children featured. The Adoption Exchange has also opened the virtual gallery on their website at <http://www.moheartgallery.org/> and a copy of the complete Heart Gallery schedule and program book may be accessed on the CD website at <http://www.dss.mo.gov/cd/adopt/hgallery.htm>. This gallery will also travel to Arnold, Festus, Barnhart, St. Joseph, Columbia, Springfield, Joplin, Cape Girardeau, Farmington, Florissant, St. Louis and Jefferson City.

This is an awesome display represents a tremendous opportunity for the children who wait for permanent homes in foster care. As a result of the virtual gallery opening in Kansas City, the Adoption Exchange fielded over 40 calls of interest on the children featured the first day. Last year as a result of the gallery the Adoption Exchange saw a 226% increase in inquiry calls they fielded. Last year's gallery featured 63 photos and as a result 27 children were placed.

Adoption Incentive Payments

In FY 06, Missouri did not receive adoption incentive payments to assist CD to cover the costs of adoption recruitment and related activities. However, for SFY 2006-2007, \$50,000 was allotted for faith based activities that also include recruitment of resource families and funding for One Church One Child. Each region was able to devise their own plan for use of the funds

Payment Limitation – Title IV-B Subpart 1

- Report the amount of FY 2004 and FY 2005 title IV-B subpart I funds the State expended for child care, foster care maintenance and adoption assistance payments in FY 2005.

No amount was expended for child care, foster care maintenance and adoption assistance payments in FY 2005.

- Report the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005.

Since no IV-B part 1 funds were used for foster care maintenance, none of the state/non-federal funds expended on foster care maintenance was used as a match for the title IV-B, subpart 1 program.

Public Comment

A draft electronic copy of this draft APSR was provided to the PIP Advisory Committee on May 9, 2007 and a paper copy made available on May 16, 2007. Comments from the advisory committee have been integrated into the report. The APSR was posted on the department and division websites on May 16, 2007 and available for a 30-day public comment period. Only three feedback forms were received. They are indicated below as follow:

Feedback 1

What is the status of children in foster care? Two organizations in north St. Louis, Faith House and ECHO are no longer providing residential treatment services? Annie Malone has a very small population of children in residential care? Where are these children going who must be removed from their homes? How many minority children are in foster care? How many from the City? How many in the County? Are agencies expected to provide care without resources from the State when children are in your custody? Who can I talk to about the situation of children in need of various services within the State?

It was deemed more appropriate to forward these direct questions to Constituent Services for response. Constituent Services staff responded to her questions on a timely basis.

Feedback 2

Recommend that meeting the educational needs of children in out of home care be addressed in the report. On page 30, under Crisis Care---it might be appropriate to mention Crisis nursery and teen care as the two programs. On page 95, the role of the PBC's and the specialized contact in recruiting foster parents might be noted. Meeting the educational needs of children is addressed under Educational Services and the Chafee section. Under Crisis Care on page 40 it indicates the crisis care program served two distinct populations; children (ages birth-12) and youth (ages 13-17). This has resulted in the development of two separate contracts for SFY'08. The use of PBC and the Specialized Care Management contracts in recruiting foster parents has been added to page 95.

Feedback 3

- CA/N reports/hotlines from CRU are too complicated in the format now being used...info gets to be hard to find.
- Subsidized guardianships need to have criteria expanded so other relatives/kinship can qualify for paid attorney and financial support...in the long run this is much more economical than foster care coupled with CD and Juvenile Court continued involvement.
- Too much emphasis is placed on advanced degrees in promotion to supervisory and management positions..."book smart" is not always better than "common sense" & experience.

- Too much promotion from "within" CD is suffocating new ideas...compare this in the CD organization to genetic problems with incestuous families.
- CACs are great!!!
- School based social worker program should be enlarged. These social workers are able to identify and work with families with problem issues before they become real problems of CA/N because of early identification.
- Investigations of hotlines are many times "farmed out" to other agencies too quickly before the underlying problems of possible neglect are investigated/assessed.

While all comments are appreciated, these are relatively subjective and do not require revisions to the APSR.

APSR Appendix

3. Program Support

a) **Discuss planned updates to the training plan, including** staff development plans based on the new caseworker visit requirements (improve retention, recruitment, training and access to technology) and training with Title IV-E funds (including courses offered, numbers and positions of prospective attendees, and estimated cost).

Page 60 – IV-E funds will not be used for the MSU and CD Child Welfare Grant project. Basic Orientation Supervisory Skills Training is 32 hours instead of 40 hours. CD Clinical Supervisory Training is 39 hours instead of 48 hours.

Page 61 – IV-E funds will not be used for the CD Clinical Supervisor Training.

5. Consultation with Physicians or Appropriate Medical Professional

Describe how the State agency actively consults with and involves physicians or other appropriate medical professionals in assessing the health and well-being of foster children and determining appropriate medical treatment.

In addition to the consultation indicated on page 70, the Program Improvement Plan Advisory Board involves multiple departments including mental health and health professionals who provide input to improve services for children.

The Missouri's Comprehensive Children's Mental Health Initiative ensures all Missouri 's children receive the mental health services they need through a comprehensive, seamless system that delivers services at the local level. The Comprehensive System Management Team (CSMT) was responsible for the development of the children's comprehensive plan and continues to address the recommendations generated from the advisory committee and other planning workgroups. Members of the CSMT consist of CD staff and other mental health professionals.

Jackson County CD continues its partnership with ReachOut America for the provision of dental services to children in the division's care and custody. The "dental van" is a mobile dentistry resource where children receive routine check ups which include an x-ray, cleaning, basic fillings and extractions. The dental care is provided by a qualified dentist. The dental van has provided and continues to provide a much needed resource for children to receive their basic dental needs.

7. Monthly Caseworker Visit Data and State Plan Requirements

a) **The State must describe:**

- **how the State will use the additional funds under IV-B 2** to support monthly caseworker visits with children who in foster care
- **the procedures** developed to track and report caseworker visit data
- **the State standards** for content and frequency of caseworker visits which assure children are visited on a monthly basis.

In addition to the activities indicated on pages 72-73 that the CD intends to carry out, the division is working on a contract with the University of Kentucky to purchase the 360, an

evaluation process to enhance employee development and growth. CD will also purchase or contract for technical assistance and continued support/consultation for supervisors. The Learning Circles/Labs will foster and support collective learning and generate useful knowledge on an ongoing basis that can have a positive impact for the supervisors to share a commitment to leadership development. Learning circles/labs will likely be convened within regions that may enable a diverse group of supervisors to meet face to face to pursue learning and to share with one another on a broad range of issues.

The division will also purchase up to 500 Tablet PCs which would be available to staff to take to home visits and update/enter the required visitation documentation. This data could then populate the FACES system directly in wireless zones or be uploaded into FACES later in non-wireless zones.

8. CAPTA State Grant

f). Submit a copy of the annual report(s) from the citizen review panels, and a copy of the State agency's most recent response(s) to the panels and State/local cps agencies.

Information on and recommendations received regarding the citizen review panels are reported on pages 80-83. In addition to what has been reported on these pages, as a result of the reviews of individual child fatality cases, local Child Fatality Review Panels made specific recommendations for prevention during 2006. Some of these included:

Supervision:

- Swimming: Post more "No Swimming" signs by dangerous rivers
- Around Cars: educate children on street crossing safety and on safety related to vehicles, in particular, car trunks

Physical Abuse/Trauma (includes CA/N):

- Educate public as well as parents on how to handle challenging child behaviors

Guns/Weapons:

- School Board should be approached about the possibility of adding gun safety to their curriculums
- News release to be done following child death, to remind public about importance of gun safety

Suicide:

- Teachers, professionals and caretakers should be proactive with children who are bullied at school

ATV Accidents:

- Schools should include ATV safety education in school papers

Medical Cause/Natural:

- Parent education on asthma (signs to watch for, have inhaler at all times)

Co-Sleeping/Inappropriate Sleep Arrangements/ SIDS:

- Education at women's shelters on safe sleep and discourage co-sleeping in shelters
- Educational activities about safe sleep at the local hospitals for expecting parents, and parents of newborns
- Provide information on Back to Sleep to daycare providers

The Children's Division Practice Development Unit is in the process of meeting with the State Technical Assistance Team to develop prevention strategies based on these recommendations.

Below are the links to the annual citizen review panels.

Child Abuse/Neglect Annual Report: <http://www.dss.mo.gov/re/pdf/can/cancy05.pdf>

Child Fatality Review Program Annual Report: <http://www.dss.mo.gov/re/cfrar05/index.htm>

Task Force on Children's Justice: <http://www.dss.mo.gov/cd/cjtf/index.htm>

9. Chafee Foster Care Independent Living Services Program (CFCIP)

g). Describe how the State uses, or plans to use, the option to expand Medicaid to provide services to youth ages 18 to 20 years old who have aged out of foster care.

Page 94 - Describe if and how the state has utilized the option to expand Medicaid:

Replace with: Missouri Continuing Health Improvement Act of 2007, modifying various provisions relating to the state medical assistance program and changing the name of the program to MO HealthNet. Specifically, this act extends Medicaid coverage for foster care youth from the age of 18 to 21, if the youth was in foster care on his/her 18th birthday.

11. Financial and Statistical Information Reporting

b). Complete CFS-101 Part III for all programs under this PI to show estimated and actual FY 2005 expenditures and administrative costs – compare actual and estimated costs and provide an explanation for differences.

Total expenditures for IV-B part II activities exceed the actual amount of the grant for FFY 2005. In the past, amounts were allocated equally between all areas. For the past two years, the Children's Division changed the allocation amounts to be in proportion to how the funding is utilized. In FY 2005, \$2,283,564 was budgeted for Family Preservation, Family Support Services, Time-Limited Family Reunifications Services, Adoption Promotion and Support Services. In FY 2005, \$16,720,700 was spent on IV-B part 2 type activities. Family Preservation Services expended \$6,294,007; Family Preservation, \$738,785 on Family Reunification, and \$9,687,908 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. In addition, to these services, Children's Division staff provide Family Reunification services. The division also contracts with private agencies to develop Adoptive and Foster family resources. The difference between budgeted and expended in IV-B part 2 was that expenditures exceeded the grant award and the changes in methodology on allocating funds between the four areas.

The difference from budgeted to expended in FY 2005 in the Chafee and ETV programs, are due to timing in implementation of and changes to the Older Youth programs.

d). Provide actual expenditures of Chafee allocated funds for FY05 (final) and FY06 (year to date). Identify percentage of Chafee funds used for room and board in FY05, how funds were used, and any planned changes.

The approximate amount of Chafee funds expended for room and board for FY 05 was \$144,124.

Additional Required Supporting Information

Foster and Adoptive Parents Recruitment

- Describe planned activities for recruiting foster and adoptive families in FY08.

Recruitment activities for FY 08 include but are not limited to the following:

- Recruitment booths located in various venues including county fairs, hospitals or health centers church, college and other school fairs.
- Activities such as Linking Hearts in Phelps County will allow the division to partner with UMC-Rolla and the community to provide opportunities for prospective adoptive families to interact with children in need of permanent homes.
- The Missouri Heart Gallery – Four sites have been scheduled thus far for FFY 08 including two in St. Louis, Kansas City and Jefferson City.
- Advertisement in movie theaters, PSA on radio stations.
- Hosting "Adoption" days throughout state.
- Community informational meetings.
- Faith based activities; One Church, One Child celebration days, speaking at and providing flyers in churches.
- Speaking at Civic clubs and associations. i.e Lions, Elks. Urban Leagues, NAACP, school boosters.



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
1250 Maryland Avenue, S.W.
Washington, D.C. 20024

OCT 3 2007

Ms. Paula Neese, Director
Children's Division
Missouri Department of Social Services
615 Howerton Court
Jefferson City, Missouri 65109

Dear Ms. Neese:

I am pleased to inform you that the FFY 2008 Annual Progress and Services Report, Child Abuse Prevention and Treatment Plan, and Chafee Foster Care Independence Program Annual Plans are approved.

We acknowledge the State's comprehensive efforts to address the safety, permanency and well-being needs of Missouri's children and families.

If you have any questions regarding the Annual Plans in the coming year, please contact Rosalyn Wilson, Child Welfare Program Manager in Region VII, at (816) 426-3981.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Orr", with a long horizontal flourish extending to the right.

Susan Orr, Ph.D.
Associate Commissioner
Children's Bureau

CFS-101, PART II: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES

Missouri Department of Social Services For FFY OCTOBER, 2007 TO SEPTEMBER 30, 2008

SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCJIP**	(e) ETV*	(f) TITLE IV-E	(g) State Local Donated Funds	(h) NUMBER TO BE SERVED		(i) POPULATION TO BE SERVED	(j) GEOG. AREA TO BE SERVED (include both # and type of areas to be served)
	(a) ICWS	(b) IH-PSSF						Individuals	Families		
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	1,144,988	5,417,094	520,093				2,187,436		20,500	FCS Families	Statewide/ Reservation
2) PROTECTIVE SERVICES								70,000		Report of abuser/neglect	Statewide
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		3,516,359					1,172,120		1,700	IIS Families	
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		570,220					190,073		390	Families	
5.) ADOPTION PROMOTION AND SUPPORT SERVICES										All eligible children	Statewide
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE						13,009,232	8,109,851		6,100		
(B) GROUP/INST CARE						7,365,536	4,591,503		2,300		
7) ADOPTION SUBSIDY PMTS.				2,928,213		28,403,760	17,707,240		12,000	Chafee eligible youth	Statewide
8) INDEPENDENT LIVING SERVICES					1,004,112		1,097,699		2,200	Chafee eligible youth	Statewide
9) EDUCATION AND TRAINING VOUCHERS							251,028		260	Chafee eligible youth	Statewide
10) ADMINISTRATIVE COSTS	4,179,208					41,024,448	42,308,017				
11) STAFF TRAINING	400,745					9,040,772	3,136,673				
12) FOSTER PARENT RECRUITMENT & TRAINING											
13) ADOPTIVE PARENT RECRUITMENT & TRAINING											
14) CHILD CARE RELATED TO EMPLOYMENT/TRAINING											
15) MONTHLY CASEWORKER VISITS											
16) TOTAL	5,724,941	9,503,673	520,093	2,928,213	1,004,112	98,843,748	80,751,440				

States Only, Indian Tribes are not required to include information on these programs

Attachment C

U.S. Department of Health and Human Services
Administration for Children and Families

CFS 101, Part III: Annual Expenditures for Title IV-B, Subpart 1 & 2 Funds, Chafee Foster Care Independence Program (CFCIP), and Education and Training Vouchers (ETV):
Fiscal Year 2005: October 1, 2004 through September 30, 2005.



1. State or ITO: Missouri Department of Social Services		2. EIN: 1-44-6000-0987-E4		3. Address: Missouri Department of Social Services Childrens Division P.O. Box 88 Jefferson City, MO 65103			Geographic area served		
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision		Description of Funds		Number served		Population served		Geographic area served	
		Estimated		Expenditures		Reports/Referrals of abuse/neglect		Statewide	
5. Federal Title IV-B, Subpart 1 Funds		\$ 5,877,782		\$ 5,877,782		67,580		Statewide	
6. Total Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a - f).		\$ 9,133,312		\$ 9,133,312					
a) Family Preservation Services		\$ 3,379,325		\$ 3,379,325		1,706		Statewide	
b) Family Support Services		\$ 5,205,988		\$ 5,205,988		20,522		Statewide	
c) Time-Limited Family Reunification Services		\$ 547,999		\$ 547,999		300 (est.)		11 Sites	
d) Adoption Promotion and Support Services		\$ 0		\$ 0					
e) Total for Other Service Related Activities (e.g. planning).		\$ 0		\$ 0					
f) Total Administrative Costs (not to exceed 10% of total allotment after October 1, 2007)		\$ 0		\$ 0					
7. Total Chafee Foster Care Independence Program (CFCIP) funds		\$ 3,090,942		\$ 2,638,275		2,217		Statewide	
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).		\$ 200,000		\$ 144,124		193		Statewide	
8. Total Education and Training Voucher (ETV) funds.		\$ 1,056,257		\$ 273,339		184		Statewide	
9. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2005.									
Signature and Title of State/Tribal Agency Official				Signature and Title of Regional Office Official				Date	
Paula Reese				[Signature]				10/3/07	
				16-26-07					

Attachment C

U.S. Department of Health and Human Services
Administration for Children and Families

OMB Approval #0980-0047
Approved through October 31, 2008

**CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):
Fiscal Year 2008, October 1, 2007 through September 30, 2008**

1. State or ITO: Missouri Department of Social Services	2. EIN: 1-44-6000-0987-E4
3. Address: Missouri Department of Social Services Childrens Division P.O. Box 88 Jefferson City, MO 65103	4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
5. Total estimated Federal title IV-B, Subpart 1 Funds.	\$ 5,724,941
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a - f.)	\$ 9,503,673
a) Total Family Preservation Services.	\$ 3,516,359
b) Total Family Support Services.	\$ 5,417,094
c) Total Time-Limited Family Reunification Services.	\$ 570,220
d) Total Adoption Promotion and Support Services.	\$ 0
e) Total for Other Service Related Activities (e.g. planning).	\$ 0
f) Total Administration (not to exceed 10% of estimated allotment).	\$ 0
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ <u>-0-</u>	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ <u>4,390,795</u>	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required)	
Estimated Amount \$ <u>520,093</u> , plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	\$ 2,928,213
10. Estimated Education and Training Voucher (ETV) funds.	\$ 1,004,112
11. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ <u>-0-</u>	
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ <u>-0-</u>	
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ <u>-0-</u> for ETV program \$ <u>-0-</u>	
12. Certification by State Agency and/or Indian Tribal Organization.	
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 20	
Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official
	 10/3/07