



**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.